

The logo for the Prevention Alliance features a blue curved line above the text "Prevention Alliance" in a bold, blue, sans-serif font.

Prevention Alliance

2019 Session Summary

The 2019 Washington State legislative session was a long session but still moved at a rapid pace as legislators worked diligently to end on time on the 105th day. Summarized below are the outcomes of the 2019 Prevention Alliance Strategies that successfully passed and/or were funded including both bills and budget items. The report provides each strategy and description that was on the 2019 Prevention Alliance Policy Platform followed by a summary of the successful budget items and/or bills that passed for that strategy.

Prevention Alliance 2019 Strategies

Access to Health Care: Oppose efforts to roll back existing health coverage and support finding state-level solutions that ensure all Washingtonians have access to health care.

Public Option: [SB 5526](#) creates a public option (called Cascade Care), establishes standard plan design for health insurance plans sold on the Exchange, and looks into other options to control costs such as cost sharing reductions. *Regarding standardized plans,* the Exchange, in consultation with the commissioner, the Health Care Authority (HCA), an independent actuary, and stakeholders, must establish up to three standardized plans for each of the bronze, silver, and gold actuarial value tiers. The standardized plans must be designed to reduce deductibles, make more services available before the deductible, provide predictable cost sharing, maximize subsidies, limit adverse premium impacts, reduce barriers to maintaining and improving health, and encourage choice based on value, while limiting increases in health plan premium rates. Beginning on January 1, 2021, any health carrier offering a QHP on the Exchange must offer one standardized Silver plan and one standardized Gold plan on the Exchange. If a health carrier offers a Bronze plan on the Exchange, it must offer one Bronze standardized plan on the Exchange. Carriers may continue to offer non-standardized plans on the Exchange. A nonstandardized Silver plan may not have an actuarial value that is less than the actuarial value of the Silver standardized plan with the lowest actuarial value. *Regarding the state public option,* the HCA, in consultation with the Exchange, must contract with at least one health carrier to offer bronze, silver and gold QHPs on the Exchange for plan years beginning 2021. The QHPs must meet certain requirements including being standardized health plans. They must also incorporate recommendations of the Bree Collaborative and the Health Technology Assessment Program. The QHP may use a managed care model or an integrated delivery system, and may be offered in a single county or in multiple counties. The total amount the QHP reimburses providers and facilities for all covered benefits in the statewide aggregate, excluding pharmacy benefits, may not exceed 160 percent of the total amount Medicare would have reimbursed providers and facilities for the same or similar services in the statewide aggregate. The director of HCA may waive the provider rate cap if: a health carrier offering a QHP is unable to form a provider network that meets network access standards adopted by the OIC; and the health carrier is able to achieve premiums that are 10 percent lower than the previous plan year through other means. Beginning in 2023, the director of HCA, in consultation with the Exchange, may waive the Medicare reimbursement requirement if HCA determines selective contracting will result in actuarially sound premium rates that are no greater than the QHP's previous plan

year rates adjusted for inflation using the consumer price index. The QHP's reimbursement rates for critical access hospitals and sole community hospitals may not be less than 101 percent of allowable costs. The QHP's reimbursement rates must be at least 135 percent of Medicare rates for primary care services designated by HCA that are performed by physicians with a primary specialty of family medicine, general internal medicine, or pediatric medicine. An exemption from the business and occupation tax is established to amounts received by a provider for services performed on patients covered by a QHP offered pursuant to a HCA contract, including reimbursement from the QHP and any amounts collected from the patient as part of their cost-sharing obligation. *Regarding premium and cost-sharing assistance:* the Exchange, in consultation with HCA and the commissioner, must develop a plan to implement and fund premium subsidies for individuals whose modified adjusted gross incomes are less than 500 percent of the federal poverty level and who are purchasing individual market coverage on the Exchange. The goal of the plan must be to enable participating individuals to spend no more than 10 percent of their modified adjusted gross incomes on premiums. The plan must also include an assessment of providing cost-sharing reductions to plan participants. The Exchange must submit the plan, along with proposed implementing legislation, to the appropriate committees of the Legislature by November 15, 2020. The commissioner must submit an annual report to the Legislature on the number of health plans available per county in the individual market.

Budget Impact: The final operating budget provided the following funding for implementation of SB 5526:

- \$100,000 (\$1.148 mil total): Funding is provided for HCA to contract with an insurance carrier to offer at least one plan in all counties in Washington State and develop a premium subsidy program consistent with the provisions of Engrossed Second Substitute House Bill 1523 (Individual health ins market). (General Fund-State; Health Benefit Exchange Account-State)
- \$400,000: Funding is provided for HCA to contract with an insurance carrier to offer at least one plan in all counties in Washington State and develop a premium subsidy program consistent with the provisions of Engrossed Second Substitute House Bill 1523 (Individual health ins market). (General Fund-State)
- \$536,000 total: Funding is provided to OIC for Engrossed Substitute Senate Bill 5526 (individual insurance market) for consultation in establishing standardized health plans. (Insurance Commissioner's Regulatory Account-State)

Patient Protections Under the Affordable Care Act: [HB 1870](#) puts key patient protections such as banning pre-existing condition exclusions from the Affordable Act into state law including: prohibiting carriers from denying coverage because of a pre-existing condition; guaranteeing that patients can't be dropped from coverage, except in cases of fraud; prohibiting waiting periods of more than 90-days before a patient is able to enroll in coverage; ensuring that health insurance plans on the individual market provide comprehensive coverage that includes a minimum set of ten essential health benefits; providing patients with a standardized summary of benefits and coverage so they can more clearly understand what is covered; prohibits lifetime or annual caps on coverage; prevents patients from being charged more based on their health status; and establishes caps on annual out-of-pocket spending. The bill also adds rehabilitative and habilitative devices to the definition of "essential health benefits." It prohibits health carriers from making coverage decisions, determining reimbursement rates, establishing incentive programs, or designing benefits in a way that discriminates against individuals because

of their age, disability, or expected length of life; It requires health carriers to ensure that essential health benefits are not subject to denial on the basis of an individual's age, expected length of life, disability, degree of medical dependency, or quality of life. Qualified health plans are prohibited from employing marketing practices or benefit designs that have the effect of discouraging enrollment in the plan by individuals with significant health needs. An emergency clause was added making the bill effective immediately.

Access to Substance Use Disorder Prevention & Treatments: Increase access to treatment and coverage for health care services; specifically, increased access and funding to services for medically assisted treatments (MAT), increased coverage for MAT services and other 'gold standard' substance use disorder treatment.

[SB 5380](#) was Governor-requested legislation that focuses on treatment and recovery, pregnant and parenting women, opioid overdose reversal medication, and people with opioid use disorder involved in the criminal justice system. As passed, the bill requires prescriptions for controlled substances to be communicated electronically beginning January 1, 2021, unless an allowed exception is met; adds physician assistants (PAs) to the definition of "prescribing professions"; requires entities or facilities with ten or more prescribers to integrate their EHRs with the PMP beginning January 1, 2021, unless the Department of Health (DOH) grants a waiver or the entity/facility is a critical access hospital; requires DOH to collaborate with certain stakeholders around EHR and PMP integration; requires the Department of Corrections to develop policies to prioritize services based on available grant funding and funds appropriated specifically for opioid use disorder treatment; requires Medicaid and all state regulated plans to provide coverage without prior authorization for at least one FDA approved product for the treatment of opioid use disorder in the drug classes opioid agonists, opioid antagonists, and opioid partial agonists; requires HCA to work with stakeholders to recommend strategies to increase the number of waived health care providers approved for prescribing, and to lower the cost of FDA approved products for the treatment of opioid use disorder; to the extent funding is available, city and county jails must provide MAT to individuals in the custody of the jail who were receiving MAT pursuant to a valid prescription immediately before incarceration, or at least 30 days before release when treatment is determined to be medically appropriate; and requires city and county jails to make reasonable efforts to directly connect incarcerated individuals receiving medication for the treatment of opioid use disorder to an appropriate provider or treatment site before release. In addition, components from [HB 1039](#) were incorporated into the final bill that directs OSPI to develop and administer a grant program to provide funding to public schools grade 9 through 12 and public higher education institutions to purchase opioid overdose reversal medication and train personnel on the administration of the medication to respond to an opioid-related overdose. Of note, two amendments relating to safe consumption sites that were added to the bill on the House floor were not included in the final bill as passed.

Budget Impact: The final operating budget provided the following funding for implementation of SB 5380:

- \$1.003 mil (\$5.826 mil total): Funding is provided to implement Substitute Senate Bill 5380 (Opioid use disorder) to include diversion grants for establishing new Law Enforcement Assisted Diversion programs outside King County. (General Fund-State; General Fund-Federal)

- \$74,000 (\$219,000 total): Funding is provided to DOH to implement the provisions of Substitute Senate Bill No. 5380 (opioid use disorder), which modifies protocols for using medication to treat opioid use disorders. (General Fund-State; General Fund-Local; Health Professions Account-State; other accounts)
- \$50,000: Funding is provided to UW to develop a plan for the maintenance and administration of opioid overdose medication in and around residence halls housing at least 100 students and for the training of designated personnel to administer opioid overdose medication to respond to symptoms of an opioid-related overdose. (General FundState)
- \$53,000: Funding is provided to WSU to develop a plan for the maintenance and administration of opioid overdose medication in and around residence halls housing at least 100 students and for the training of designated personnel to administer opioid overdose medication to respond to symptoms of an opioid-related overdose. (General FundState)
- \$32,000: Funding is provided to EWU to develop a plan for the maintenance and administration of opioid overdose medication in and around residence halls housing at least 100 students and for the training of designated personnel to administer opioid overdose medication to respond to symptoms of an opioid-related overdose. (General FundState)
- \$85,000: Funding is provided to CWU to develop a plan for the maintenance and administration of opioid overdose medication in and around residence halls housing at least 100 students and for the training of designated personnel to administer opioid overdose medication to respond to symptoms of an opioid-related overdose. (General FundState)
- \$70,000: Funding is provided to WWU to develop a plan for the maintenance and administration of opioid overdose medication in and around residence halls housing at least 100 students and for the training of designated personnel to administer opioid overdose medication to respond to symptoms of an opioid-related overdose. (General FundState)
- \$156,000: Funding is provided to Community & Technical College System to develop a plan for the maintenance and administration of opioid overdose medication in and around residence halls housing at least 100 students and for the training of designated personnel to administer opioid overdose medication to respond to symptoms of an opioid-related overdose. (General FundState)
- \$156,000: Funding is provided to OSPI for the implementation of Second Substitute House Bill 1039 (opioid medication/schools), which, among other provisions, requires certain public institutions of higher education to develop a plan to maintain and administer opioid overdose medication in residence halls. (General Fund-State)

Active Transportation Funding: Look for opportunities to increase funding for active transportation strategies (SRTS, bike and ped grants and network connectivity). Protection of current levels of funding for SRTS and bike and ped grants.

Pedestrian and bicycle safety program: \$18.3 million in funding is provided for newly selected pedestrian and bicycle safety program projects.

Safe Routes to Schools: \$11.4 million in funding is provided solely for newly selected safe routes to school projects.

Bicycle and Pedestrian Projects: \$28.3 million in funding is provided for set list of bicycle and pedestrian projects.

Active Transportation Safety Advisory Committee: Create the Active Transportation Safety Advisory Committee (ATSAC). This committee is a merging and continuation of the 2017 Cooper Jones Bicyclist Safety Advisory Committee and the Pedestrian version. The committee will identify recommendations to present to the legislature in an effort to reduce fatalities and serious injuries for people walking and biking.

[SB 5710](#) combines the Pedestrian Safety Advisory Council and the Cooper Jones Bicyclist Safety Advisory Council into the Cooper Jones Active Transportation Safety Council. The bill directs the Council to review and analyze data on programs related to fatalities and serious injuries involving pedestrians, bicyclists, and other nonmotorists and issue an annual report on the Council's findings and recommendations to the Governor and the transportation committees of the Legislature. The Council is directed, as it identifies improvements that can be made to the transportation system, to whenever possible include privately owned areas such as parking lots. The Council is directed to make recommendations on how to improve the fatality and serious injury data quality, including crashes that occur on privately owned areas of the transportation system, such as parking lots.

Budget Impact: The final Transportation budget provides \$150k solely for the purpose of implementing SB 5710.

Behavioral Health: Support budget and policy proposals that advance prevention related to behavioral health prevention

Behavioral Health Facilities: [HB 1394](#) Relates to behavioral health facilities and programs needed to ensure a continuum of care for behavioral health patients. As passed, the bill requires HCA to assess community capacity to provide long-term inpatient care to involuntary patients and contract for such services to the extent that certified providers are available. It suspends the certificate of need requirement relating to construction of psychiatric beds or expansion of psychiatric bed capacity for an additional two years until June 30, 2021; requires DOH to license and certify intensive behavioral health treatment facilities, mental health peer respite centers, and to allow an enhanced rate to be paid to nursing homes that convert to assisted living or residential treatment facilities; requires HCA to establish a daytime mental health drop-in center pilot in Yakima until July 1, 2022, and issue a report by December 1, 2021; requires HCA and DOH to consult with hospitals and review laws and regulations relating to long-term inpatient care provided to involuntary patients and recommend any changes needed to address care delivery and cost effectiveness by December 15, 2019; and requires the Department of Social and Health Services to track information related to clients of the Developmental Disabilities Administration and share the information upon request with specified entities and the public.

Budget Impact: The final operating budget provided the following funding for implementation of HB 1394:

- \$708,000 (\$1.507 mil total): Funding is provided to HCA for five mental health peer respite centers to divert individuals from crisis services as well as a pilot program to provide mental health drop-in center services pursuant to Second Substitute House Bill 1394 (Behavioral health facilities). The HCA must conduct a survey of peer mental health programs and submit reports to the Legislature on the results of the survey and of the pilot program. (General Fund-State; General Fund-Medicaid)
- \$203,000 (\$269,000 total): Funding is provided to DOH pursuant to Second Substitute House Bill 1394 (behavioral health facilities), which establishes intensive behavioral health treatment facilities and establishes a pilot program for mental health drop-in centers. (General Fund-State; General Fund-Local)

Behavioral Health Campus at University of Washington: [HB 1593](#) creates a behavioral health innovation and integration campus within the University of Washington School of Medicine (UW School of Medicine) and directs the UW School of Medicine. The behavioral health teaching campus is created to strengthen the psychiatry residency program and train other health care providers, such as nurses, physician assistants, and social workers, to work in teams addressing the physical, psychological, and social needs of individuals and families. By December 1, 2019, the UWSOM must report to the Office of Financial Management and the appropriate committees of the Legislature a plan to develop and site the teaching hospital that will provide inpatient care for up to 150 individuals receiving care under the Involuntary Treatment Act. The bill requires that the training of health care providers be culturally appropriate, including training specifically appropriate for providing care to federally recognized tribes and tribal members; provides that the siting and design for the new campus should take into account local community needs and resources; requires the UW School of Medicine to consult with collective bargaining representatives of the UW health system workforce regarding plans to develop and site the teaching hospital; and provides that the plan may include: (a) expanding the UW Forefront Suicide Prevention's efforts as a center of excellence; (b) creating practicum, internship, and residency opportunities in the community behavioral health system; and (c) incorporating transitional services for mental health and substance use disorders and other transitional care programs

Implementing Behavioral Health Integration: [SB 5432](#) removes behavioral health organizations from law and divides their responsibilities between behavioral health administrative service organizations to administer crisis services and non-Medicaid services, and managed care organizations to provide behavioral health services to Medicaid enrollees. The bill also establishes a work group to determine how to manage access to long-term, involuntary commitment resources in the community and state hospitals until such a time as the risk may be fully integrated into managed care and how to expand the availability and utilization of co-occurring disorder services and provide a report by December 15, 2019. Rules are provided for counties within a regional service area to collaborate, based on mutual agreement, to provide BH-ASO services. HCA is required to collaborate with such counties to determine feasibility. HCA must allow tribes to participate in an interlocal leadership structure, upon request. HCA must establish a committee consisting of executive agencies, the Office of the Governor, and representatives of the BH-ASO and county government from each regional service area to meet quarterly to address systemic issues and to coordinate the behavioral health system. The bill states that no BH-ASO may contract with itself as a behavioral health agency, or contract with a behavioral health agency that has administrative linkages to the BH-ASO, in any manner that would give the agency a competitive advantage in obtaining or competing for contracts. A

county or group of counties may contract with a county-run BH-ASO to provide designated crisis responder services, initial crisis services, criminal diversion services, hospital reentry services, and criminal reentry services. The county-administered service must have a clear separation of powers and duties from a county-run BH-ASO and follow suitable accounting procedures to ensure the funding is traceable and separate from other funds. HCA must report to the Governor's Office and the Legislature by December 1st of every even numbered year concerning community behavioral health system expenditures against appropriation levels. Neither HCA nor the Department of Health may provide initial documentation requirements for patients receiving care in a behavioral health agency which are substantially more time consuming to complete than initial documentation requirements in primary care settings. The statutory authority of the director of the Office of Forensic Mental Health Services at DSHS is reduced by removing language requiring the director to be at least on the level of a deputy assistant secretary, and removing language granting a specific budget allocation, operational control over forensic evaluation services, problem-solving authority, oversight of data collection, and authority to promote congruence across state hospitals.

Trueblood Case Settlement: [SB 5444](#) was Governor-request legislation for the Trueblood case settlement agreement, which was agreed on by the parties in the lawsuit, provides timely competency evaluations and restoration services to persons suffering from behavioral health disorders within the forensic mental health care system. If available, an impartial forensic navigator (navigator) employed or contracted by DSHS may assist individuals who are referred for a competency to stand trial evaluation or who are ordered to receive outpatient competency restoration. The navigator must assist the individual, prosecuting attorney, defense attorney, and court to understand the options available to the individual and be accountable as an officer of the court. If the individual is ordered to receive outpatient competency restoration, the navigator must provide services to the individual, including assisting them with appointments, coordinating access to housing, coordinating access to community case management services and mental health services, assisting with medication, and planning for a coordinated transition to community behavioral health services. The navigator must provide information to the court concerning the individual's progress in outpatient competency restoration and compliance with court-ordered conditions of release. The signed order for competency evaluation from the court must allow access to all records held by behavioral health, educational, or law enforcement agencies related to the individual. The authority of a police officer to divert an individual known to suffer from a behavioral health disorder to a crisis stabilization unit, triage facility, or facility for civil commitment, instead of arresting the individual, is expanded to include individuals believed to have committed any crime. The police officer must be guided by local law enforcement diversion guidelines for behavioral health. To be eligible for outpatient competency restoration, an individual must be clinically appropriate and willing to adhere to medications or to receive prescribed intramuscular medication, and willing to abstain from alcohol and unprescribed drugs. An individual ordered to receive outpatient competency restoration must be placed by DSHS into approved housing affiliated with a contracted outpatient competency restoration program. If an individual fails to comply with an outpatient competency restoration program such that restoration is no longer appropriate in that setting for the individual, DSHS must remove the individual to an inpatient competency restoration program for no longer than the time allowed as if the defendant had been initially placed into inpatient competency restoration and notify the court and parties before the close of the next judicial day. Authority is removed for the parties to stipulate that a defendant is unlikely to regain competency without a factual determination made by the court. When a nonfelony

defendant is found to be incompetent to stand trial, the court must dismiss the charges without prejudice unless the prosecutor objects and provides notice of a motion for an order for competency restoration, in which case the court must schedule a hearing within seven days. The time for inpatient competency restoration must be 29 days, instead of 14 days plus any unused time from the competency restoration period. If the court orders a combination of inpatient and outpatient competency restoration, the total period must not exceed 90 days.

Budget Impact: There are numerous budget items related to the Trueblood settlement including:

- *TB Misd. Diversion:* \$11.6 mil in funding is provided for support of individuals with behavioral health issues arrested for misdemeanor crimes. This funding shall be allocated to all regions and used for non-Medicaid costs associated with serving individuals in crisis triage, outpatient restoration, or other programs that divert individuals with behavioral health disorders from the criminal justice system. (General Fund-State)
- *TB Outpatient Comp Restoration:* \$1.896 mil in funding is provided for four outpatient restoration teams in the phase I regions identified in the settlement filed in the case of Trueblood et. al. v. DSHS. Each team is assumed to have funding for two FTEs. Housing supports for individuals in the program are to be provided through funding for new Housing and Recovery through Peer Services (HARPS) teams funded in the regions. The Budget Outlook assumes funding for the phase II region. (General Fund-State)
- *TB Housing Vouchers & Supports:* \$6.416 mil in funding is provided for four forensic HARPs teams in the phase I regions under the settlement filed in the case of Trueblood et. al. v. DSHS. This includes \$500,000 for each team to provide temporary housing support for individuals referred for outpatient competency restoration and other populations to be provided housing supports under the settlement. Each team is assumed to have a housing support specialist, two peer specialists, and resources to support the transitional housing needs of individuals in the forensic system as well as resources to assist individuals transitioning from crisis services. The Budget Outlook assumes funding for the phase II region. (General Fund-State)
- *TB Headquarters Staffing:* \$867,000 in funding is provided for three headquarters FTE to manage implementation of the settlement agreement filed in the case of Trueblood et. al. v. DSHS. (General Fund-State)
- *TB Crisis Services:* \$5.434 mil (\$10.223 mil total) in funding is provided to enhance crisis services in the phase I regions identified in the settlement filed in the case of Trueblood et. al. v. DSHS. This includes funding for a new 16-bed crisis triage facility in Spokane, funding to enhance crisis triage rates in the Pierce and Southwest regions, and funding for three new mobile crisis teams in the regions. The Budget Outlook assumes implementation of phase II of the settlement agreement. (General Fund-State; General Fund-Medicaid)
- *TB Intensive Case Managers:* \$4.742 mi in funding is provided for enhanced case management support for high utilizers in the phase I regions identified in the settlement filed in the case of Trueblood et. al. v. DSHS. The Budget Outlook assumes funding for the phase II region. (General Fund-State)

- *TB Workforce Peer Supports*: \$404,000 in funding is provided for 1 FTE and the cost of training materials to develop a forensic peer support certification process as identified in the settlement filed in the case of Trueblood et. al. v. DSHS (General Fund-State)
- *TB Competency Evaluators*: \$5.099 mil in funding is provided for an additional 13 FTE competency evaluators in FY 2020 and 18 FTE competency evaluators in FY 2021 in accordance with the settlement files in the case of Trueblood et. al. v. DSHS. An additional four FTE program manager and administrative assistant positions are provided to support the work of the evaluators. (General Fund-State)
- *TB Headquarters Staff*: \$1.712 mil in funding is provided for four FTEs to manage implementation of the settlement agreement filed in the case of Trueblood et. al. v. DSHS. (General Fund-State)
- *TB Navigators*: \$2.183 mil in funding is provided for nine forensic navigators which is a new role established under the settlement agreement filed in the case of Trueblood et. al v. DSHS. These positions would serve residents in the phase one regions which include the Spokane region, the Pierce County region and the Southwest Washington region. The Budget Outlook assumes an additional nine FTEs are required in FY 2021-23 for phase two of the settlement. (General FundState)
- *TB Technical Assistance to Jails*: \$633,000 in funding is provided for two FTEs to provide technical assistance and training to jails as identified in the settlement agreement filed in the case of Trueblood et. al. v. DSHS. (General Fund-State)
- *TB Forensic Workforce Development*: \$653,000 in funding is provided for two FTEs for workforce development activities as identified in the settlement agreement filed in the case of Trueblood et. al. v. DSHS. (General Fund-State)

Children’s Mental Health: Support the priorities of the Children’s MH Workgroup that are likely to include: Increasing the Medicaid rate; Addressing workforce issues (in addition to the rate); Improving the PIT process/option; Increasing school based mental health services, including suicide prevention; Expanding partial hospitalization programs (likely through the establishment of an adequate rate); Implementing Partner Access Line (PAL); Adopting recommendations re trauma informed early learning; Adopting recommendations regarding child care consultation.

Family Initiated Treatment: [HB 1874](#) authorizes mental health professionals to provide certain treatment information to a parent or legal guardian who is involved in the treatment of the adolescent when the mental health professional believes that sharing this information would not be harmful to the adolescent, authorizes DCYF to share certain mental health treatment records with a care provider, and authorizes a parent of an adolescent to request/receive medically necessary outpatient mental health or substance use disorder treatment for up to three months or twelve sessions. The bill also expands the definition of “parent” to include individuals who’ve been given signed authorization to act on behalf of a minor’s health care decisions. The bill was amended to rename parent-initiated treatment as family-initiated treatment, expand family-initiated treatment provisions related to outpatient treatment, provide guidance to mental health professionals related to disclosure of an adolescent’s mental health treatment information to a parent, and provide liability protection for the decision to disclose or to not disclose adolescent mental health treatment information to a parent.

Budget: The final operating budget provides \$424,000 (\$548,000 total) to HCA to implement medical necessity reviews and online training for behavioral health providers pursuant to Engrossed Second Substitute House Bill 1874 (Adolescent behavioral health). The HCA must conduct an annual survey to measure the impact of family-initiated treatment policies. (General Fund-State; General Fund-Medicaid)

Children's Mental Health: [SB 5903](#) requires that WSU and the UW must each offer one additional 24-month residency position to residents specializing in child and adolescent psychiatry. The minimum amount of training for these psychiatric residency programs is increased from 12 to 18 months. HCA must collaborate with UW and the Washington Council on Behavioral Health to develop a statewide plan to implement evidence-based CSC programs that provide early identification and intervention for psychosis in licensed or certified community behavioral health agencies. School districts must use one of their professional learning days, starting in the 2020-21 school year, and every other year thereafter, to train district staff in one or more of the following topics: social-emotional learning, trauma-informed practices, recognition and response to emotional or behavioral distress, consideration of adverse childhood experiences, mental health literacy, antibullying strategies, or culturally sustaining practices. DCYF must contract with an organization providing coaching services to Early Achievers Program participants to provide one qualified mental health consultant in each of six regions designated by DCYF to support the work of coaches and child care providers in areas including challenging behavior, expulsions, and children with severe behavioral needs.

Budget Impact: The final operating budget provided the following funding for implementation of SB 5903:

- \$1.137 mil (\$2.160 mil total): Funding is provided for one FTE and additional support to develop a statewide plan to implement evidence based specialty care programs that provide early identification and intervention for individuals experiencing psychosis pursuant to Second Substitute Senate Bill 5903 (Children's mental health). This includes funding to increase the number of teams providing these services from five to ten by October 1, 2020. (General Fund-State; General Fund-Medicaid)
- \$1.546 mil: Funding is provided to DCYF pursuant to Second Substitute Senate Bill 5903 (children's mental health) for the department to contract for one qualified mental health consultant in each of the six department-designated regions. The six consultants will provide resources, information, and guidance regarding challenging behavior and expulsions to Early Achievers program coaches and child care providers. The department must report on the outcomes of the consultant activities by June 30, 2021. (General Fund-State)
- \$213,000: Pursuant to Second Substitute Senate Bill 5903 (Children's mental health), funding is provided to UW to offer one 24- month child and adolescent psychiatry residency position that is approved by the Accreditation Council for Graduate Medical Education beginning July 1, 2020. Funding for a second additional child and adolescent psychiatry resident position beginning in fiscal year FY 2023 is assumed in the outlook. (General Fund-State)
- \$264,000: Pursuant to Second Substitute Senate Bill 5903 (Children's mental health), funding is provided to WSU to offer two 24- month child and adolescent psychiatry residency positions that are approved by the Accreditation Council for Graduate Medical Education beginning July 1, 2020. (General Fund-State)

Environmental Justice Task Force: Establishing a healthy environment for all by creating a definition of environmental justice, directing agencies to address environmental health disparities, and creating a task force

While the proposed legislation ([HB 2009/SB 5489](#)) to create a task force to recommend various strategies for incorporating environmental justice principles into how specified agencies discharge their responsibilities didn't ultimately pass, the final operating budget provided \$390,000 in one-time funding for an Environmental Justice Task Force.

Family First Prevention Services Act: Support legislation/budget requests related to implementation of the Family First Prevention Services Act (FFPSA), which is a federal law that allows states to draw down dollars (Title IV-E) for parenting programs and other services geared towards preventing placements, which in turn will reduce trauma for children, youth and families and ostensibly prevent future generations from experiencing abuse and/or neglect.

[HB 1900](#) defines "prevention and family services and programs" to mean specific mental health prevention and treatment services, substance abuse prevention and treatment services, and in-home parent skill-based programs that qualify for federal funding under the Family First Prevention Services Act (FFPSA). Authorizes the Department of Children, Youth, and Families to use a Family Assessment Response for up to one year to assess for and provide prevention and family services and programs for families with: (1) children who are candidates for foster care; and (2) children in foster care who are pregnant or parenting, consistent with requirements under the FFPSA. Defines a "child who is a candidate for foster care." Defines "qualified residential treatment program" to mean a program that meets certain criteria and is licensed as a group care facility that also qualifies for funding under the FFPSA and requires that courts make certain findings within 60 days for children residing in these programs.

Foundational Public Health Services: The Governmental Public Health system is asking for funding for communicable disease, environmental health and assessment activities throughout the State. The cost to fully fund these services is \$295 million for the biennium. The System is currently prioritizing the services, so that it will be prepared to receive and spend a smaller amount of dollars in the most effective way possible.

[HB 1497](#) provides a definition of foundational public health services and requires that the Department of Health must have a consultation with federally recognized Indian Tribes and then jointly certify with an association representing local health jurisdictions and the State Board of Health agreed to allocations and uses. DOH must then distribute the funding according to the agreed-upon distribution and uses. If joint certification is not provided, the appropriation for foundational public health services lapse. It also repeals statutes related to the public health services improvement plan. By October 1, 2020, DOH, in partnership with tribes, local health jurisdictions, and BOH, must report on: service delivery models for foundational public health services, and a plan for further implementation of successful models; changes in capacity of the governmental public health system; and progress made to improve health outcomes.

Budget Impact: The final operating budget provided \$10 mil (\$22 mil total) to DOH for foundational public health services to address communicable disease, environmental health, and assessment and support activities for these areas. (General Fund-State; Foundational Public Health Services-State)

Fruit & Vegetable Incentives for SNAP Recipients: Support the Department of Health (DOH) decision package for state funding for the Food Insecurity Nutrition Incentives (FINI) program, which offers fruit and vegetable incentives to low income people for use at grocery stores and farmers markets. The FINI DP request is for ~\$3.4 million/biennium.

[HB 1587](#) creates the Fruit and Vegetable Incentives Program (FVIP), which is administered by the DOH. The FVIP consists of the following three components: Farmers' Market Basic Food Incentives, Grocery Store Basic Food Incentives, and Fruit and Vegetable Vouchers. The DOH must collaborate with other state agencies, provide technical assistance and coordination to program partners, and adopt rules to implement the program. The DOH must evaluate the FVIP for effectiveness and submit a progress report to the Governor and the Legislature by July 1, 2021.

Budget Impact: The final operating budget provided \$2.5 mil pursuant to Substitute House Bill 1587 (increasing access to fruits and vegetables), which establishes the Food Insecurity Nutrition Incentives Program in the Department of Health. (General Fund-State)

Healthy Kids, Healthy Schools Grant Funding: Secure renewed funding in the Capital Budget for the Healthy Kids, Healthy Schools grant program.

\$3.25 mil in funding is provided for competitive grant programs to districts to purchase and install water bottle filling stations, improve children's nutrition, increase physical activity and play, replace water fixtures that test at or above the Environmental Protection Agency action level for lead, and for stormwater demonstration projects.

Home Visiting: Invest additional state funding to expand home visiting to 1200 more families. Continue to explore opportunities to leverage Medicaid and Family First Prevention Services Act funding to meet unmet need.

\$7.558 mil total in funding is provided for an additional 420 home visiting slots in FY 2020 and 840 slots in FY 2021. A portion of the funding is assumed to be available as federal Title IV-E reimbursement through the Family First Prevention Services Act. (Home Visiting Services Account-State; Home Visiting Services Account-Federal)

Housing Trust Fund: The Housing Trust Fund is Washington's primary source of state funding to build safe, healthy, and affordable homes for people living on very low incomes.

\$175 million in funding is provided for affordable housing projects under the Housing Trust Fund including:

- \$35 million is for housing projects that provide supportive housing and case-management services for persons with chronic mental illness;
- \$10 million is for competitively awarded modular housing grants;
- \$10 million is for competitively awarded grants for state matches on private contributions that fund affordable housing;
- \$10 million is for competitively awarded housing preservation grants;
- \$7 million is for ultra-high energy efficient housing grants;

- \$45 million is provided for 15 specific housing projects; and
- \$57 million is for the following competitive housing projects:
 - \$5 million for housing for veterans;
 - \$5 million for housing that serves people with developmental disabilities;
 - \$5 million for housing that serves people employed as farmworkers;
 - \$5 million for projects that benefit homeownership; and
 - the remaining amount for projects that benefit low-income populations in need of housing.

Housing & Homelessness: Support efforts related to improving access to housing and preventing homelessness.

[SSB 5324](#), requires each K-12 public school to establish a point of contact in the building to identify and support homeless and unaccompanied homeless youth. The bill also includes changes to two grant programs supporting students experiencing homelessness (the OSPI Grant Program and the Department of Commerce Grant Program).

Budget Impact: The final operating budget provides \$157,000 for Commerce to monitor a grant program and provide technical assistance and support to housing providers. (General Fund-State)

[HB 1219](#), allows cities and counties to use REET 2 for the construction of affordable housing projects and rehabilitation of facilities for those experiencing homelessness. The revenues may go toward the planning, acquisition, construction, reconstruction, repair, replacement, rehabilitation, or improvement of facilities serving the homeless and affordable housing projects. As passed, the bill limits the annual amount of REET 2 revenue a city or county may use for homelessness and affordable housing projects to the greater of \$100,000 or 25 percent of available funds, but not to exceed \$1 million, unless the city or county used REET 2 revenue to provide housing for the homeless before June 30, 2019. Additionally, the expansion of REET 2 use will sunset January 1, 2026.

[SHB 1406](#), authorizes the governing body of a county or city to impose a local sales tax, credited against the state sales tax, for affordable housing. The revenue can be used to acquire, rehabilitate, construct affordable housing, operations and maintenance cost of new units of affordable or supportive housing, and to provide rental assistance to tenants. The maximum rate imposed may not exceed either 0.0146 percent or 0.0073 percent. For the first 12 months following the effective date of the bill, the maximum rate of 0.0146 percent is available only to: a city levying a qualifying local tax; a city located in a county that declares it will not levy the tax; and a county within its unincorporated areas and within the limits of a city that declares it will not levy the tax. Beginning 12 months after the effective date of the bill, the maximum rate of 0.0146 percent is available only to: a city levying a qualifying local tax; and a county within its unincorporated areas and within the limits of a city that is not levying the tax. Beginning 12 months after the effective date of the bill, cities without a qualifying tax may impose a rate of 0.0073 percent, and a county may impose a rate of 0.0073 percent within the limits of a city imposing the tax at 0.0073 percent. A county may not levy the tax within the limits of a city imposing the tax at 0.0146 percent. To impose the tax, a county or city legislative authority must adopt a resolution of intent within six months of the effective date of the bill and impose the tax within one year. The tax is credited against the state sales tax collected in the jurisdiction. The

amount a county or city may collect in any state fiscal year is limited based on taxable retail sales in the jurisdiction for state fiscal year 2019. A county or city may bond against the revenue. Counties with a population of 400,000 or less and cities with a population of 100,000 or less may also use the revenue to provide rental assistance to tenants. Housing and services may only be provided to persons whose income is at or below 60 percent of the county median income. A county or city may enter into an interlocal agreement with one or more other counties, cities, or housing authorities to provide affordable or supportive housing. Counties and cities imposing the tax must submit annual reports on the collection and uses of the revenue to the Department of Commerce (COM), and the COM must submit a report annually to the appropriate legislative committees. The tax expires 20 years after the jurisdiction first imposes the tax.

[SB 5600](#) Extends the 3-day notice to pay and vacate for default in rent payment to 14 days notice for tenancies under the Residential Landlord-Tenant Act. Creates a uniform 14-day notice to pay and vacate that includes information on how tenants can access legal and advocacy resources. Requires the Attorney General's Office to provide translated versions of the uniform 14-day notice on its website in at least the top 10 languages used in the state. Requires a landlord to first apply any tenant payment to rent before applying the payment toward other charges. Requires a tenant to pay into court or to the landlord upon judgment for default in the payment of rent within five court days any rent due, any court costs incurred at the time of payment, late fees that may not exceed \$75 in total, and attorneys' fees if awarded, to be restored to his or her tenancy. Provides requirements and limitations on the award of attorneys' fees under unlawful detainer actions, based on the amount of rent awarded in the judgment and on whether the tenant or landlord prevails at a hearing where judicial discretion is exercised. Provides the court with discretion to provide relief from forfeiture or to stay a writ of restitution based upon the required consideration of certain factors and with the burden of proof for relief on the tenant. Expands eligibility of the Landlord Mitigation Program to include landlord claims for reimbursement in unlawful detainer cases where judicial discretion is exercised and there is an unpaid judgment for rent, late fees, attorneys' fees, and costs.

[HB 1440](#) requires a landlord to provide a tenant at least 60 days' prior written notice of an increase in rent, except in the case of rental agreements governing subsidized tenancies where the rental amount is based on the income of the tenant or circumstances specific to the subsidized household. An exemption from the requirement is provided for 60 days prior notice for a rent increase for rental agreements governing subsidized tenancies where the rental amount is based on the income of the tenant.

[SB 5718](#) creates a child welfare housing assistance program (CWHAP) within the Department of Children, Youth, and Families (DCYF) to provide housing vouchers, rental assistance, navigation, and other support services to eligible families. The bill also creates a stakeholder group to work with DCYF to assist in the design of the CWHAP, including eligibility criteria and establishing performance measures and monitoring outcomes. As passed, the child welfare housing assistance pilot program is limited to one county in Eastern Washington and one county in Western Washington.

Budget Impact: The final operating budget provides \$1.533 mil to DCYF to implement a Child Welfare Housing Assistance Pilot Program to provide housing vouchers, rental assistance, navigation, and other support services to eligible families. The pilot program expires on June 30, 2022. (General Fund-State)

Improve Immunization Rates: Support policies and budget items that will improve immunization rates in Washington.

[HB 1638](#) repeals the philosophical or personal belief exemption for the Measles, Mumps & Rubella (MMR) vaccine requirement for school and child care entry. The bill also requires employees and volunteers at child day care centers to receive the measles, mumps, and rubella vaccine, provide proof of immunity from the measles, or provide a certification that the vaccine is not medically advisable. This is the first removal of a vaccine exemption to pass in the country since 2015.

Budget Impact: The final operating budget provided \$44,000 pursuant to Engrossed House Bill 1638 (vaccine preventable diseases), which prohibits exemptions from the measles, mumps, or rubella vaccines, based upon philosophical or personal objection. (General Fund-State)

Potentially Preventative Hospitalizations: Continue the efforts between Tacoma-Pierce County Health Department and health care providers to implement strategies developed in 2018, build upon them and impact the overall health of the communities in the 27th and 29th legislative districts.

\$750,000 in funding is provided to the Department of Health to distribute through the Tacoma/Pierce County local health jurisdiction for a collaboration between local public health, accountable communities of health, and health care providers to reduce preventable hospitalizations. (General Fund-State)

Preventing Gun Violence: Advocate for a policy agenda built around helping to keep our communities and families safe from gun violence. Key policies include continuing to close loopholes and strengthen our background check system, expanding the ability to have gun free zones in places like hospitals early learning centers, parks and libraries, strengthening our systems to help keep firearms out of the hands of people in crisis and investing in public health gun violence prevention research.

[HB 1225](#) requires that a law enforcement officer who responds to a domestic violence incident and has probable cause to believe a crime was committed must remove all firearms and ammunition the officer has reasonable grounds to believe were used or threatened to be used in the commission of the offense and all firearms that are in plain sight or discovered pursuant to a lawful search. In addition, the law enforcement officer must request consent to remove all firearms to which the alleged abuser has access until a judicial officer has heard the matter. The bill also provides that a firearm seized in connection with a domestic violence call may not be returned to the owner or person from whom it was obtained until five business days have elapsed since the firearm was obtained. Requires a court to consider all information in a domestic violence incident report regarding the defendant's possession of and access to firearms, and allows the court to include a firearm prohibition as a condition of release and order the defendant to surrender all firearms upon release. A peace officer responding to a domestic violence call is allowed to not remove a firearm or ammunition the officer believes is needed by the victim for self-defense.

[SB 5027](#) makes revisions to the extreme risk protection order act including authorizing the court to enter an ERPO against a person under the age of eighteen years and requiring notice to the person's parent or guardian of the legal obligation to safely secure any firearms. Allows a

restrained party under the age of eighteen to petition the court to seal from public view court records relating to an ERPO proceeding.

[HB 1465](#) removes a provision allowing a dealer to deliver a pistol to a purchaser who produces a valid concealed pistol license prior to the completion of a state background check. For all pistol transfers, the dealer may not transfer the pistol to the purchaser until either: (a) the dealer is notified by the chief of police or sheriff that the purchaser is eligible to possess the firearm and the application is approved; or (b) ten business days have elapsed since the application was received by the law enforcement agency. This time period may be extended for up to 30 days when the purchaser's record lacks certain disposition information, or up to 60 days if the purchaser has no Washington driver's license or identification card, or hasn't lived in the state for the previous 90 days. Provisions of the bill expire on June 30, 2022, or 6 months after the date on which the Washington State Patrol determines that a single point of contact firearm background check system is operational in the state, whichever first occurs.

School Nurses, Counselors, Family & Community Engagement Coordinators, and School Nurse Corps: Secure funding for K-12 comprehensive supports including more school nurses, middle school counselors, and family and community engagement coordinators.

Guidance Counselor Targeted Schools: \$1.813 million in funding is provided to increased staffing for guidance counselors to 0.8 per prototypical elementary school and 1.7 per prototypical middle school in 20 schools receiving targeted supports as part of the Washington School Improvement Framework. To receive the funding, schools must have staffing at or above the prototypical staffing level for guidance counselors. (General Fund-State)

Student Mental Health: Improve student mental health grades k-12 by a combination of bills targeting: student skill development including evidence based SEL and mental health literacy; school personnel training and professional development; investments in system capacity.

[HB 1216](#) requires each educational service district to establish a Regional School Safety Center with certain duties, subject to state funding. Requires school districts to establish a School-Based Threat Assessment Program that meets certain requirements, by the beginning of the 2020-21 school year. Codifies the School Safety Center and the School Safety and Student Wellbeing Advisory Committee, and makes the duties subject to state funding. Requires the Office of the Superintendent of Public Instruction (OSPI) to monitor certain safety-related programs and plans, subject to state funding. Directs the Joint Legislative Audit and Review Committee to complete a study on the first responder mapping information system by January 31, 2020. Adds a representative of the OSPI to the Emergency Management Council (EMC) and directs the EMC to consult with certain organizations on issues that involve early learning, kindergarten through grade 12, or higher education. Adds safe school plan and school safety drill requirements. Establishes requirements for optional school district school resource officer (SRO) programs related to SRO training and law enforcement-school district agreements. Creates a grant program to fund training for SROs and makes SRO training materials available, both subject to state funding.

Budget Impact: The final operating budget provided \$266,000 total to JLARC to conduct a study of school districts' use of the first responder mapping information system pursuant to Second Substitute House Bill 1216 (School safety & well-being). (Performance Audits of

Government Account-State). \$2.5 million in funding is also provided to OSPI for implementation of Second Substitute House Bill No. 1216 (student safety and well-being) which, among other provisions, requires OSPI to maintain the state school safety center, convene a student safety and well-being committee, and provide funding for 1.0 FTE at each educational service district. (General Fund- State)

[SB 5082](#) Creates a permanent committee to promote and expand social emotional learning (SEL) with certain duties and members. Additionally, requires the Office of the Superintendent of Public Instruction to adopt SEL standards and align the programs it oversees with the standards and integrate where appropriate. Directs the Professional Educator Standards Board to incorporate SEL standards along the entire career continuum for teachers.

Budget Impact: The final operating budget provided \$400,000 for the implementation of the SEL work group.

Tobacco 21: Raise the minimum legal sale age for tobacco products, including e-cigarettes, to 21 years of age.

[HB 1074](#) raises the legal age to twenty-one years for the lawful sale or distribution of tobacco and vapor products. It also authorizes the governor, in recognition of the sovereign authority of tribal governments, to seek government-to-government consultations with Indian tribes regarding raising the minimum legal age of sale in certain compacts.

Budget Impact: The final operating budget provided \$8.901 mil total for lost revenue as a result of the passage of HB 1074. In addition, \$1 mil total one-time funding is provided to DOH, as part of foundational public health services, to support local health jurisdictions provide youth tobacco and vapor prevention programs, including the necessary outreach and education for the provisions under Engrossed House Bill 1074. (Youth Tobacco & Vapor Products Prevention Account-State)

Vape/e-Cigarette Tax: Support taxation of vape and e-cigarettes.

[HB 1873](#) imposes a tax of 9 cents per milliliter of solution on products in an "accessible container"; and a tax on all other vapor products of 27 cents per milliliter of solution. In addition, the bill directs all revenues from the tax on vapor products must be divided evenly between the Foundational Public Health Services Account and the Andy Hill Cancer Research Endowment Fund Match Transfer Account. A reduction in tax is provided for certain products issued a modified risk tobacco order. In addition, the bill repeals the expiration date on the Andy Hill Cancer Research Endowment Fund Match Transfer Account, and removes the limit on the state contribution to the Andy Hill Cancer Research Endowment Fund Match Transfer Account.

Vulnerable Road Users: Strengthen Washington's vulnerable road users (VRU) law. The current VRU law is ambiguous as to when it's applicable and which penalties should be enforced. This has resulted in a rarely cited VRU law. Additionally, there is a lack of awareness of the law among law enforcement, prosecutors and the public.

[SB 5723](#) strengthens Washington's vulnerable road user laws through increasing the fine for six specific traffic infractions that have the worst outcomes for the most vulnerable users. The rules of the road are modified to clarify how motor vehicles, pedestrians, bicyclists and other users

are to share the road. Provides an additional penalty for certain traffic infractions involving a motor vehicle and a vulnerable user of the road, and deposits the penalty monies into a new account dedicated to educating law enforcement officers, prosecutors and judges about opportunities for enforcement of traffic infractions and offenses committed against vulnerable roadway users.

Washington Wildlife & Recreation Program: Support funding for the Washington Wildlife and Recreation Program (WWRP) for the 2019-21 biennium.

\$85 mil in funding is provided for grants for a range of land protection and outdoor recreation projects, including park acquisition and development, habitat conservation and restoration, farmland and forest preservation, and construction of outdoor recreation facilities, including parks, trails, water access, and campgrounds.