

HOUSE BILL REPORT

HB 2075

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to licensing of Indian health care providers as establishments.

Brief Description: Concerning licensing of Indian health care providers as establishments.

Sponsors: Representatives Lekanoff, Stearns, Reed, Ortiz-Self and Reeves.

Brief History:

Committee Activity:

Health Care & Wellness: 1/12/24, 1/19/24 [DPS].

Brief Summary of Substitute Bill

- Requires the Department of Health to issue a license to operate an establishment to Indian health care providers that attest to meeting the state's minimum standards for licensure and pay a processing fee.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 16 members: Representatives Riccelli, Chair; Bateman, Vice Chair; Schmick, Ranking Minority Member; Hutchins, Assistant Ranking Minority Member; Bronoske, Caldier, Davis, Graham, Harris, Macri, Mosbrucker, Orwall, Simmons, Stonier, Thai and Tharinger.

Staff: Chris Blake (786-7392).

Background:

Licensing of Establishments.

The Department of Health (Department) regulates "establishments," which are places that

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care for persons with mental illness or substance use disorders. Establishments include residential treatment facilities and psychiatric hospitals. Residential treatment facilities are facilities that provide for the evaluation, stabilization, or treatment of residents for substance use disorders, mental health conditions, co-occurring disorders, or drug exposure in infants. Psychiatric hospitals are private facilities that provide observation, diagnosis, and care for persons with signs or symptoms of mental illness over a continuous period of 24 hours or more.

Licensing standards differ for establishments depending on whether they are residential treatment facilities or psychiatric hospitals. Applicants for a residential treatment facility license must submit specific materials to the Department, including the facility's policies and procedures, a construction review application, and approval from the Director of Fire Protection at the Washington State Patrol (WSP). Applicants for a psychiatric hospital license must submit specific information to the Department, including an approved certificate of need, approved facility plans for construction review, and approval from the Director of Fire Protection at the WSP. The Department must conduct an on-site inspection prior to granting a license to either type of establishment. After licensure, establishments must operate in compliance with Department regulations on matters including governance, patient and resident care services, staffing, patient and resident safety, patient and care records, clinical services, and pharmacy and medication services.

Licensing Indian Health Care Providers Through Attestation.

Indian health care providers are health care programs operated by the federal Indian Health Service, a tribe, tribal organization, or urban Indian organization. All but two of the 29 tribes in Washington have a health facility that provides medical or behavioral health services. In addition, there are urban Indian health clinics in Seattle, Spokane, and Portland that provide care to urban American Indians and Alaska Natives.

A tribe may receive a license from the Department to operate a behavioral health agency if it attests that the behavioral health agency meets state minimum standards and pays an administrative processing fee.

Summary of Substitute Bill:

Beginning July 1, 2025, the Department of Health (Department) must issue a license to operate an establishment to Indian health care providers who submit an attestation that they meet the state's minimum standards for the licensure of an establishment and pay a processing fee. The processing fee must be at a level that covers the Department's administrative processing costs for the attestation and recognizes the reduced cost of processing an attestation compared to a standard license.

A license obtained through the attestation process does not excuse compliance with other required credentialing standards, such as behavioral health agency licensure, Pharmacy

Commission requirements, certificate of need requirements, construction review requirements, medical test site requirements, fire protection standards, and local regulations.

Substitute Bill Compared to Original Bill:

The substitute bill delays the date for the Department of Health to begin issuing establishment licenses based upon an attestation from an Indian health care provider from January 1, 2025, to July 1, 2025.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) This bill crosses the overlap of licensing at the federal and state levels where the applications are the same and this will allow an Indian behavioral health provider to hold both licenses in a more streamlined process. This bill eliminates time, eliminates process, saves money, and is more efficient. This bill provides a recognition of equity by ensuring that the Native American community has this process to use. The attestation process for outpatient services for behavioral health has been in place for many years. Additional tribal facilities to treat people are in development and the process for licensing needs to be made easy. Having a license makes it easier to work with insurance carriers and to get recognition from courts for the services at tribal facilities.

(Opposed) None.

Persons Testifying: Representative Debra Lekanoff, prime sponsor; and Vicki Lowe, American Indian Health Commission for Washington State.

Persons Signed In To Testify But Not Testifying: None.