
SENATE BILL 6228

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By Senators Dhingra, Hasegawa, Kuderer, Lovelett, Nobles, Randall, Shewmake, Valdez, and C. Wilson

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1 AN ACT Relating to treatment of substance use disorders; amending
2 RCW 71.24.618, 18.225.145, and 43.70.250; reenacting and amending RCW
3 41.05.017 and 18.205.095; adding new sections to chapter 71.24 RCW;
4 adding a new section to chapter 48.43 RCW; and creating a new
5 section.

6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

7 NEW SECTION. **Sec. 1.** A new section is added to chapter 71.24
8 RCW to read as follows:

9 (1) The single standard set of criteria to define medical
10 necessity for substance use disorder treatment and define substance
11 use disorder levels of care in Washington is the most recent version
12 of the ASAM Criteria as published by the American society of
13 addiction medicine.

14 (2) No health carrier or licensed or certified behavioral health
15 agency may deny substance use disorder treatment to a person who
16 meets the ASAM Criteria for the requested course of substance use
17 disorder treatment on the grounds that the person has not recently
18 used a substance that is connected to the person's substance use
19 disorder.

1 **Sec. 2.** RCW 71.24.618 and 2020 c 345 s 4 are each amended to
2 read as follows:

3 (1) (~~Beginning January 1, 2021, a~~) A managed care organization
4 may not require an enrollee to obtain prior authorization for
5 withdrawal management services or inpatient or residential substance
6 use disorder treatment services in a behavioral health agency
7 licensed or certified under RCW 71.24.037.

8 (2) (a) (~~Beginning January 1, 2021, a~~) A managed care
9 organization must:

10 (i) Provide coverage for no less than two business days,
11 excluding weekends and holidays, in a behavioral health agency that
12 provides inpatient or residential substance use disorder treatment
13 prior to conducting a utilization review; and

14 (ii) Provide coverage for no less than three days in a behavioral
15 health agency that provides withdrawal management services prior to
16 conducting a utilization review.

17 (b) The managed care organization may not require an enrollee to
18 obtain prior authorization for the services specified in (a) of this
19 subsection as a condition for payment of services prior to the times
20 specified in (a) of this subsection. Once the times specified in (a)
21 of this subsection have passed, the managed care organization may
22 initiate utilization management review procedures if the behavioral
23 health agency continues to provide services or is in the process of
24 arranging for a seamless transfer to an appropriate facility or lower
25 level of care under subsection (6) of this section. When the managed
26 care organization authorizes inpatient substance use disorder
27 treatment, the minimum initial authorization period is for 29 days
28 from the start of treatment.

29 (c) (i) The behavioral health agency under (a) of this subsection
30 must notify an enrollee's managed care organization as soon as
31 practicable after admitting the enrollee, but not later than twenty-
32 four hours after admitting the enrollee. The time of notification
33 does not reduce the requirements established in (a) of this
34 subsection.

35 (ii) The behavioral health agency under (a) of this subsection
36 must provide the managed care organization with its initial
37 assessment and initial treatment plan for the enrollee within two
38 business days of admission, excluding weekends and holidays, or
39 within three days in the case of a behavioral health agency that
40 provides withdrawal management services.

1 (iii) After the time period in (a) of this subsection and receipt
2 of the material provided under (c)(ii) of this subsection, the
3 managed care organization may initiate a medical necessity review
4 process. Medical necessity review must be based on the (~~standard set~~
5 ~~of criteria established under RCW 41.05.528~~) ASAM Criteria as
6 published by the American society of addiction medicine. If the
7 health plan determines within one business day from the start of the
8 medical necessity review period and receipt of the material provided
9 under (c)(ii) of this subsection that the admission to the facility
10 was not medically necessary and advises the agency of the decision in
11 writing, the health plan is not required to pay the facility for
12 services delivered after the start of the medical necessity review
13 period, subject to the conclusion of a filed appeal of the adverse
14 benefit determination. If the managed care organization's medical
15 necessity review is completed more than one business day after
16 (~~the~~) the start of the medical necessity review period and
17 receipt of the material provided under (c)(ii) of this subsection,
18 the managed care organization must pay for the services delivered
19 from the time of admission until the time at which the medical
20 necessity review is completed and the agency is advised of the
21 decision in writing.

22 (3) The behavioral health agency shall document to the managed
23 care organization the patient's need for continuing care and
24 justification for level of care placement following the current
25 treatment period, based on the (~~standard set of criteria established~~
26 ~~under RCW 41.05.528~~) ASAM Criteria as published by the American
27 society of addiction medicine, with documentation recorded in the
28 patient's medical record. The behavioral health agency may not be
29 required to document the need for continuing care for inpatient
30 substance use disorder treatment until the end of the initial
31 authorization period.

32 (4) Nothing in this section prevents a health carrier from
33 denying coverage based on insurance fraud.

34 (5) If the behavioral health agency under subsection (2)(a) of
35 this section is not in the enrollee's network:

36 (a) The managed care organization is not responsible for
37 reimbursing the behavioral health agency at a greater rate than would
38 be paid had the agency been in the enrollee's network; and

39 (b) The behavioral health agency may not balance bill, as defined
40 in RCW 48.43.005.

1 (6) When the treatment plan approved by the managed care
2 organization involves transfer of the enrollee to a different
3 facility or to a lower level of care, the care coordination unit of
4 the managed care organization shall work with the current agency to
5 make arrangements for a seamless transfer as soon as possible to an
6 appropriate and available facility or level of care. The managed care
7 organization shall pay the agency for the cost of care at the current
8 facility until the seamless transfer to the different facility or
9 lower level of care is complete. A seamless transfer to a lower level
10 of care may include same day or next day appointments for outpatient
11 care, and does not include payment for nontreatment services, such as
12 housing services. If placement with an agency in the managed care
13 organization's network is not available, the managed care
14 organization shall pay the current agency at the service level until
15 a seamless transfer arrangement is made.

16 (7) The requirements of this section do not apply to treatment
17 provided in out-of-state facilities.

18 (8) For the purposes of this section "withdrawal management
19 services" means twenty-four hour medically managed or medically
20 monitored detoxification and assessment and treatment referral for
21 adults or adolescents withdrawing from alcohol or drugs, which may
22 include induction on medications for addiction recovery.

23 NEW SECTION. **Sec. 3.** A new section is added to chapter 48.43
24 RCW to read as follows:

25 (1) For health plans issued or renewed on or after January 1,
26 2025, a health carrier shall provide:

27 (a) Coverage for ground ambulance transports to behavioral health
28 emergency services providers for enrollees who are experiencing an
29 emergency medical condition as defined in RCW 48.43.005. A health
30 carrier may not require prior authorization of ground ambulance
31 services if a prudent layperson acting reasonably would have believed
32 that an emergency medical condition existed; and

33 (b) Coverage for transportation from the behavioral health
34 emergency services provider upon discharge to the enrollee's next
35 level of care when a prudent layperson acting reasonably would
36 believe that such transportation is necessary to protect the enrollee
37 from a relapse or other discontinuity in care that would jeopardize
38 the health and safety of the enrollee, which must be accomplished by
39 means which a prudent layperson acting reasonably would deem

1 appropriate to the present circumstances of the enrollee including,
2 but not limited to, ground ambulance transportation, escorted
3 transportation in a private vehicle, or use of a taxi service.

4 (2) Coverage of ground ambulance transports to behavioral health
5 emergency services providers and transportation from the behavioral
6 health emergency services provider upon discharge may be subject to
7 applicable in-network copayments, coinsurance, and deductibles, as
8 provided in chapter 48.49 RCW.

9 **Sec. 4.** RCW 41.05.017 and 2022 c 236 s 3, 2022 c 228 s 2, and
10 2022 c 10 s 2 are each reenacted and amended to read as follows:

11 Each health plan that provides medical insurance offered under
12 this chapter, including plans created by insuring entities, plans not
13 subject to the provisions of Title 48 RCW, and plans created under
14 RCW 41.05.140, are subject to the provisions of RCW 48.43.500,
15 70.02.045, 48.43.505 through 48.43.535, 48.43.537, 48.43.545,
16 48.43.550, 70.02.110, 70.02.900, 48.43.190, 48.43.083, 48.43.0128,
17 48.43.780, 48.43.435, 48.43.815, section 3 of this act, and chapter
18 48.49 RCW.

19 NEW SECTION. **Sec. 5.** A new section is added to chapter 71.24
20 RCW to read as follows:

21 (1) Beginning January 1, 2025, a managed care organization must:

22 (a) Provide coverage for ground ambulance transports to
23 behavioral health emergency services providers for enrollees who are
24 experiencing an emergency medical condition as defined in RCW
25 48.43.005. A managed care plan may not require prior authorization of
26 ground ambulance services if a prudent layperson acting reasonably
27 would have believed that an emergency medical condition existed; and

28 (b) Provide coverage for transportation from the behavioral
29 health emergency services provider upon discharge to the enrollee's
30 next level of care when a prudent layperson acting reasonably would
31 believe that such transportation is necessary to protect the enrollee
32 from a relapse or other discontinuity in care that would jeopardize
33 the health and safety of the enrollee, which must be accomplished by
34 means which a prudent layperson acting reasonably would deem
35 appropriate to the present circumstances of the enrollee including,
36 but not limited to, ground ambulance transportation, escorted
37 transportation in a private vehicle, or use of a taxi service.

1 (2) Coverage of ground ambulance transports to behavioral health
2 emergency services providers and transportation from the behavioral
3 health emergency services provider upon discharge may be subject to
4 applicable in-network copayments, coinsurance, and deductibles, as
5 provided in chapter 48.49 RCW.

6 (3) Nothing in this section prevents a managed care plan from
7 denying coverage based on insurance fraud.

8 (4) If the behavioral health emergency services provider, ground
9 ambulance transport, or behavioral health emergency services provider
10 referenced in subsection (1) of this section are not in the
11 enrollee's network, the managed care organization is not responsible
12 for reimbursing these entities at a greater rate than they would be
13 paid if the entity had been in the enrollee's network. The entities
14 described in this subsection (4) may not balance bill, as defined in
15 RCW 48.43.005.

16 NEW SECTION. **Sec. 6.** The health care authority shall pursue a
17 medicaid state plan amendment or take other steps necessary to obtain
18 federal match for the coverage expansion described in section 5 of
19 this act by January 1, 2025, or as soon thereafter as may be
20 practicable.

21 **Sec. 7.** RCW 18.205.095 and 2021 c 165 s 1 and 2021 c 57 s 1 are
22 each reenacted and amended to read as follows:

23 (1) The secretary shall issue a trainee certificate to any
24 applicant who demonstrates to the satisfaction of the secretary that
25 he or she is working toward the education and experience requirements
26 in RCW 18.205.090.

27 (2) A trainee certified under this section shall submit to the
28 secretary for approval a declaration, in accordance with rules
29 adopted by the department, which shall be updated with the trainee's
30 annual renewal, that he or she is actively pursuing the experience
31 requirements under RCW 18.205.090 and is enrolled in:

32 (a) An approved education program; or

33 (b) An apprenticeship program reviewed by the substance use
34 disorder certification advisory committee, approved by the secretary,
35 and registered and approved under chapter 49.04 RCW.

36 (3) A trainee certified under this section may practice only
37 under the supervision of a certified substance use disorder
38 professional. The first 50 hours of any face-to-face client contact

1 must be under direct observation. All remaining experience must be
2 under supervision in accordance with rules adopted by the department.

3 (4) A certified substance use disorder professional trainee
4 provides substance use disorder assessments, counseling, and case
5 management (~~((with a state regulated agency))~~) and can provide clinical
6 services to patients consistent with his or her education, training,
7 and experience as approved by his or her supervisor.

8 ~~((5) ((A trainee certification may only be renewed four times,
9 unless the secretary finds that a waiver to allow additional renewals
10 is justified due to barriers to testing or training resulting from a
11 governor-declared emergency.~~

12 ~~((6))~~) Applicants are subject to denial of a certificate or
13 issuance of a conditional certificate for the reasons set forth in
14 chapter 18.130 RCW.

15 ~~((7) A person certified under this chapter holding the title of
16 chemical dependency professional trainee is considered to hold the
17 title of substance use disorder professional trainee until such time
18 as the person's present certification expires or is renewed.))~~

19 **Sec. 8.** RCW 18.225.145 and 2021 c 57 s 2 are each amended to
20 read as follows:

21 (1) The secretary shall issue an associate license to any
22 applicant who demonstrates to the satisfaction of the secretary that
23 the applicant meets the following requirements for the applicant's
24 practice area and submits a declaration that the applicant is working
25 toward full licensure in that category:

26 (a) Licensed social worker associate—advanced or licensed social
27 worker associate—~~independent clinical~~: Graduation from a master's
28 degree or doctoral degree educational program in social work
29 accredited by the council on social work education and approved by
30 the secretary based upon nationally recognized standards.

31 (b) Licensed mental health counselor associate: Graduation from a
32 master's degree or doctoral degree educational program in mental
33 health counseling or a related discipline from a college or
34 university approved by the secretary based upon nationally recognized
35 standards.

36 (c) Licensed marriage and family therapist associate: Graduation
37 from a master's degree or doctoral degree educational program in
38 marriage and family therapy or graduation from an educational program
39 in an allied field equivalent to a master's degree or doctoral degree

1 in marriage and family therapy approved by the secretary based upon
2 nationally recognized standards.

3 (2) Associates may not provide independent social work, mental
4 health counseling, or marriage and family therapy for a fee, monetary
5 or otherwise. Associates must work under the supervision of an
6 approved supervisor.

7 (3) Associates shall provide each client or patient, during the
8 first professional contact, with a disclosure form according to RCW
9 18.225.100, disclosing that he or she is an associate under the
10 supervision of an approved supervisor.

11 (4) The department shall adopt by rule what constitutes adequate
12 proof of compliance with the requirements of this section.

13 (5) Applicants are subject to the denial of a license or issuance
14 of a conditional license for the reasons set forth in chapter 18.130
15 RCW.

16 (6) ~~((a) Except as provided in (b) of this subsection, an)~~ An
17 associate license may be renewed ~~((no more than six times, provided~~
18 ~~that))~~ if the applicant for renewal has successfully completed
19 eighteen hours of continuing education in the preceding year.
20 Beginning with the second renewal, at least six of the continuing
21 education hours in the preceding two years must be in professional
22 ethics.

23 ~~((b) If the secretary finds that a waiver to allow additional~~
24 ~~renewals is justified due to barriers to testing or training~~
25 ~~resulting from a governor-declared emergency, additional renewals may~~
26 ~~be approved.))~~

27 **Sec. 9.** RCW 43.70.250 and 2023 c 469 s 21 are each amended to
28 read as follows:

29 (1) It shall be the policy of the state of Washington that the
30 cost of each professional, occupational, or business licensing
31 program be fully borne by the members of that profession, occupation,
32 or business.

33 (2) The secretary shall from time to time establish the amount of
34 all application fees, license fees, registration fees, examination
35 fees, permit fees, renewal fees, and any other fee associated with
36 licensing or regulation of professions, occupations, or businesses
37 administered by the department. Any and all fees or assessments, or
38 both, levied on the state to cover the costs of the operations and
39 activities of the interstate health professions licensure compacts

1 with participating authorities listed under chapter 18.130 RCW shall
2 be borne by the persons who hold licenses issued pursuant to the
3 authority and procedures established under the compacts. In fixing
4 said fees, the secretary shall set the fees for each program at a
5 sufficient level to defray the costs of administering that program
6 and the cost of regulating licensed volunteer medical workers in
7 accordance with RCW 18.130.360, except as provided in RCW 18.79.202.
8 In no case may the secretary impose any certification, examination,
9 or renewal fee upon a person seeking certification as a certified
10 peer specialist trainee under chapter 18.420 RCW or, between July 1,
11 2025, and July 1, 2030, impose a certification, examination, or
12 renewal fee of more than \$100 upon any person seeking certification
13 as a certified peer specialist under chapter 18.420 RCW. Between July
14 1, 2024, and July 1, 2029, the secretary may not impose any
15 certification or certification renewal fee on a person seeking
16 certification as a substance use disorder professional or substance
17 use disorder professional trainee under chapter 18.205 RCW of more
18 than \$100.

19 (3) All such fees shall be fixed by rule adopted by the secretary
20 in accordance with the provisions of the administrative procedure
21 act, chapter 34.05 RCW.

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