
HOUSE BILL 1809

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2025 Regular Session

By Representatives Nance, Griffey, Davis, Eslick, Farivar, Bernbaum, Pollet, Macri, and Zahn

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1 AN ACT Relating to professionalizing first responders and co-
2 responders through training and reimbursement for behavioral health
3 emergency response; amending RCW 18.71.205 and 71.24.905; adding new
4 sections to chapter 18.73 RCW; adding new sections to chapter 71.24
5 RCW; and creating a new section.

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

7 NEW SECTION. **Sec. 1.** (1) The legislature finds that:

8 (a) The increased frequency of behavioral health emergencies in
9 the community results in increased 911 calls to fire, emergency
10 medical services, and law enforcement. First responders respond to
11 behavioral health emergencies related to drug overdoses, acute
12 suicidal behavior, acute crises, individuals requiring involuntary
13 treatment, and other situations in which there are concerns about
14 medical needs or safety;

15 (b) In addition to fire, emergency medical services, and law
16 enforcement responses to behavioral health calls, there are over 60
17 co-response teams currently operating across Washington to de-
18 escalate situations, divert people from criminal justice and
19 emergency medical systems, and bring medical and behavioral health
20 care into the field to serve vulnerable populations;

1 (c) There is a need for high acuity first response services for
2 people experiencing behavioral health emergencies to complement the
3 988 crisis line and behavioral health crisis response system. To help
4 address this need, 911 and 988 response systems must work together to
5 create a seamless crisis care delivery system for individuals in
6 crisis; and

7 (d) First responders and co-response teams in the 911 system
8 respond to behavioral health emergencies and other complex needs at
9 the nexus of health and behavioral health. First responders and co-
10 responders are critical to the provision of medical care in the field
11 and ongoing case management and follow-up services, and they also
12 fill gaps in behavioral health crises when there are no mobile crisis
13 teams available.

14 (2) The legislature intends to:

15 (a) Provide high quality training and regional collaboration for
16 co-response service delivery to achieve better care and deliver
17 better outcomes for patients;

18 (b) Equip emergency medical services personnel with the training
19 they need to respond to behavioral health emergencies to save lives.
20 With the proper training, first responders will be better prepared
21 and more confident responding to behavioral health emergencies
22 leading to reduced burnout among these professionals; and

23 (c) Develop funding strategies for first responders to better
24 respond to behavioral health emergencies and save taxpayer money. The
25 funding model will incentivize first responders to connect neighbors
26 in need to the right services which will reduce the dependence on
27 emergency departments as the default drop-off location for persons
28 experiencing a behavioral health crisis. By connecting persons in a
29 behavioral health crisis with therapy, counseling, rehabilitative
30 services, pharmacies, social workers, case workers, and shelters,
31 instead of reimbursing ambulances for trips to the emergency
32 department, communities will see a reduction in emergency department
33 overcrowding.

34 NEW SECTION. **Sec. 2.** A new section is added to chapter 18.73
35 RCW to read as follows:

36 (1) By January 1, 2027, the department shall adopt rules related
37 to the recognition of the behavioral health training in subsection
38 (2) of this section as an optional module that may be incorporated

1 into ongoing training and evaluation programs available to emergency
2 medical technicians certified under this chapter.

3 (2) By July 1, 2026, the behavioral health crisis outreach
4 response and education center at the University of Washington shall
5 develop a nine-hour training course to instruct emergency medical
6 services personnel, including emergency medical technicians certified
7 under this chapter and physician's trained advanced emergency medical
8 technicians and paramedics certified under RCW 18.71.205, on
9 responding to behavioral health emergencies. The training must be
10 made available statewide in a format that allows for the course to be
11 taught completely in-person, completely online, or a hybrid format of
12 both in-person and online instruction. The training shall be
13 developed in a manner to allow it to be provided through ongoing
14 training and evaluation programs over the course of a three-year
15 period.

16 NEW SECTION. **Sec. 3.** A new section is added to chapter 18.73
17 RCW to read as follows:

18 (1) Beginning July 1, 2027, the secretary shall issue a
19 behavioral health endorsement to the certification of any emergency
20 medical technician certified under this chapter who demonstrates to
21 the secretary the successful completion of the training established
22 under subsection (2) of this section.

23 (2) By January 1, 2027, the behavioral health crisis outreach
24 response and education center at the University of Washington, in
25 consultation with the department, regional emergency medical services
26 and trauma care councils established under RCW 70.168.100, and
27 community and technical colleges, shall develop a course of
28 instruction to train emergency medical technicians identified in
29 subsection (1) of this section and physician's trained advanced
30 emergency medical technicians and paramedics certified under RCW
31 18.71.205 who are seeking a behavioral health endorsement under
32 either of those provisions. The course shall supplement the training
33 in section 2 of this act and shall include advanced instruction in
34 topics such as medical clearance for behavioral health patients,
35 overdose, crisis de-escalation, and suicide prevention.

36 (3) The department and the behavioral health crisis outreach
37 response and education center at the University of Washington shall
38 collaborate to encourage regional emergency medical services and
39 trauma care councils established under RCW 70.168.100 and community

1 and technical colleges to offer the course established in subsection
2 (2) of this section regularly and statewide.

3 (4) Obtaining a behavioral health endorsement under subsection
4 (1) of this section or RCW 18.71.205 is voluntary and not a
5 requirement for certification as an emergency medical technician or a
6 physician's trained advanced emergency medical technician and
7 paramedic.

8 **Sec. 4.** RCW 18.71.205 and 2022 c 136 s 4 are each amended to
9 read as follows:

10 (1) The secretary of the department of health shall prescribe:

11 (a) Practice parameters, training standards for, and levels of,
12 physician's trained advanced emergency medical technicians and
13 paramedics;

14 (b) Minimum standards and performance requirements for the
15 certification and recertification of physician's trained advanced
16 emergency medical technicians and paramedics; and

17 (c) Procedures for provisional certification, certification,
18 recertification, and decertification of physician's trained advanced
19 emergency medical technicians and paramedics.

20 (2) Initial certification shall be for a period established by
21 the secretary pursuant to RCW 43.70.250 and 43.70.280.

22 (3) Recertification shall be granted upon proof of continuing
23 satisfactory performance and education, and shall be for a period
24 established by the secretary pursuant to RCW 43.70.250 and 43.70.280.
25 By January 1, 2027, the department of health shall adopt rules
26 related to the recognition of the behavioral health training in
27 section 2(2) of this act as an optional module that may be
28 incorporated into ongoing training and evaluation programs available
29 to physician's trained advanced emergency medical technicians and
30 paramedics.

31 (4) As used in this chapter and chapter 18.73 RCW, "approved
32 medical program director" means a person who:

33 (a) Is licensed to practice medicine and surgery pursuant to this
34 chapter or osteopathic medicine and surgery pursuant to chapter 18.57
35 RCW; and

36 (b) Is qualified and knowledgeable in the administration and
37 management of emergency care and services; and

38 (c) Is so certified by the department of health for a county,
39 group of counties, or cities with populations over four hundred

1 thousand in coordination with the recommendations of the local
2 medical community and local emergency medical services and trauma
3 care council.

4 (5) The uniform disciplinary act, chapter 18.130 RCW, governs
5 uncertified practice, the issuance and denial of certificates, and
6 the disciplining of certificate holders under this section. The
7 secretary shall be the disciplining authority under this section.
8 Disciplinary action shall be initiated against a person credentialed
9 under this chapter in a manner consistent with the responsibilities
10 and duties of the medical program director under whom such person is
11 responsible.

12 (6) Such activities of physician's trained advanced emergency
13 medical technicians and paramedics shall be limited to actions taken
14 under the express written or oral order of medical program directors
15 and shall not be construed at any time to include freestanding or
16 nondirected actions, for actions not presenting an emergency or life-
17 threatening condition, except nonemergency activities performed
18 pursuant to subsection (7) of this section.

19 (7) Nothing in this section prohibits a physician's trained
20 advanced emergency medical technician or paramedic, acting under the
21 responsible supervision and direction of an approved medical program
22 director, from participating in a community assistance referral and
23 education services program established under RCW 35.21.930 if such
24 participation does not exceed the participant's training and
25 certification.

26 (8) Beginning July 1, 2027, the secretary shall issue a
27 behavioral health endorsement to the certification of any physician's
28 trained advanced emergency medical technician and paramedic certified
29 under this section who demonstrates to the secretary the successful
30 completion of the training established under section 3(2) of this
31 act.

32 NEW SECTION. Sec. 5. A new section is added to chapter 71.24
33 RCW to read as follows:

34 The authority shall require reimbursement under medical
35 assistance programs for fire departments and emergency medical
36 services providing behavioral health services under this chapter
37 through certified emergency medical technicians with a behavioral
38 health endorsement issued under section 3 of this act or certified
39 physician's trained advanced emergency medical technicians and

1 paramedics with a behavioral health endorsement issued under RCW
2 18.71.205.

3 NEW SECTION. **Sec. 6.** A new section is added to chapter 71.24
4 RCW to read as follows:

5 (1) The authority, in collaboration with the behavioral health
6 administrative services organizations and the behavioral health
7 crisis outreach response and education center at the University of
8 Washington, shall establish a pilot project in four behavioral health
9 administrative services organizations. The pilot project must be
10 designed to develop best practices for coordinating responses to
11 behavioral health emergencies within the broader crisis response
12 continuum and develop billing strategies for fire agencies, emergency
13 medical service agencies, and law enforcement agencies that are not
14 endorsed mobile rapid response crisis teams under RCW 71.24.903 that
15 respond to behavioral health crisis situations. In addition, the
16 pilot project shall be designed to assess the types of behavioral
17 health training that are most relevant to first responders responding
18 to behavioral health emergencies.

19 (2) The pilot project shall be in effect between January 1, 2026,
20 and June 30, 2027. The authority shall select four behavioral health
21 administrative services organizations to be the pilot project sites.
22 The authority shall select behavioral health administrative services
23 organizations on both sides of the Cascade crest. The authority must
24 select sites that either have integrated 911 and 988 response
25 capacity or have plans to integrate 911 and 988 response capacity.

26 (3) By July 1, 2027, the authority or its designee shall submit a
27 report to the governor and the relevant committees of the legislature
28 with a summary of the pilot project and its results, including best
29 practices developed under subsection (1) of this section and
30 recommendations for local, regional, and statewide implementation of
31 the best practices.

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

34 (1) The behavioral health administrative services organizations
35 and the behavioral health crisis outreach response and education
36 center at the University of Washington, in consultation with the
37 authority, shall establish a program to administer a co-response
38 education training academy resulting in a certification in best

1 crisis response practices in three behavioral health administrative
2 services organizations with a significant co-response footprint. The
3 co-response education training academy shall be expanded to all 10
4 behavioral health administrative services organizations by 2027 and
5 provide openings for other regional crisis and mobile response teams.
6 The behavioral health administrative services organizations shall
7 promote the training academy available to local co-response and
8 crisis teams in their regions. The certification shall be optional
9 and may not serve as an additional requirement for licensure for
10 first responders or licensed human services professionals.

11 (2) The behavioral health crisis outreach response and education
12 center at the University of Washington may provide grants to small
13 and rural co-response programs for staff to attend the training to
14 offset increased costs associated with sending staff to training.

15 **Sec. 8.** RCW 71.24.905 and 2022 c 232 s 2 are each amended to
16 read as follows:

17 (1) Subject to the availability of amounts appropriated for this
18 specific purpose, the behavioral health crisis outreach response and
19 education center at the University of Washington (~~shall~~), in
20 consultation and collaboration with the co-responder outreach
21 alliance and other stakeholders as appropriate in the field of co-
22 response, shall:

23 ~~(a) ((Establish regular opportunities for police, fire, emergency~~
24 ~~medical services, peer counselors, and behavioral health personnel~~
25 ~~working in co-response to convene for activities such as training,~~
26 ~~exchanging information and best practices around the state and~~
27 ~~nationally, and providing the University of Washington with~~
28 ~~assistance with activities described in this section;~~

29 ~~(b) Subject to the availability of amounts appropriated for this~~
30 ~~specific purpose, administer a small budget to help defray costs for~~
31 ~~training and professional development, which may include expenses~~
32 ~~related to attending or hosting site visits with experienced co-~~
33 ~~response teams;~~

34 ~~(c))~~ Develop an assessment to be provided to the governor and
35 legislature by June 30, ~~((2023))~~ 2026, and annually thereafter,
36 describing and analyzing the following:

37 (i) Existing capacity and shortfalls across the state in co-
38 response teams and the co-response workforce and of emergency medical
39 technicians and physician's trained advanced emergency medical

1 technicians or paramedics operating with a behavioral health
2 endorsement to their certification under section 3 of this act or RCW
3 18.71.205;

4 (ii) Current alignment of co-response teams with cities,
5 counties, behavioral health administrative services organizations,
6 and call centers; distribution among ~~((police))~~ law enforcement,
7 fire, and EMS-based co-response models; and desired alignment;

8 (iii) Current funding strategies for co-response teams and
9 identification of ~~((federal))~~ promising funding opportunities;

10 (iv) Current data systems utilized and an assessment of their
11 effectiveness for use by co-responders, program planners, and
12 policymakers;

13 (v) Current training practices and identification of future state
14 training practices;

15 (vi) Alignment with designated crisis responder activities;

16 (vii) Recommendations concerning best practices to prepare co-
17 responders to achieve objectives and meet future state crisis system
18 needs, including those of the 988 system;

19 (viii) Recommendations to align co-responder activities with
20 efforts to reform ways in which persons experiencing a behavioral
21 health crisis interact with the criminal justice ~~((system))~~ and
22 emergency medical systems; and

23 (ix) Assessment of training and educational needs for current and
24 future co-responder workforce;

25 ~~((d) Beginning in calendar year 2023, begin development of model~~
26 ~~training curricula for individuals participating in co-response~~
27 ~~teams; and~~

28 ~~(e) Beginning in calendar year 2023, host))~~

29 (b) Host an annual statewide conference that draws state and
30 national ~~((co-responders))~~ crisis responders from both 911 and 988
31 systems. The behavioral health crisis outreach response and education
32 center at the University of Washington shall collaborate with
33 stakeholders to increase the capacity of the annual conference to
34 make it available to crisis responders across a variety of programs.

35 (2) Stakeholders in the field of co-response may include, but are
36 not limited to, an association representing co-responders in
37 Washington, the Washington association of designated crisis
38 responders; state associations representing police, fire, and
39 emergency medical services personnel; the Washington council on

1 behavioral health; the state ((enhanced)) 911 system; 988 crisis call
2 centers; and the peer workforce alliance.

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