



THE WASHINGTON ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY

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2025 Legislative Priorities

WAMFT Supports:

[HB 1234/ SB 5449](#) - Concerning mental health counselors, marriage and family therapists, and social workers advisory committee.

Prime Sponsor: [Simmons D-23](#) & [Slatter D-48](#)

The proposed bill seeks to enhance the structure and representation of the Washington State Mental Health Counselors, Marriage and Family Therapists, and Social Workers Advisory Committee by expanding and clarifying membership requirements. Notably, it increases public representation by designating three consumer members and ensuring that professional members have substantial clinical experience while remaining independent from professional associations and state employment. These changes aim to foster diverse perspectives, maintain regulatory integrity, and strengthen the advisory committee's role in shaping mental health policy. WAMFT supports this bill as it aligns with our commitment to ensuring a balanced and effective advisory structure that represents both professionals and the public.

WAMFT Concerned:

[HB 1287](#) - Concerning the disclosure of health information for care coordination.

Prime Sponsor: [Rule D-42](#)

The proposed bill seeks to update regulations regarding the disclosure of health information by licensed behavioral health professionals, expanding exceptions to confidentiality to facilitate care coordination and enhance safety measures. It does this by amending RCW 18.225.105 and 18.19.180 to permit disclosure of information when otherwise permitted by RCW 70.02, Washington's omnibus health care information access and disclosure rule for medical records. WAMFT has significant concerns regarding the justification for this bill as it oversimplifies

complex systemic issues and raises ethical and privacy concerns for clients seeking mental health care.

WAMFT firmly supports client confidentiality as a cornerstone of effective therapeutic relationships and opposes any measures that could erode trust in mental health services. We are actively working with other mental health professionals and our legislative advocate to ensure that any changes to disclosure laws prioritize client rights, ethical best practices, and the integrity of mental health care.

WAMFT Monitoring:

[HB 1445/SB 5233](#) - Concerning the Development of the Washington Health Trust

Prime Sponsor: [Parshley D-22](#) & [Hasegawa D-11](#)

The proposed act seeks to establish the Washington Health Trust as a single nonprofit financing entity to provide universal health coverage for all Washington residents. The Trust will cover essential health benefits—hospital, primary care, prescription drugs, mental health, dental, vision, and more—while aiming to eliminate premiums, deductibles, and copays for most enrollees. A 17-member Board of Trustees will govern the program, negotiate provider reimbursement rates (through fee-for-service and global budgets), and seek waivers to incorporate Medicare, Medicaid, and other federal funding. The plan is designed to minimize administrative overhead, ensure comprehensive benefits, and address health disparities across the state.

[HB 1432/SB 5477](#) - Concerning Improvements to Mental Health Parity and Substance Use Disorder Coverage

Prime Sponsor: [Simmons D-23](#) & [Bateman D-22](#)

The proposed act aims to strengthen Washington’s mental health parity rules by requiring health plans to treat mental health and substance use disorder (SUD) services on par with medical and surgical benefits. It defines “medically necessary” for mental health coverage according to broadly recognized clinical standards and clarifies which services must be covered, while repealing and recodifying existing parity laws. Carriers must offer meaningful coverage in each benefit classification, adopt recent federal parity rules, and follow strict timelines for utilization review decisions. They must also automatically approve certain mental health services if they fail to respond within statutory deadlines and are barred from retroactively denying claims older than 180 days, except in fraud cases. The Insurance Commissioner gains

rulemaking authority to enforce data testing for parity and ensure network adequacy, with most provisions taking effect January 1, 2026.

[HB 1433/SB 5201](#) - Concerning Safe, Regulated Access to Psychedelic Substances for Therapeutic Purposes

Prime sponsor - [Macri D-43](#) & [Salomon D-32](#)

The proposed act aims to provide adults with a safe, regulated pathway to access psychedelic substances, overseen by the Department of Health using fully tested products administered by licensed professionals; offer a safe harbor for health professionals who wish to apply their training to help clients maximize therapeutic benefits without facing adverse licensure action; and encourage research into the risks and benefits of psychedelic use by supporting clinical trials and anonymized data analysis that protects individual identities. By establishing a regulated framework for adults 21 and older to access certain psychedelic substances, initially focusing on psilocybin, the act aims to assign regulatory roles to the Department of Health (DOH) and the Liquor and Cannabis Board (LCB). A new Washington Psychedelic Substances Board will advise DOH on rules and best practices, emphasizing safety, equity, and affordability. Cities and counties may impose reasonable local regulations (e.g., operating hours) but cannot ban licensees or apply additional taxes. The bill provides a two-year development period (September 2025 to September 2027) for DOH and LCB to finalize the system, after which licenses to operate or practice can be issued starting November 2027.

[HB 1469/ SB 5361](#) - Concerning the Adoption and Use of Updated ASAM Criteria

Prime Sponsor: [Macri D-43](#) & [Dhingra D-45](#)

This bill aims to delay the deadline by which Medicaid managed care organizations and health insurance carriers must begin using the 4th edition of the ASAM (American Society of Addiction Medicine) Criteria for substance use disorder treatment. Currently, the law requires adoption of the updated ASAM Criteria by January 1, 2026, if the Health Care Authority (HCA) and the Office of the Insurance Commissioner (OIC) jointly determine that the new criteria should be used. Under HB 1469, this deadline is postponed to January 1, 2028. The bill keeps in place the existing process in which HCA and OIC will jointly decide whether to adopt each new edition of the ASAM Criteria and, if so, post notice on their websites along with an implementation date. If HCA and OIC determine that the 4th edition should not be used, they are not required to mandate its use.

[SB 5369/](#)[HB1663](#) - Concerning the Role, Placement, and Funding of School Social Workers

Prime Sponsor: [Orwall D-33](#) & [Rule D-42](#)

This bill aims to bolster youth mental health support within schools by expanding the role of school social workers, introducing in-school placements for social worker associates and graduate-level social work candidates, and increasing funding allocations for high-poverty schools. Specifically, it updates the statutory definition of “school social worker” to include a wider array of services related to behavioral consultation, case management, individualized education programs, and social-emotional learning. The bill also grants Educational Service Districts authority to coordinate with mental health agencies and universities to place social worker associates or candidates in schools, with required supervision and opportunities to meet licensure requirements.

[HB 1392/](#)[SB 5372](#) - Concerning the Creation of the Medicaid Access Program

Prime Sponsor: [Macri D-43](#) & [Riccelli D-3](#)

This bill concerns the Medicaid Access Program, aiming to raise Medicaid reimbursement rates closer to Medicare levels. To do this, the bill collects a per-member-per-month (PMPM) fee from Medicaid managed care organizations (MCOs) and fully insured health carriers. This PMPM assessment then goes into the Medicaid Access Program Account to fund higher Medicaid reimbursement rates. The bill specifies initial PMPM rates (\$18 for MCOs and \$0.50 for carriers in the first plan year), which can be adjusted annually but must maintain a 36:1 ratio between MCO and carrier contributions.

The Health Care Authority (HCA) and the Insurance Commissioner would collect these fees and deposit them in a newly created Medicaid Access Program Account, which is dedicated solely to boosting provider reimbursement for professional services in Medicaid—ideally matching Medicare rates or a uniform percentage if full funding is unavailable. The program can only take effect once the Centers for Medicare & Medicaid Services (CMS) approve necessary waivers or state plan amendments. If CMS approval is not granted by January 1, 2027, the measure expires. The bill also includes a non severability clause, meaning that if any part is struck down by a court, the entire program is invalidated—potentially eliminating the planned rate increases for Medicaid services in that event. WAMFT will continue to monitor this legislation closely.

[HB 1162/SB 5162](#) - Concerning the Prevention of Workplace Violence in Healthcare Settings

Prime Sponsor: [Leavitt D-28](#) & [Lovick D-44](#)

This bill aims to enhance existing requirements for violence prevention in certain health care settings (including hospitals, hospice agencies, evaluation and treatment facilities, and community mental health agencies). Under this bill, health care settings must conduct timely investigations of every workplace violence incident to identify contributing factors and submit a quarterly summary of these findings to their safety or workplace violence committees. Based on these investigation results, along with an analysis of systemic or common causes, health care settings must update their workplace violence prevention plans at least once per year to strengthen security measures and address emerging trends. Smaller or remote hospitals, such as critical access hospitals and those with fewer than 25 beds, may file summaries less frequently. The bill takes effect January 1, 2026, giving facilities time to adjust. Proponents argue these changes will better protect workers—particularly nurses—who face rising rates of workplace violence.

[HB 1124/SB 5112](#) - Concerning Establishing A Prescribing Psychologist Certification in Washington state.

Prime Sponsor: [Simmons D-23](#) & [Bateman D-22](#)

House Bill 1124 creates a new certification for licensed psychologists allowing them to prescribe psychotropic medications within strict requirements. To qualify, a psychologist must earn a doctorate in psychology, complete an additional master's degree in clinical psychopharmacology, fulfill extensive supervised clinical hours, and pass a psychopharmacology exam. Once certified, "prescribing psychologists" may diagnose and treat certain mental and behavioral health disorders using prescription medications, but only in collaboration with a patient's primary medical provider. They may also order relevant lab tests and imaging. Psychologists without this new certificate cannot prescribe.

Under this framework, the Examining Board of Psychology gains authority to set education and training standards, issue certificates, and enforce rules regarding prescriptive authority. The bill limits prescribing psychologists to psychotropic medications, generally excluding opioid prescribing except for approved opioid use disorder medications. Certification is optional; psychologists who meet the credentialing standards can obtain prescriptive authority, while those not certified continue practicing under existing psychologist licensure only. This approach is intended to broaden mental health access by enabling specially trained psychologists to deliver both therapy and, where appropriate, medication management.