



## **2025 Washington Recovery Alliance Legislative Priorities**

### **Recovery housing expansion through the capital budget**

Living in recovery housing for six months post-treatment or incarceration increases the chances of sustained substance use disorder recovery by as much as ten times. Unfortunately, the demand for recovery housing in Washington far outpaces supply. While the state has made investments to expand access to recovery housing under the operating budget (e.g. short-term housing vouchers for people exiting inpatient treatment), there has been no investment in recovery housing using the capital budget. Most recovery residences are owned by private landlords and rented by recovery housing providers. This priority proposes to use the capital budget to fund the acquisition of houses for recovery residences so that financial equity can be built and used to purchase more properties, and both operators and residents can have predictable costs.

### **HB 1427: Expanding access to peer support services**

Peer support specialists are highly trained healthcare professionals who are thriving in their own recovery from behavioral health conditions and who work to provide hope, motivation, treatment engagement, care coordination, and system navigation for individuals currently experiencing mental health or substance use challenges. Peers are the only profession within the behavioral health workforce where we have not a shortage, but a surplus of willing workers. HB 1427 would expand access to peer services by ensuring that network access to peer services is given priority in Medicaid re-procurement. In July 2025, primary care clinics and hospitals will be able to bill for peer services for the first time. HB 1427 would provide support to primary care clinics and hospitals to help them integrate peer services into their clinical care models. HB 1427 will save the state money by maximizing insurance billing for peer programs currently reliant on the state general fund. It also addresses the looming funding cuts to domestic violence, sexual assault, and human trafficking victim services agencies by creating a pathway for victim advocates to become credentialed as peer providers, thereby allowing insurance reimbursement for victim services.

*HB 1427 Sponsors:* Davis (LD 32), Caldier (LD 26), Obras (LD 33), Eslick (LD 39), Lekanoff (LD 40), Ramel (LD 40), Ormsby (LD 3), and Santos (LD 37)

*Bill Status:* Had a public hearing in the House Committee on Health Care & Wellness on 2/4/2025

### **Generate targeted revenue to fund behavioral health services**

Given the urgent need to increase behavioral health services in spite of the state budget deficit, Washington should generate targeted revenue for this purpose. This legislation would (1) close the pharmaceutical warehouse distributor tax preference, (2) levy an opioid impact fee on opioid manufacturers, and (3) increase liquor license fees. First, pharmaceutical warehouse distributors (companies that sell large batches of medications, including opioids, to pharmacies) are given special treatment in our tax code. That tax break increases the profits of these Fortune 50 companies, while the state loses millions in potential funding. The economic reason that led to the creation of this tax preference is no longer valid. Second, the opioid impact fee is modeled after legislation passed in other states and would involve a per morphine milligram equivalent fee charged to pharmaceutical manufacturers (e.g. Purdue Pharma) who sell opioids within Washington's borders. Medications for opioid use disorder would be exempt from the fee. Thirdly, Washington state has dozens of different categories of liquor licenses, most of which have not been increased in decades. Taken together, these revenue sources would generate approximately \$150 million per biennium, which would go into a dedicated account for behavioral health expenditures. The funds could be used to expand behavioral health services such as the recovery navigator program, health engagement hubs, access to medications for opioid use disorder, recovery cafés, and recovery housing.

*Prime Sponsor:* Davis (LD 32)

*Bill Status:* To be introduced soon. Bill not subject to cutoff because it impacts state revenue.

**For any questions or more information, please email the WRA Director of Advocacy and Programs Tristan Seikel at [tristan@washingtonrecoveryalliance.org](mailto:tristan@washingtonrecoveryalliance.org).**