



## **Concise Explanatory Statement**

Summary of comments and agency responses regarding proposed rules filed under WSR 25-01-103 for chapter 246-811 WAC.

The Department of Health (department) is adopting rule amendments and creating new rules in chapter 246-811 WAC, Substance Use Disorder Professionals (SUDP) to lower barriers to entering and remaining in the SUDP workforce and to streamline and shorten the credentialing process.

The department is adopting these rule amendments to implement legislation, including Second Substitute House Bill (2SHB) 1724 (chapter 425, Laws of 2023), Engrossed Second Substitute House Bill (E2SHB) 2247 (chapter 371, Laws of 2024), and Second Substitute Senate Bill (2SSB) 6228 (chapter 366, Laws of 2024). The department's amendments include:

- Establishing ethical standards
- Clarifying sexual misconduct standards
- Amending education requirements to streamline the application process
- Removing SUDP trainee renewal limits and amending the renewal process
- Establishing requirements for supervision of SUDP trainees
- Updating requirements for approved supervisors
- Decreasing and streamlining continuing education requirements
- Establishing requirements specifically for out-of-state applicants
- Establishing the process for entities to become approved and registered apprenticeship programs; and
- Limiting the credential application and renewal fees to \$100 per year.

The adopted amendments for chapter 246-811 WAC will become effective on May 30, 2025. A copy of the adopted rules is included in the original notice of the filing.

The adopted rules are different from the text of the proposed rules as they were published in WSR 25-01-103. The following changes were made to proposed rule WAC 246-811-049 upon adoption based on feedback received during the public comment period.

- WAC 246-811-049(2) was amended to clarify that "one year" of experience is equal to 2000 hours of experience; and
- The amount of training required in clinical supervision was increased in subsection (3) from eight hours to 28 hours, the original length of the training in previous rule. Given the shortened experience requirement for approved SUDP supervisors,

increasing the length of the training at the suggestion of SUDP advocates both reflects the need for improved supervision and improved patient safety.

The following table is a summary of all comments received and the department’s response:

<b>Testimony/Comments re: Substance Use Disorder Professionals</b>		
Comment	WAC	Response
One commenter shared the importance of supporting remote and hybrid opportunities for individuals to take coursework and earn supervised experience required for certification.	246-811	<p><b>The adopted rules were not changed a result of this comment.</b></p> <p>The adopted rules do not require education programs to be completed on site at an approved school, and support the capacity for supervisors to provide remote supervision to trainees once the first 50 hours have taken place under direct observation.</p>
<p>Fourteen individuals representing SUDPs, Clinical Directors, Addiction Studies Educators, and other behavioral health professionals submitted written feedback opposing the reduction in experience hours required for SUDP Approved Supervisors, from 3000 hours to one year of experience. Their concerns include:</p> <ul style="list-style-type: none"> <li>- One year is not sufficient to prepare someone for a leadership role</li> <li>- Poor quality supervision leads to clinician burnout and potential patient harm</li> <li>- “One year” appears an arbitrary metric instead of a full culmination of experience and knowledge</li> <li>- Lowering the length of clinical supervisor training from 28 hours of optional training to 8 hours of</li> </ul>	246-811-049	<p><b>The adopted rules were changed as a result of these comments.</b></p> <p>The department appreciates the enthusiastic advocacy from experienced members of this profession in seeking stronger supervision standards to support new members of the profession, improve patient safety, and create a more ethical and competent workforce. Under the scope of this rulemaking, the department is reducing barriers to licensure, including reducing the amount of experience required to be an approved supervisor from 3000 hours (1.5 years) to 1 year (2000 hours). Disciplinary data for this profession does not directly correlate increased supervisor experience with improved trainee performance, and 83% of SUDPs have 3 or more years of experience. Reducing experience requirements by 1000 hours (6 months) will impact a small number of SUDPs’ eligibility to provide supervision, which would allow facilities with critical staffing shortages to maintain operations in areas with limited behavioral health resources.</p> <p>However, the significant advocacy from members of this profession about improving quality supervision by maintaining the same length of clinical supervisor training (28-hours) for approved supervisors is a comment that has been incorporated into the adopted rules. Adequate training for clinical supervisors is</p>

<p>mandatory training would increase risk for both insufficiently trained and inexperienced supervisors</p> <ul style="list-style-type: none"> <li>- Low quality supervision is believed to exacerbate poor ethical conduct, unprofessional conduct, poor boundaries, and high disciplinary rates</li> <li>- Poor supervision can occur regardless of the level of experience, and supervisors should be held to increased training and performance standards</li> </ul>		<p>statistically correlated to improved patient care<sup>1</sup>. By requiring training in clinical supervision, maintaining the length of training previously included in the rule, and reducing the required experience by only 1000 hours (6 months), the adopted rules remove arbitrary assumptions and set tangible expectations for supervisors, at a minimum 2000 hours of experience plus 28 hours of education in clinical supervision.</p> <p>The adopted rules were also amended to clarify that one year of experience equates to 2000 hours of experience.</p>
<p>One educator advocated adding a new topic to the list of required SUD study: Harm Reduction</p>	<p>246-811-030</p>	<p><b>The adopted rules were not changed as a result of these comments.</b></p> <p>The department appreciates this comment but did not incorporate it into the adopted rules due to the comment being outside the scope of current rulemaking. Amending the specific topics of WAC 246-811-030(3)a-w would require the department to conduct additional rules workshops to allow other interested parties to comment and review potential changes. Additionally, other education programs would need to participate in any discussion to amend the SUD topics in order to assure that programs are prepared to accommodate this change.</p>

The Department of Health prepares a Concise Explanatory Statement (CES) under RCW 34.05.325 to respond to public comments or questions about a proposed rule. A CES may summarize similar comments by category rather than by individual comment.

For more information regarding these rules, you may contact the department at [claire.wilson@doh.wa.gov](mailto:claire.wilson@doh.wa.gov) or by phone at 564-669-0392.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov).

<sup>1</sup> [Does clinical supervision of healthcare professionals improve effectiveness of care and patient experience? A systematic review - PMC](#)