

ROUGH EDITED COPY

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Equitable Fee Structure Report Listening Session 1

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>> EVE AUSTIN: All right. Good morning! Thank you so much for joining us today. My name is Eve Austin, and I am so grateful for all of you to attend our listening session on Equitable Health Profession Licensing Fees.

I am with the Office of Health systems for health. I am a middle aged multiethnic woman with black hair and highlights, I like to call platinum blonde when I am reaching chronological age.

I am here to give you information on structure review, and I would like to have Kelsey Cato introduce yourself, and any other staff here, please introduce yourself on chat as well. Kelsey.

>> KELSEY CATO: Good morning, I am a regulatory analyst here and very happy to be here today.

>> EVE AUSTIN: Tie today our wonderful Zoom content, today's meeting session is being recorded. And making sure we accurately capture your feedback, and I usually do have notes, and sorry for needing to have transcription, and by remaining in this session, you are going to be recorded.

I would like to take this opportunity, in the Bonnie Lake area.

[Reading Land Acknowledgement]

I would also like to acknowledge the history of oppression of the native communities and systemic policies and practices that attempt to erase histories, their stories today.

I recognize that this land acknowledgment is one step for true allyship, and the experience and histories of this Native People and this land and beyond.

To do a little bit more housekeeping, if your mouse has gone inactive, it may have minimize itself, on the far left of the panel is a button to mute and unmute yourself. And I am historically ready for muting and speaking.

The button is current and active, but we'll enable your microphone. You will see the participants answer box and chat box. To the right are options foreclosed captions, interpretation and reactions.

You will find the hand raise button when we resume the listening session. Hang in there.

We're also providing ASL and Spanish interpretation for the meeting. I would like to give a huge gratitude for today. And the speech, she tends to talk very fast, and a friendly reminder when you unmute it speak, please to make sure the interpreters can catch all of your wonderful words.

If you please put in the chat, one of the people will enable it and if you can't see the Spanish interpreters.

If you wish to click on the globe on the bottom right of the screen selecting interpretation and turn it to Spanish for audio. Reminder, again, please pace your speech, as I am reminding myself at the moment.

If you notice the video is turned off for all attendees, so do not panic. If you need access to share your video please put it in the chat and we'll make room for that feature for you.

To support interpretation services, reminder of your pace and avoid jargon. State workers love our jargon.

We start with a little bit of background on this project and walk through fee structure review and share the data we're sharing and we're going to go into the listening session for your feedback.

Let's discuss some background information. As you see on the slide, the primary goal of this project is really to evaluate and equity and profession licensing fees. That is to ensure health profession, reflects cost and do not create unintended barriers to entry or continuation in the workforce.

This project is tie today your legislatures, and we're going to submit this report to the legislatures April of this year, 2026 and final report to our legislatures by June, 2027.

We're conducting a review of licensing fee structures, including evaluating current applications, renewal fees and review un fund balances of program sustainability comparing fees across states. And consider the workforce and financial impacts. Evaluate whether the current profession licenses fees and your feedback is important.

I would like to call out the slide of what the project is analyzing. Our goal, current licensing application and renewal feels, program fund and number of credentialed providers and Washington workforce wage data and fee infrastructures and equitable professions.

Also, DOH collects these fees for application re-annualize and all credential re-annualize. The fee revenue supports credential processing, customer service and overwhelm program administration.

That is the key data considered in this review. And again, the current application balance for each profession. And some of those other elements tied to the workforce data.

And then we are making sure we're evaluating that equity for professional licensing fees.

In scope, let's talk a little bit more about this aspect. Health profession licensing fee structures and the impacts on current fees on applicants and licensing holders. And out of scope, individual licensing issues or complaints, explain what your actions or specifications, broader policy topics unrelated to the licensing fees. Facility licensing fees. If you have any questions, Kelsey and I will act to get you supported in a time lie fashion.

To help guide the discussion and these are not exhaustive and red light feedback. Factors DOH should consider when evaluating fees and any additional concerns when it relates to licensing costs.

We're almost there. But before we begin, I want to give a few guidelines in mind. Please be respectful of all Apartments and staff, use the "raise hand" feature, and use your name and organization applicable. And we want limit comments to minutes per person and keep comments focused on licensing fee structures and related impacts. Staff may mute participants remove individuals. If you have questions, please send questions to myself or Kelsey and we'll address your questions or concerns.

Without further ado, you have made it through all of my comments here, and we'll begin our listening session. If you can, raise your hand and we'll begin comments shortly.

>> CORI TARZWELL: First up, looks like we have Betty Jensen.

>> For as a counselor -- on a limited income and creates a hardship, which is too bad because our chapter is a great part for the mental health provider, and they are too limited, the mental health profession, but putting that detail on it, I will request that you advocate with the law about each profession -- making the funding DOH. Thank you.

>> EVE AUSTIN: Thank you so much, Betty and thank you so much for your service as a certified counselor.

>> CORI TARZWELL: Apologies for not doing this first, and the list when registering, I will go through that list first, and anybody else on the call please raise your digital hand through the Zoom tool and we'll call on the people in the list that they wanted to speak when they registered. I will call on Julia O Connor. I.

>> I represent the behavioral health and licensed for all of the behavioral health agencies and as many are aware, providing services and continual behavioral health services. I would like to thank you for launching this so quickly taking this evaluation seriously.

Just a few points I would like to raise. We understand the nature historically the license fees to be self-funding, but we see a need for the evaluation to be conducted especially for the last several years, particularly on the clinical licensing side. When increases were put through a couple of year ago, many behavioral agencies across saw increases over 5 figures, 10,000 dollars per year because of the support of staff.

We are aware that we have a behavioral health worker shortage in Washington State and particularly in the B HAs serving the Medisoft vulnerable populations. It would be better to see the evaluation for cost of providers serving those vulnerable populations and particularly the licensing fees. Substantial increases to providing services maintaining facilities, reaching folks in the community, and licensing aspects, et cetera. I could go on for a long time. But how do we make this more affordable for providers serving the most vulnerable populations and particularly what we're seeing all across the board. And this is including cuts to existing programs.

I am happen why I to answer any questions, available to DOH staff, and thank you for your time.

>> EVE AUSTIN: Thank you, so much. Julia.

>> CORI TARZWELL: Next on the list is Krissy Richardson.

>> Good morning, everybody. I wanted to bring attention to the licensing thing that I work for providence for a very long time and we provide medical assistance throughout Washington State. Our licensing fees for medical assistance, they are pretty high. I feel, for what medical assistance get paid. Based owe and that, if we decided to look at all of the states and align with what other states are doing, Washington State is the only state requiring a state medical compliance, and most of the states require them to complete a course and take their NAH test. It is the only one that has additional licensing and can be a challenge for someone on an income that what medical assistance makes, so thank you for looking into this.

>> EVE AUSTIN: Thank you, so much.

>> CORI TARZWELL: Quick reminder, I apologize that I forgot to say that on top, if you can name yourself and the organization, that would be helpful.

All right. We have a number of people not on the attendance list. If you hear your name, please raise your hand. Looks like Nicole Heller is up next.

>> Hi. Thank you, can you hear me?

>> Yes.

>> This is Nicole Heller, nursing, my background is health and mostly health care staffing in the area. I want to thank you all for holding this session and listening and health care provides across the continuum, and it is important that we are all able to have a voice and call out our specific challenges in

our industries across the lines. And I want to talk briefly about how some of the licensing barriers that also have challenges in the workforce, knowing these are already stressed and shortages throughout the industry. I wanted to point it out, our focus here at Haven, and providers to remove the barriers to quality access and equity. I am happy to be part of this conversation and having a creative out of the box and how the fees and processing and licensing credentials impact the workforce and play into the challenges. I am happy to participate in any way and offer any input, feedback and I want to thank you all for holding this session and paint the picture how this can really have a significant impact on workforce shortages and really the end users, and that's the reason we're all in this business. And patients.

What happen happy to answer any questions and thanks for the information across alt health care. Thanks, everyone.

>> EVE AUSTIN: Thank you, Nicole.

>> CORI TARZWELL: I will read through the names registered in advantages, and I don't currently see them, and possibly you are under a different name you registered with. Kathleen Ver ay. Anthony lye, Jericho link, Allison Palmer, Betty Genesis Yen, Kaj Bensen. Mary Rodriguez, and [] I -- sorry, there you are, Betty.

>> I spoke first.

>> CORI TARZWELL: Thank you, Betty.

>> However, you won't find comparables in the state. And that's why it is really important to get the \$800 fee reduced. We do great work, but for the -- anyone who wants to be -- thank you. I really appreciate being heard.

>> CORI TARZWELL: We appreciate you sharing. Thanks Betty. Next up, we can Kathryn Smith.

>> Hi, I am Kathryn Smith, Director of Operations over at the SEIU group, and we work with health care workers in the industry. And it is similar to Julia and Nicole as well. Thank you for letting us express our thoughts and opinions. Some of this is probably a repeat and I would like to share it anyways and have to be emphasized. We already have a challenge having enough caregivers coming into the industry and saying in the industry to take care of our most vulnerable people, and what it takes to renew your license, can create a barrier and create people wanting to leave the field or not coming into the field.

I think if this is all about equity, looking at the equity of what other industries are paying for their fees and what their salaries are and really comparing that to home care workers, whose salaries tending to lower than other fields. My understanding is the Department of Health is looking at the potential of raising fees to more of what even nursing get paid, and to me, that brings up a concern of equity. I ask that you look at what all you are pulling in for information on how to establish those fees. What, for instance, caregivers' salaries are and the impact. And how we are wanting to bring in more caregivers and we have caregivers frequently call us and let us know they want to stay in the industry, but can't afford the cost of reanalyze and I appreciate you getting us this information and the impact on the field.

>> Thank you, Kathryn.

>> At the moment, I don't see any hands raised, so please raise your hand if you want to share. Question from the chat, my question is why we have to pay for CNA and it is a high level and should be fine.

We'll take that back and discuss with our group and yes, we have Marie M.

>> My name is Marie Metson, and as an individual I pay for two licensures and I pay my massage license and then pay my counseling license. I can in the practice in the way I do with referrals from doctors,

I do body work and also work with my counseling degree and work with a very vulnerable population. It creates an undue burden for those with multiple licenses and within our scope. When fees are too high, it is difficult.

As a private practitioner, I have lost my reimbursement. And almost to close my doors when my reimbursement are not paid by 50%. I would ask them to help us maintain the health and well-being of our citizens of the state of Washington. Thank you for letting me speak.

>> EVE AUSTIN:

>> CORI TARZWELL: Please feel free to raise your hand. I forgot to cite, the substantial increase in fees amidst significant delays -- forced recruitment and care provision, as several licenses have waited several months -- four, five, six months or more for processing.

>> EVE AUSTIN: Thank you for that comment.

>> CORI TARZWELL: I am not seeing any other hands at the moment. We'll give it a little bit more time to see if anybody wants to share something. While we're waiting, I know we'll mention this again at the end, but we're also accepting comments, if you have something to share with us towards the end of the slides, we will have the contact information if you want to share written comments if you prefer to do that.

>> CORI TARZWELL: I just see there are more joining us and seen people testify, and if you have any thoughts, please feel free to type it in the chat, and I will read it aloud. And for those who already spoke, we're just waiting, you know, a few more minutes to see if there are any last minute hands to go up. It may be a shorter meeting this time around. We'll give it one more moment. Last call for any additional comments for feedback, and again, I want to convey my gratitude to all of you for what you shared. If you think of additional thoughts you would like us to be considering, or stories that you will add to this project, do not hesitate to reach out and I will have the email addresses available. I will hold on for one more minute for the last call, and those who are introverts and shy like myself, I will give you one more minute to come forth.

>> CORI TARZWELL: While we're waiting for that, I will put a link in the chat. This is our webpage that has information about this project, so if you are interested in signing up for a future session or those who wanted to, and you can share this information. Nicole has her hand up.

>> NICOLE: Are you okay with us sharing the link to these listening sessions. I know I did for this one, but I don't want to do so again if it is not welcomed.

>> EVE AUSTIN: We're inviting as much feedback tied to this as possible. And please share that link, Nicole and any potential people to share this.

>> NICOLE: If you want to make this heard, everyone's voice is different across the continuum, so thanks again.

>> EVE AUSTIN: Thanks, Nicole. All right. Well, again, we want to give gratitude for your time and we know how precious is for taking a breath out for today. Thank you for that time.

I want to give you a little bit of information. DOH staff, myself included and looking at feedback and in writing and I will develop analysis as needed and develop potential recommendations.

Additional party engagement may occur and recommendations, we know June 2027, and preliminary report in September. And your feedback matters and we want to get as much information that impacts it.

We do volume additional sessions and please share that with people to attend and if you want to join, you are definitely most welcome. We have three more sessions this week, and tomorrow will be in the A at 5:30 to accommodate schedules to attend.

My name is Eve Austin, Operations Manager, Health Systems Quality Assurance/Office of Health Professions. If you have feedback after today, please reach out to myself and Kelsey Cato and I want to give a shout out to our interpreters. Thank you in advance for this mid-westerner who talks too fast, and we appreciate your hard work and making Washington a bit more accessible here. With that, thank you for coming and thank you for your thoughtful comments for today and have a wonderful lunch period. Take care, everyone.