

# **HOUSE BILL ANALYSIS**

## **ESSB 5019**

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**Title:** *An act relating to opiate substitution treatment programs; amending RCW 70.96A.400, 70.96A.410, and 70.96A.420; creating new sections; and providing expiration dates.*

**Brief Description:** *Changing provisions relating to opiate substitution treatment programs.*

**Sponsors:** *Senators Patterson, Thibaudeau and McAuliffe.*

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### **HOUSE COMMITTEE ON CHILDREN & FAMILY SERVICES**

**Meeting Date:** *March 24, 1999.*

**Bill Analysis Prepared by:** *Marilee Scarbrough (786-7196).*

**Background:** Methadone and other opiates are Schedule II controlled substances under state law, meaning the substance has high potential for abuse, but the substance also has currently accepted medical use. Methadone and other opiate substitutes are also highly regulated at the federal level. Clinics must obtain special licenses to administer methadone and in this state, current law limits case loads to 350 persons. Physicians do not dispense opiate substitutes within their own individual practices for heroin addiction.

In the Department of Social and Health Services Management Report, "Determining the Value of Opiate Substitution Treatment", licensed opiate substitution treatment programs are described as a highly regulated form of outpatient treatment involving physician verification of opiate addiction, administration of opiate substitute medications, individual and group counseling, education on HIV/AIDS, family planning, and urinalysis monitoring to screen for continued drug use. The department's report provides data from each of the opiate substitution treatment programs in this state. Programs are currently operating at nine sites in King, Pierce, Spokane, and Yakima counties.

**Summary of Bill:** Reference to methadone and other like pharmacological drugs is eliminated and is replaced with Opiate substitution drugs. This change is made because current statutory description may exclude drugs newly developed as opiate substitutes that have a different pharmacological structure from methadone.

The statutory provisions relating to a county's regulation of opiate substitution treatment are eliminated. New language is added that requires the department to

consult with counties and cities on an applicant's location for a certified methadone treatment program.

Programs must be cited in accordance with appropriate county or city land use ordinances; not discriminate based on the corporate structure of the applicant; certify only applicants whose programs meet the treatment needs of the population; consider the availability of other certified programs near the area where the applicant wants to locate a program; consider transportation systems and access needs; and consider whether the applicant can assist individuals in meeting the legislative goals. The legislative goals include abstinence from opiates and opiate substitutes, obtaining mental health treatment, improving economic independence, and reducing adverse consequences with illegal use of controlled substances. Public hearings in the area of the proposal are required on proposed certification location decisions.

Treatment programs may expand at an annual rate of growth not to exceed 10 percent, subject to appropriations. The 350 person case load capacity is eliminated.

The department may operate a pilot program. Licensed physicians, an osteopath or medical doctor may operate a certified opiate substitution treatment program at the physician's office. No more than ten physicians for three years may be certified to dispense within their usual place of business. Physicians who are operating a medical practice that is not exclusively for methadone treatment are not subject to the citing requirements for methadone clinics by counties.

The institute for public policy must report program data back to the Legislature on physician certification no later than June 1, 2002.

The Department of Social and Health Services must file an annual report to the Legislature and Governor on each certified program regarding the success in obtaining opiate abstinence, reduction in use of opiates, reduction in crime and health care costs, achievement in economic independence, and reduction in utilization of health care.

***Appropriation:*** None.

***Fiscal Note:*** Requested on March 19, 1999.

***Effective Date:*** Ninety days after adjournment of session in which bill is passed.