

SENATE BILL REPORT

ESSB 5019

As Passed Senate, January 14, 2000

Title: An act relating to opiate substitution treatment programs.

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

Sponsors: Senate Committee on Human Services & Corrections (originally sponsored by Senators Patterson, Thibaudeau and McAuliffe).

Brief History:

Committee Activity: Human Services & Corrections: 1/22/99, 2/16/99 [DPS-WM].

Ways & Means: 2/24/99, 3/1/99 [DPS (HSC)].

Passed Senate, 3/11/99, 45-0; 1/14/00, 45-0.

SENATE COMMITTEE ON HUMAN SERVICES & CORRECTIONS

Majority Report: That Substitute Senate Bill No. 5019 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Hargrove, Chair; Costa, Vice Chair; Franklin, Kohl-Welles, Long, Patterson, Sheahan, Stevens and Zarelli.

Staff: Joan K. Mell (786-7447)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: That Substitute Senate Bill No. 5019 as recommended by Committee on Human Services & Corrections be substituted therefor, and the substitute bill do pass.

Signed by Senators Loveland, Chair; Bauer, Vice Chair; Fairley, Fraser, Honeyford, Kline, Kohl-Welles, Long, McDonald, Rasmussen, Rossi, B. Sheldon, Snyder, Spanel, Thibaudeau, Winsley and Wojahn.

Staff: Brian Sims (786-7431)

Background: Professionals treating chemical dependency advocate the success of opiate substitution treatment and urge expanded distribution of opiate substitutes, such as methadone. Research suggests methadone enables addicts to lead productive lives, particularly when combined with counseling and stable work, and reduces crime rates.

Methadone and other opiates are Schedule II controlled substances under state law, meaning the substance has high potential for abuse, but the substance 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 caseloads to 350 persons. Physicians do not dispense opiate substitutes within their own individual practices for heroin addiction.

The Department of Social and Health Services has a "Management Report: Determining the Value of Opiate Substitution Treatment," prepared by the Division of Alcohol and Substance Abuse. 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: The current statute is amended. Reference to "methadone and other like pharmacological" drugs is eliminated and is replaced with "opiate substitution drugs," because the current statutory description may exclude drugs newly developed as opiate substitutes that have a different pharmacological structure from methadone.

Counties and cities must be consulted on an applicant's location for a certified methadone treatment program. Programs must be sited in accordance with the appropriate county or city land use ordinances. Program certification must be prioritized based upon legislative goals, including 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 capacity lid is eliminated.

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 siting requirements for methadone clinics by counties. The Institute for Public Policy must report program data back to the Legislature on physician certification.

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: Available.

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

Testimony For: Restrictions on access to appropriate treatment interferes with the success of individuals to lead productive lives in their own community. Methadone treatment works and reduces the craving. Methadone treatment takes time. Abstinence is not a goal at the onset of treatment.

Testimony Against: Concern expressed that physicians should be connected to treatment programs, and counties should retain control over siting of treatment programs.

Testified: Jean Wessman, WA State Assn. of Counties; Erin Ramon, David Cole, clients; Grays Harbor County; PRO: Ken Stark, DSHS; Ron Jackson, Evergreen Treatment Services; Bob Wood, M.D., King County Executive, Mayor of Seattle; Arlene Stiles, WCHS of WA; Jeffrey T. Haley, WA Addiction Treatment Task Force; William Quick; Tom Davies; Susie Tracy, Dr. Richard Hawkins, Claire Trescoft, M.D., WSMA.