

HOUSE BILL REPORT

SSB 5417

As Reported by House Committee On:
Children & Family Services

Title: An act relating to opiate substitution treatment programs.

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

Sponsors: By Senate Committee on Human Services & Corrections (originally sponsored by Senators Patterson, Long, Hargrove, Stevens, Kline and Winsley).

Brief History:

Committee Activity:

Children & Family Services: 3/22/01, 3/28/01 [DPA].

Brief Summary of Substitute Bill
(As Amended by House Committee)

- Counties and cities must be consulted by the state in the control and regulation of opiate substitution treatment programs.
- The Department of Social and Health Services (DSHS) must consider a variety of factors in deciding whether to certify a treatment program.
- The department must report annually regarding the numbers of people enrolled in each program, the number who leave each program, and an outcome analysis of each program.

HOUSE COMMITTEE ON CHILDREN & FAMILY SERVICES

Majority Report: Do pass as amended. Signed by 10 members: Representatives Boldt, Republican Co-Chair; Tokuda, Democratic Co-Chair; Kagi, Democratic Vice Chair; Morell, Republican Vice Chair; Ballasiotes, Campbell, Darneille, Dickerson, Miloscia and Pflug.

Staff: Deborah Frazier (786-7152).

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.

Opiate substitutes are used to treat individuals with heroin addiction. Under current law, treatment programs are certified by the Department of Social and Health Services (DSHS) to administer methadone, and caseloads are limited to 350 persons per program. Counties have the authority to prohibit treatment programs. Physicians are not authorized to dispense opiate substitutes within their own individual practices for heroin addiction.

Certified treatment programs have been in place in Washington for more than 25 years. Clinics are currently operating at 11 sites in four counties. Six clinics and one mobile unit serve King County. Pierce County has two clinics; Spokane and Yakima counties each have one clinic. Residents of Clark County are served by a treatment program in Portland, Oregon.

These programs served approximately 4,300 persons in fiscal year 2000, of which 2,056 were publicly funded. Program expenditures totaled \$5.0 million, of which \$1.8 million was state funds. Waiting lists range from one week to six months for publicly funded slots. An estimated 38,000 Washington residents are addicted to heroin.

Summary of Amended Bill:

The bill replaces the term methadone and other like pharmacological drugs– with opiate substitution drugs.–

Counties and cities must be consulted by the state in the control and regulation of opiate substitution treatment programs. The DSHS must consider a variety of factors in deciding whether to certify a treatment program, including:

- that the program will be sited in accordance with county or city land use ordinances;
- the size of the population in need of treatment and the availability of other certified programs near the area;
- the transportation systems that would provide service to the program; and
- the capability to provide the appropriate services to meet goals established by the Legislature. These goals include abstinence from opiates and opiate substitutes, obtaining mental health treatment, improving economic independence, and reducing adverse consequences associated with illegal use of controlled substances.

The department must hold at least one public hearing in the county where the treatment program is proposed to be located, and at least one public hearing in the area defined as adjacent or near to– that county.

The department must report annually to the Legislature and Governor regarding the numbers of people enrolled in each program, the number who leave each program, and an outcome analysis of each program.

Amended Bill Compared to Substitute Bill:

It is clarified that counties and cities have discretion in siting opiate substitution programs. Counties and cities using the growth management act comprehensive planning process must comply with the statute related to siting essential public facilities, which includes substance abuse treatment facilities.

Appropriation: None.

Fiscal Note: Available.

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

Testimony For: These programs are effective and low cost. We can reduce communicable diseases with greater availability of treatment programs. There are sound humane and economic reasons to support this bill. The Governor's Heroin Task Force found that for every dollar spent on treatment, four to five dollars are saved in law enforcement and health care costs. Some people are currently driving six hours a day to get opiate substitution treatment. Five hundred people are waiting up to six months for a slot at the King County clinic.

Testimony Against: The bill preempts county authority in siting these programs. We support the policy and opiate substitution treatment programs, and the bill has a good consultation process for the counties and cities. However, some counties simply don't approve or agree with this policy, and they currently have the authority to not have these programs in their counties.

Testified: (In support) Senator Patterson, prime sponsor; Ken Stark, Department of Health and Human Services; Dr. Alonzo Plough, Public Health of Seattle and King County; Ron Jackson, Evergreen Treatment Services; Richard Monroe, King County Bar Association; and Dr. Bob Wood, Washington State Medical Association and Governor's Advisory Council on HIV/AIDS.

(Opposed) Jean Wessman, Washington State Association of Counties.