HOUSE BILL REPORT
SHB 2378

As Passed House:
February 14, 2014

Title: An act relating to practice settings for certified chemical dependency professionals and trainees.

Brief Description: Concerning practice settings for certified chemical dependency professionals and trainees.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Harris, Rodne, Green, Ryu, Morrell and Roberts; by request of Department of Health).

Brief History:
Committee Activity:
Appropriations: 2/3/14, 2/7/14 [DPS].
Floor Activity:
Passed House: 2/14/14, 89-7.

Brief Summary of Substitute Bill

- Allows certified chemical dependency professionals and certified chemical dependency professional trainees who also hold a license to practice another specified health care profession to treat patients in settings other than programs approved by the Department of Social and Health Services.

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 31 members: Representatives Hunter, Chair; Ormsby, Vice Chair; Chandler, Ranking Minority Member; Ross, Assistant Ranking Minority Member; Wilcox, Assistant Ranking Minority Member; Buys, Carlyle, Christian, Cody, Dahlquist, Dunshee, Fagan, Green, Haigh, Haler, Harris, Hudgins, G. Hunt, S. Hunt, Jinkins, Kagi, Lytton, Morrell, Parker, Pettigrew, Schmick, Seaquist, Springer, Sullivan, Taylor and Tharinger.

Staff: Mary Mulholland (786-7391).

Background:

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

The Department of Social and Health Services (DSHS) Division of Behavioral Health and Recovery (DBHR) certifies chemical dependency treatment programs that meet standards established by the DBHR. The Department of Health (DOH) certifies chemical dependency professionals (CDPs) and chemical dependency professional trainees (CDPTs) who meet educational, experience, and examination requirements established by the DOH.

Use of the title "certified chemical dependency professional" or "certified chemical dependency professional trainee" for individuals treating patients in settings other than programs approved by the DBHR is prohibited. Individuals who are licensed, certified, or registered under the laws of the state are not prohibited from performing services within the authorized scope of practice.

Under rules adopted by the DBHR and in the Medicaid state plan, chemical dependency counseling for patients admitted to DBHR-approved programs must be performed by DOH-certified CDPs or CDPTs.

Summary of Substitute Bill:

Individuals who are credentialed as CDPs or CDPTs and are also licensed in any of the following professions may treat patients in settings other than those approved by the DBHR:

- advanced registered nurse practitioner;
- marriage and family therapist;
- mental health counselor;
- advanced social worker;
- independent clinical social health worker;
- psychologist;
- osteopathic physician;
- osteopathic physician assistant;
- physician; or
- physician assistant.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) Under current law, chemical dependency professionals and trainees are only allowed to practice in settings that are certified by the DSHS. This legislation removes the limitation if the provider also holds a license in one of the 10 designated professions listed in the bill. Twenty percent of current chemical dependency professionals already hold one of these additional credentials and this will provide them with more flexibility in settings where they can provide chemical dependency services. All professionals mentioned in the bill will still be mandated to have all of the training, supervised experience, and continuing education required for any chemical dependency professional or trainee. The bill does not change any

existing requirements but only the practice settings in which one of the designated professionals listed in the bill can function as a CDP.

The bill will encourage highly trained practitioners to get chemical dependency certification. Currently, there are approximately 4,300 providers certified for chemical dependency work but the DSHS is estimating there is a need for about 750 more qualified providers by July of 2016. The bill will ensure there are providers available to do this work, increase access to services for clients, and reduce the workload of public agencies. Patients with private insurance will be able to access services through primary care providers who hold a chemical dependency credential.

While the agencies that provide outpatient and residential chemical dependency treatment services provide a critical role in our health care system, there is a need to integrate behavioral health with physical health care services. There are many examples of primary care professionals practicing in mental health clinics and mental health clinicians practicing in primary care clinics. This bill provides the same opportunity for those who are both health professionals and certified CDPs. Individuals with complex chemical dependency outpatient and residential needs will still be referred to chemical dependency treatment agencies. The bill removes a regulatory barrier to integration of services.

In a primary care setting, there is no way to improve the health of people with chemical dependency conditions without the help of CDPs. It is not uncommon for patients to perceive the stigma associated with chemical dependency and this is a great opportunity to better integrate and reduce some of the stigma. People with mild to moderate chemical dependency can be better served by starting their treatment in a primary care setting where they feel more comfortable and are more likely to engage in treatment. People with severe chemical dependency needs will continue to receive services through specialized agencies.

(Opposed) There has been no process related to this bill. There has been no review by the DOH chemical dependency advisory committee. There was no hearing in the House Health Care and Wellness Committee even though this bill makes sweeping changes to the practice of chemical dependency and treatment programs. The CDPs and agencies were not consulted by the DSHS or the DOH on this concept and there has been no consumer input.

There is no emergency or need for this bill. The existing capacity and projected growth in the chemical dependency field is adequate to meet the needs of newly identified individuals with chemical dependency issues. Behavioral health professionals and organizations are not anticipating a shortage of treatment providers. With reduced prosecution of driving under the influence offenses in the counties and the downturn in the economy, there is a decreased need for services that is resulting in agencies having to reduce staffing. There has been no study to document the perceived workforce needs. The local community college has posted information projecting a growth in substance abuse and behavioral disorder counselor employment of 2.7 percent per year from 2010 to 2020.

Persons shifting from state funding to Medicaid do not constitute new demand; it is simply a shift in funding sources. Most of the professionals identified in this bill are already able to conduct screening and brief intervention services and are not interested in providing other Medicaid-funded treatment services.

Washington offers a highly specialized and discreet service for substance use disorders by highly trained individuals and agencies. There is an established, approved process that has evolved over time and should be maintained. There is an important dynamic in group treatment that is not part of a primary care office. It is important to have seasoned professionals providing treatment. Primary care physicians can be easily manipulated by those with chemical dependency issues. Trainees who simply pass a background check will be able to provide treatment services without supervision or oversight. The bill suggests that education level translates into competence in specific disciplines. Yet in some masters level programs, only a few minutes of chemical dependency information is provided. It is important to ensure that those with masters level degrees are appropriately trained and monitored, regardless of their education level. This bill will compromise competencies and oversight in the current system.

Forty percent of chemical dependency providers in the state do not receive public funding. They are businesses that are part of a vibrant market system which is adjusting to the Affordable Care Act and the additional patients that will be brought in. Workforce development should not be done in such a way that compromises the quality of services to patients and families who suffer from chemical dependency disorders. Washington should be looking to national industry practice standards that have recently been developed by the federal Substance Abuse and Mental Health Services Administration.

Persons Testifying: (In support) Representative Harris, prime sponsor; Martin Mueller, Washington Department of Health; and Jane Beyer, Department of Social and Health Services.

(Opposed) Patricia Knox, The Association of Alcoholism and Addiction Program; Mark Loes, Sundown M Ranch; Robert Malphrus, Washington State Consortium of Addiction Studies Educators; Greg Bauer, Chemical Dependency Professionals of Washington State; Donald Cox; Dave Harris, The Association for Addiction Professionals; and Maynard Kielty.

Persons Signed In To Testify But Not Testifying: None.