

HOUSE BILL REPORT

HB 1753

As Reported by House Committee On: Judiciary

Title: An act relating to integrating the treatment systems for mental health and substance use disorders.

Brief Description: Concerning professionals qualified to examine individuals in the mental health and substance use disorder treatment systems.

Sponsors: Representatives Cody and Jinkins; by request of Department of Social and Health Services.

Brief History:

Committee Activity:

Judiciary: 2/7/17, 2/16/17 [DPS].

Brief Summary of Substitute Bill

- Adds designated chemical dependency specialists to the list of qualified professionals that may sign a petition for involuntary commitment of a person who may be in need of substance use disorder treatment.
- Adds physician assistants working with a supervising psychiatrist to a section designating the mental health professionals that may qualify as designated crisis responders for the purposes of the involuntary mental health and substance use disorder treatment systems.

HOUSE COMMITTEE ON JUDICIARY

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 13 members: Representatives Jinkins, Chair; Kilduff, Vice Chair; Rodne, Ranking Minority Member; Muri, Assistant Ranking Minority Member; Frame, Goodman, Graves, Haler, Hansen, Kirby, Klippert, Orwall and Shea.

Staff: Edie Adams (786-7180).

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.

Legislation was enacted in 2016 (Engrossed Third Substitute House Bill 1713) to integrate the involuntary mental health and substance use disorder treatment systems for minors and adults, effective April 1, 2018. The 2016 legislation made short-term changes to the chemical dependency involuntary treatment system that are in effect until the systems are integrated on April 1, 2018. These changes revised provisions of the chemical dependency involuntary treatment laws to be more in line with procedures of the Involuntary Treatment Act (ITA). Under the integrated system, "chemical dependency" treatment is replaced with "substance use disorder" treatment.

An adult or minor may be committed for involuntary chemical dependency treatment if the person, due to chemical dependency, poses a likelihood of serious harm or is gravely disabled. Designated chemical dependency specialists are responsible for investigating and determining whether to detain a person who may be in need of chemical dependency treatment.

If the court, after a hearing, finds by a preponderance of the evidence that the criteria for involuntary treatment are met, and that no less restrictive alternative is appropriate, the court may order a 14-day period of commitment to an approved substance use disorder treatment program. The court may not order commitment of a person if an approved substance use disorder treatment program is not available. If the court determines that treatment in a less restrictive setting is in the person's best interest, the court may order an appropriate less restrictive treatment program for a period of up to 90 days. Upon petition, the court may order a subsequent period of involuntary treatment or treatment in a less restrictive setting for an additional 90 days under similar standards, except the burden of proof for a recommitment is by clear, cogent, and convincing evidence.

One of the short-term changes enacted by the 2016 legislation was a requirement that a petition for involuntary chemical dependency treatment must be signed by a combination of two qualified professionals who have examined the person. The list of qualified examining professionals that may sign a petition for 14-day or 90-day treatment includes physicians, psychiatric advanced registered nurse practitioners, mental health professionals, and physician assistants.

Separate legislation enacted in 2016 (Substitute Senate Bill 6445) amended various provisions of the involuntary mental health treatment laws to include physicians' assistants when working with a supervising psychiatrist among the list of mental health professionals that are authorized to examine and evaluate or detain persons for involuntarily mental health treatment. A physician assistant is a person who is licensed to practice medicine to a limited extent under the supervision of a physician and who is academically and clinically prepared to provide health care services and perform diagnostic, therapeutic, preventative, and health maintenance services. One provision of the ITA designating the professionals who qualify to serve as designated crisis responders under the integrated system does not include physician assistants working with a supervising psychiatrist.

Summary of Substitute Bill:

Designated chemical dependency specialists are added to the list of qualified professionals that may, after examination, sign a petition for involuntary commitment of a person who may be in need of substance use disorder treatment. References to "chemical dependency" and "chemical dependency treatment" are changed to "substance use disorder" and "substance use disorder treatment."

Physician assistants working with a supervising psychiatrist are added to a section designating the mental health professionals that may qualify as designated crisis responders for the purposes of the involuntary mental health and substance use disorder treatment systems.

Substitute Bill Compared to Original Bill:

Physician assistants working with a supervising psychiatrist are added to a section designating the professionals that may qualify as designated crisis responders for the purposes of the involuntary mental health and substance use disorder treatment systems.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill contains an emergency clause and takes effect immediately.

Staff Summary of Public Testimony:

(In support) This legislation addresses an oversight that occurred when House Bill 1713 was passed last session. That legislation inadvertently excluded designated chemical dependency specialist from the list of professionals that can sign involuntary detention petitions under the chemical dependency treatment laws. Designated chemical dependency specialists have the proper credentials and should be able to sign the petitions. The bill also replaces references to "chemical dependency" with references to "substance use disorder" because it captures a broader range of issues.

(Opposed) None.

Persons Testifying: Chris Imhoff, Department of Social and Health Services.

Persons Signed In To Testify But Not Testifying: None.