
Health Care & Wellness Committee

HB 2572

Brief Description: Removing health coverage barriers to accessing substance use disorder treatment services.

Sponsors: Representatives Cody, Macri, Jinkins, Kagi, Wylie, Slatter, Tharinger, Ormsby and Robinson.

Brief Summary of Bill

- Prohibits state health plans, private insurance plans, and behavioral health organizations from establishing prior authorization requirements for substance use disorder treatment.
- Mandates coverage for up to 14 days of acute treatment and clinical stabilization services for substance use disorders.

Hearing Date: 1/19/18

Staff: Chris Blake (786-7392).

Background:

The federal Substance Abuse and Mental Health Services Administration describes substance use disorders as a condition that occurs when the recurrent use of alcohol or drugs causes clinically and functionally significant impairment. Recommended treatment for substance use disorders may vary depending on an assessment of the individual, but may include outpatient treatment, medication-assisted therapy, or residential treatment. The kinds of available treatment varies depending on the person's type of health coverage:

- Persons covered by medical assistance programs receive coverage through behavioral health organizations which oversee the delivery of mental health and substance use disorder services for adults and children in a particular geographic region. By 2020 the responsibility for providing these services will transfer to Medicaid managed care organizations. Substance use disorder services are determined upon assessment of the

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client and may include outpatient treatment, detoxification services, residential treatment, and opiate substitution treatment services.

- The federal Patient Protection and Affordable Care Act requires most individual and small group market health plans to provide coverage for mental health and substance use disorder treatment services. Under state rules implementing the federal requirement, this coverage must include outpatient and inpatient care to evaluate, diagnose, and treat a substance use disorder. State law also requires most state-regulated health plans to cover the treatment of substance use disorders as provided by a treatment plan approved by the Department of Social and Health Services.
- State employees receive health care through the Public Employees Benefits Board, an entity within the Health Care Authority. Coverage options include a managed care organization plan and a self-insured health plan, known as the Uniform Medical Plan. Both plans cover outpatient services and residential treatment for substance use disorders.

Summary of Bill:

The Public Employees Benefits Board, private health insurers, and behavioral health organizations may not establish prior authorization requirements for substance use disorder treatment. "Substance use disorder treatment" is defined to include: (1) early intervention services; (2) substance use disorder evaluation; (3) outpatient services, including medically assisted therapies; (4) intensive outpatient and partial hospitalization services; (5) residential or inpatient services; and (6) medically managed intensive inpatient services.

In addition, these entities must provide coverage for acute treatment services and medically necessary clinical stabilization services for up to a total of 14 days. "Acute treatment services" is defined as 24-hour medically supervised addiction treatment for adults or adolescents in a medically managed or monitored inpatient facility that provides evaluation and withdrawal management. The term includes biopsychosocial assessment, individual and group counseling, psychoeducational groups, and discharge planning. "Clinical stabilization services" means 24-hour clinically-managed post-detoxification treatment for adults or adolescents, usually following acute treatment services. The term includes intensive education and counseling, relapse prevention, outreach to families and significant others, and aftercare planning.

Legislative findings are made relating to the increase in substance use disorders and the need for access to treatment with minimal barriers.

Appropriation: None.

Fiscal Note: Requested on January 9, 2018.

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