

SENATE BILL REPORT

ESHB 1427

As Reported by Senate Committee On:
Health Care, March 28, 2017
Ways & Means, April 4, 2017

Title: An act relating to opioid treatment programs.

Brief Description: Concerning opioid treatment programs.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Cody, Jinkins, Peterson and Pollet).

Brief History: Passed House: 3/03/17, 82-15.

Committee Activity: Health Care: 3/21/17, 3/28/17 [DP, DNP, w/oRec].
Ways & Means: 4/03/17, 4/04/17 [DPA, DNP, w/oRec].

Brief Summary of Amended Bill

- Declares that a person who lawfully possesses or uses lawfully prescribed medication for the treatment of opioid use disorder must be treated the same in judicial and administrative proceedings as other persons who lawfully use medications
- Updates language and terminology related to opioid treatment.
- Removes the limitation on program size and allows counties to impose a maximum capacity of not less than 350 participants if necessary.

SENATE COMMITTEE ON HEALTH CARE

Majority Report: Do pass.

Signed by Senators Rivers, Chair; Becker, Vice Chair; Cleveland, Ranking Minority Member; Kuderer, Assistant Ranking Minority Member; Conway, Keiser and Mullet.

Minority Report: Do not pass.

Signed by Senator Miloscia.

Minority Report: That it be referred without recommendation.

Signed by Senators Bailey and O'Ban.

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.

Staff: Kathleen Buchli (786-7488)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: Do pass as amended.

Signed by Senators Braun, Chair; Brown, Vice Chair; Rossi, Vice Chair; Honeyford, Vice Chair, Capital Budget ; Bailey, Becker, Fain, Miloscia, Padden, Rivers, Schoesler, Warnick and Zeiger.

Minority Report: Do not pass.

Signed by Senator Ranker, Ranking Minority Member.

Minority Report: That it be referred without recommendation.

Signed by Senators Rolfes, Assistant Ranking Minority Member, Operating Budget; Frockt, Assistant Ranking Minority Member, Capital Budget; Billig, Carlyle, Conway, Darneille, Hasegawa, Keiser and Pedersen.

Staff: Travis Sugarman (786-7446)

Background: The Community Mental Health Services Act (Act) addresses opiate substitution programs and makes a series of declarations relating to these programs, including that there is no fundamental right to opiate substitution treatment, that this treatment should only be used for participants who are deemed appropriate to need this level of intervention, and that this treatment should not be the first treatment intervention. The primary goal of opiate substitution treatment is total abstinence from substance use.

The Department of Social and Health Services (DSHS) certifies opiate substitution treatment programs to dispense opiate substitution drugs for the treatment of opiate addiction and to provide a comprehensive range of medical and rehabilitative services. In determining whether a program should be certified, DSHS must:

- consult with the legislative authorities in the counties and cities where the program is proposed to be located;
- ensure that programs are sited in accordance with county or city land use ordinances, which may include reasonable conditions on their siting but may not preclude the siting of essential public facilities;
- demonstrate a need in the community for opiate substitution treatment and not certify more program slots than justified by the need in the community—no program may exceed 350 participants unless authorized by the county;
- consider whether the program is able to provide the appropriate services to assist the persons who utilize the program in meeting the goals of the Act, including abstinence from opiates and opiate substitutes; and
- hold at least one public hearing in the county in which the facility is to be located and one hearing in the area in which the facility is to be located.

DSHS must also establish criteria for evaluating the compliance of opiate substitution treatment programs. The programs must submit annual reports to DSHS and the county. DSHS must analyze the reports and take corrective action to ensure compliance with the with Act's goals and standards.

Summary of Amended Bill: References to opiate substitution treatment programs, opiate addiction, methadone treatment, and addicted babies are changed to opioid treatment programs, opioid use disorder, methadone treatment, and substance-exposed baby, respectively.

Persons who lawfully possess or use medication for the treatment of opioid use disorder must be treated the same in judicial and administrative proceedings as a person lawfully possessing and using other lawfully prescribed medications.

The limitation on program size is removed. Counties may impose a maximum capacity for a program of not less than 350 participants if necessary to address specific local conditions. The requirement that a public hearing be held in the area in which the proposed facility is to be located is removed.

Opioid treatment programs are subject to the oversight required for other substance use disorder treatment programs.

EFFECT OF WAYS & MEANS COMMITTEE AMENDMENT(S):

- Reinstates the existing declarations and goals relating to opiate substitution treatment:
 - that opiate substitution treatment should only be used for participants who are deemed appropriate to meet this level of intervention and should not be the first treatment intervention for all opiate addicts; and
 - that the primary goal of treatment is total abstinence from substance use.
- Removes the recognition by the state of treatment approaches acknowledged by the University of Washington alcohol and drug abuse institute as evidence-based treatment for the management of opioid use disorders.
- Removes recognition of FDA-approved medications for the treatment of opioid use disorder.
- Removes the declaration that the choices on treatment of opioid use disorder should be determined by shared decision making between patients and their health care providers.
- Removes that the goal of treatment is the cessation of unprescribed opioid use, reduced morbidity, and restoration of the ability to lead a productive and fulfilling life.
- Restores abstinence as a primary goal of opiate substitution treatment.
- Declares that a person who lawfully possesses or uses lawfully prescribed medication for the treatment of opioid use disorder must be treated the same in judicial and administrative proceedings as other persons who lawfully use medication.
- Requires the DSHS to analyze and evaluate data submitted by each treatment program and take corrective action where necessary to ensure compliance with the goal of opiate substitution treatment.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

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

Staff Summary of Public Testimony on Engrossed Substitute House Bill (Health Care):

PRO: The bill relates to the siting of opiate substitution treatment programs and provides that there will be one hearing in the county that the program will be located in—this has been worked out with the counties and cities. This also addresses the issues relating to using the word abstinence in statute. There is concern that medication assisted treatment does not fit into the definition of abstinence and the bill contains language that declares that a person possessing lawfully prescribed medication for the treatment of opioid use disorder must be treated the same in judicial and administrative proceedings as a person possessing other lawfully prescribed medications. This will make it easier to site facilities and this addresses the opioid epidemic. Medication assisted treatment is the gold standard of care and helps people transition to society. Siting challenges make it difficult to provide these programs and the changes in the bill will expand access to treatment. This bill puts into statute what is the standard of care for opioid use disorder. It will increase access to care. We need to remove the stigma associated with these programs. This does not preclude abstinence.

Persons Testifying (Health Care): PRO: Representative Eileen Cody, Prime Sponsor; Brad Finegood, King County; Susie Tracy, Evergreen Treatment Services.

Persons Signed In To Testify But Not Testifying (Health Care): No one.

Staff Summary of Public Testimony on Engrossed Substitute House Bill (Ways & Means): *The committee recommended a different version of the bill than what was heard.*

PRO: This is a simple bill but deals with complicated issues of dealing with opiate addiction. This bill attempts to update language and treatment options to match current terminology and research. It really strives to de-stigmatize treatment for opiate addiction. The bill allows for increased treatment options. In certain areas only 20 percent of the need is being met.

Persons Testifying (Ways & Means): PRO: Susie Tracy, Evergreen Treatment Services, Therapeutic Health Services, Acadia Health Care.

Persons Signed In To Testify But Not Testifying (Ways & Means): No one.