
Civil Rights & Judiciary Committee

HB 1907

Brief Description: Concerning the substance use disorder treatment system.

Sponsors: Representatives Davis, Appleton, Doglio, Ryu, Goodman and Jinkins.

Brief Summary of Bill

- Addresses the reimbursement rates for substance use disorder treatment and ambulance transport to secure withdrawal management and stabilization facilities.
- Provides technical assistance funding and mental health training to secure withdrawal management and stabilization facilities.
- Encourages a pathway for dual licensure as both an evaluation and treatment facility and a secure withdrawal management and stabilization facility.
- Modifies the definition of "likelihood of serious harm" under the Involuntary Treatment Act.

Hearing Date: 2/19/19

Staff: Ingrid Lewis (786-7289).

Background:

Under the Involuntary Treatment Act (ITA), a person may be ordered to undergo involuntary behavioral health treatment if the person, as a result of a mental health or a substance use disorder, poses a likelihood of serious harm, is gravely disabled, or is in need of assisted outpatient behavioral health treatment.

"Likelihood of serious harm" means that a person poses a substantial risk of physical harm to self, others, or the property of others, as evidenced by certain behavior, or that a person has threatened the physical safety of another and has a history of one or more violent acts.

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.

A person who poses a likelihood of serious harm or is gravely disabled may be committed for up to 72 hours for an initial evaluation at an evaluation and treatment facility, secure detoxification facility, or approved substance use disorder treatment facility. Upon subsequent petitions and hearings for further treatment, an adult posing a likelihood of serious harm or grave disability may be court ordered to consecutive terms of treatment lasting up to 14 days, up to 90 days, and successive terms of up to 180 days.

Administration of Behavioral Health Services.

The Health Care Authority is the state behavioral health authority and contracts with behavioral health organizations to oversee the delivery of mental health and substance use disorder services for adults and children, including involuntary treatment services. A behavioral health organization may be a county, group of counties, or a nonprofit entity. Behavioral health organizations contract with local providers to provide an array of mental health and chemical dependency services, monitor the activities of local providers, and oversee the distribution of funds under the state managed care plan. Legislation enacted in 2014 directed all behavioral health services to be integrated into Medicaid managed care organizations by April 2020.

The Department of Health is responsible for certifying and licensing behavioral health service providers, including evaluation and treatment facilities, secure detoxification facilities, and approved substance use disorder treatment facilities, and establishing minimum standards for service provision.

Summary of Bill:

References to "secure detoxification facility" are changed to "secure withdrawal management and stabilization facility" in the adult and minor involuntary treatment acts.

The definition of "likelihood of serious harm" is modified to include a reasonable certainty that a person will suffer severe physical or mental harm as manifested by recent behavior demonstrating an inability to avoid risk or to protect the person adequately from impairment or injury.

Administration of Behavioral Health Services.

Reimbursement Rate Parity. Medicaid payments for services provided by an approved substance use disorder program through either a fee-for-service or managed care contract must not be less than the payment rate for services provided by a licensed evaluation and treatment facility in the same region.

Medicaid payments for substance use disorder treatment provided by a community hospital through either a fee-for-service or managed care contract must not be less than the payment rate for services provided by a free-standing approved substance use disorder treatment program in the same region.

The Health Care Authority is required to develop a reimbursement methodology for ambulance services to approved substance use disorder treatment programs.

Dual Licensure of Facilities. The Department of Health is required to develop a process by which a provider of behavioral health services can become dually licensed as both an evaluation and treatment facility and a secure withdrawal management and stabilization facility.

Other Provisions.

Subject to appropriated funds, the Health Care Authority is authorized to provide suicide assessment, treatment, and management training to staff employed at secure withdrawal management and stabilization facilities.

Appropriation: None.

Fiscal Note: Requested on February 12, 2019.

Effective Date: This bill takes effect 90 days after adjournment of the session in which the bill is passed, except for sections 5, 7, 9, 12, 15, 34, 36, 38, 41, 43, and 45, expiring the language stating that commitments to secure detoxification facilities and approved substance use disorder treatment programs are subject to facility availability and available space, which take effect July 1, 2026.