

SENATE BILL REPORT

ESHB 1768

As of March 29, 2019

Title: An act relating to modernizing substance use disorder professional practice.

Brief Description: Concerning substance use disorder professional practice.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Davis, Macri, Jinkins, Ormsby, Slatter and Tharinger).

Brief History: Passed House: 3/05/19, 98-0.

Committee Activity: Behavioral Health Subcommittee to Health & Long Term Care: 3/22/19.

Brief Summary of Bill

- Renames chemical dependency professionals as substance use disorder professionals.
- Changes references to the goal of chemical dependency counseling from assisting clients to achieve and maintain abstinence to assisting clients in their recovery.
- Prohibits the Department of Health from requiring an applicant to be a substance use disorder professional or substance use disorder trainee to participate in a voluntary substance abuse monitoring program after the applicant has one year of recovery from a substance use disorder.
- Prohibits a facility that cares for vulnerable adults from automatically denying employment as a substance use disorder professional based on certain convictions after one year of recovery from a substance use disorder or mental health disorder.

SENATE COMMITTEE ON BEHAVIORAL HEALTH SUBCOMMITTEE TO HEALTH & LONG TERM CARE

Staff: Kevin Black (786-7747)

Background: Chemical Dependency Professionals. Chemical dependency professionals (CDPs) are health care providers who assist persons to develop and maintain abstinence from

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alcohol and other drugs. The Department of Health (DOH) certifies CDPs. To become certified, a person must meet specific education, examination, and experience requirements.

In their practice, CDPs use the core competencies of chemical dependency counseling which include the assessment and diagnosis of chemical dependency, chemical dependency treatment planning and referral, patient and family education, individual and group counseling, relapse prevention counseling, and case management. These activities are to be performed with the stated goal of assisting patients in achieving and maintaining abstinence from alcohol and drugs and developing independent support systems.

Substance Use Disorders. In 2013, the American Psychiatric Association released the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM 5). The DSM 5 replaced the terms "substance abuse" and "substance dependence" with the single term "substance use disorder." The term "substance use disorder" includes a scale of subcategories of mild, moderate, and severe for defining the extent of the person's condition.

Substance Abuse Monitoring Programs. A disciplining authority may refer a licensee to a substance abuse monitoring program in lieu of formal discipline if the disciplining authority determines that unprofessional conduct is the product of substance abuse. The licensee must consent to the referral and the referral may include probationary conditions. If the licensee does not consent to the referral or fails to meet the requirements of the program, the disciplining authority may take formal disciplinary action against the licensee.

There are four substance abuse monitoring programs in Washington for credentialed health care providers. Each program serves specific professions or groups of professions. Although the programs do not provide substance use disorder treatment, they contract with and monitor health care providers for compliance with treatment and recovery goals. The contract includes random drug testing and worksite monitoring to ensure a safe return to practice. Some professions pay a fee to cover program expenses, while other professions require the individual to bear the expenses of the program.

Washington Recovery and Monitoring Program. The Washington Recovery and Monitoring Program (WRAMP) is the substance use monitoring program for CDPs, among other health care professions, and is operated by DOH. WRAMP applies to licensed or certified professionals who are referred following a complaint or investigation, professionals who self-refer to the program, and applicants for a license or certification who disclose a history of substance use disorder during the application process. The WRAMP requires participants to obtain a chemical dependency evaluation at their expense, the cost of which may in some cases be covered by insurance. If the evaluation determines the person has a mild substance use disorder, WRAMP requires three years of participation, with credit applied for any time spent in continuous recovery before the evaluation. If the evaluation determines the person has a moderate or severe substance use disorder, the WRAMP requires five years of participation, with credit applied for any time spent in continuous recovery before the evaluation. During participation in WRAMP, the person must check in daily with the program during workdays and be subject to random urinalysis, follow any other treatment recommendations, abide by certain restrictions, and participate in a weekly approved peer support group. The cost of urinalysis, the weekly support group, and any other costs must be borne by the participant.

Disqualifying Crimes. Agencies, facilities, and individuals who provide care to vulnerable adults may not allow persons to work in a position that may involve unsupervised access to minors or vulnerable adults if the person has been convicted of or has a pending charge for certain disqualifying crimes. In some cases a person will not be automatically disqualified from employment if a designated number of years have passed since the date of conviction for the disqualifying crime. A person who has a prior conviction for assault 4, prostitution, or theft 3 may be considered for such employment after three years have passed since the last date of conviction. A person who has a prior conviction for theft 2 or forgery may be considered for such employment after five years have passed from the last date of conviction.

Summary of Bill: CDPs are renamed substance use disorder professionals (SUDPs). All CDPs are considered to hold the title of SUDP. The terms "chemical dependency" and "alcoholic and drug addicted patients" are removed from the code.

DOH is prohibited from requiring an applicant to be an SUDP or SUDP trainee from participating in the WRAMP if the applicant has at least one year in recovery from a substance use disorder. If the applicant has less than one year in recovery, DOH may require the applicant to participate in WRAMP for only the amount of time necessary to achieve one year in recovery.

An agency or facility that provides care and treatment to vulnerable adults may not automatically deny the application of a person for the position of SUDP or SUDP trainee based upon a conviction for assault 4, prostitution, theft 2 or 3, or forgery if:

- at least one year has passed since the applicant's most recent conviction;
- the offense was committed as a result of the applicant's substance use or untreated mental health symptoms; and
- the applicant has at least one year in recovery from a substance use disorder, whether through abstinence or stability on medication-assisted therapy, or in recovery from a mental health disorder.

The orientation of substance use disorder counseling is changed from assisting individuals to achieve and maintain abstinence to assisting individuals in their recovery. A definition of recovery is provided.

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: PRO: It is a historic step to define substance use recovery in statute for the first time, in a way that is inclusive of individuals accessing medication-assisted treatment. This definition now represents broad agreement. I am most excited to address the behavioral health workforce crisis by removing barriers to employment for current CDPs and CDPTs. The WRAMP program was designed for people who develop

a substance use disorder or relapse during the course of their practice; it was not intended for individuals in long-term recovery to create a barrier to them entering the field. These persons have a pre-existing condition which is in remission; they are being put on a program which is not medically necessary and imposes extraordinary costs that cannot be covered by insurance. The data shows low relapse rates for persons on this program, particularly after more than one year in recovery. People are motivated to work in the substance use disorder treatment field because of their lived experience. A history of addiction often comes with a history of crimes. When people are in recovery they change. People in recovery are people of impeccable integrity who participate in a program which demands rigorous honesty and a life of service. They are drawn to help others and are qualified to stem the tide and help us with the opioid epidemic. In our business we employ about 200 people; about 60 percent of whom are in recovery. Part of modernizing substance use disorder practice is destigmatizing addiction and recovery. People in recovery go on to lead very productive lives. The monitoring program is a wonderful program for those who need it but the way it is being applied creates a big barrier for others. For us this bill is the most meaningful intervention we have seen to address our workforce shortage. These changes will help get more CDPs into the system, which is good for patients. The number of training hours required for CDPs has grown dramatically over the years. Persons in recovery are qualified to help others.

Persons Testifying: PRO: Representative Lauren Davis, Prime Sponsor; Linda Grant, Evergreen Recovery Centers; Michael Transue, Seattle Drug and Narcotic Treatment Center; Brad Bresolin, Social Treatment Opportunity Programs.

Persons Signed In To Testify But Not Testifying: No one.