

SENATE BILL REPORT

2SHB 1907

As Reported by Senate Committee On:
Behavioral Health Subcommittee to Health & Long Term Care, March 29, 2019

Title: An act relating to the substance use disorder treatment system.

Brief Description: Concerning the substance use disorder treatment system.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Davis, Appleton, Doglio, Ryu, Goodman and Jenkins).

Brief History: Passed House: 3/08/19, 98-0.

Committee Activity: Behavioral Health Subcommittee to Health & Long Term Care:
3/22/19, 3/29/19 [DPA].

Brief Summary of Amended Bill

- Changes the name of secure detoxification facility to secure withdrawal management and stabilization facility and expands the definition of this facility.
- Allows a petition for 14 or 180 days of involuntary substance use disorder treatment of a minor to be signed by a chemical dependency professional instead of a mental health professional and an advanced registered nurse practitioner instead of a psychiatric advanced registered nurse practitioner.
- Requires the Health Care Authority to update the Designated Crisis Responder Protocols to include substance use disorder commitment information.
- Requires the Department of Health to develop a dual certification for an evaluation and treatment and secure detoxification facility.

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

Majority Report: Do pass as amended.

Signed by Senators Dhingra, Chair; Wagoner, Ranking Member; Darneille, Frockt 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: Kevin Black (786-7747)

Background: Integrated Crisis Response. Effective April 1, 2018, the Involuntary Treatment Act (ITA) and the provisions pertaining to involuntary mental health treatment were expanded to include commitments for substance use disorders. Under the 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. Designated crisis responders (DCR) are mental health professionals appointed to conduct evaluations for individuals with mental disorders and substance use disorders under the ITA. 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 (E&T), secure detoxification facility (secure detox), 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.

Petition Requirements for Continuing Involuntary Treatment. Once a DCR has detained a patient for 72 hours, subsequent involuntary treatment petitions for 14, 90, or 180 days must be filed in court by the treatment facility. State law requires these petitions to be signed by two health care professionals who have each examined the patient. For adult patients, a petition for 14 or more days of involuntary mental health treatment must be signed by:

- one physician, physician assistant, or psychiatric advanced registered nurse practitioner (psychiatric ARNP); and
- one physician, physician assistant, psychiatric ARNP, or mental health professional.

If the petition is for substance use disorder treatment, the petition may be signed by a chemical dependency professional instead of a mental health professional and an advanced registered nurse practitioner (ARNP) instead of a psychiatric ARNP. The involuntary commitment statutes for minors are similarly constructed, but do not contain the provision allowing a chemical dependency professional to substitute for a mental health professional and an ARNP to substitute for a psychiatric ARNP.

Designated Crisis Responder Protocols. The Health Care Authority (HCA) is required to develop statewide protocols to be utilized by professional persons and designated crisis responders in administration of the ITA. HCA must work with stakeholders to update these proposals every three years. The current DCR protocols are not due for update until 2020.

Certification of Involuntary Treatment Facilities. The Department of Health (DOH) is responsible for certifying and licensing behavioral health service facilities, including E&Ts, secure detox, and approved substance use disorder treatment facilities. DOH must establish minimum standards for service provision.

Summary of Amended Bill: Secure detox is renamed secure withdrawal management and stabilization facility. An expanded definition of this facility is established which includes the capacity to provide treatment and stabilization services and to provide voluntary care.

When a minor is detained for involuntary substance use disorder treatment and the facility petitions the court for an additional 14 or 180 days of involuntary treatment, the petition may be signed by a chemical dependency professional instead of a mental health professional and by an ARNP instead of a psychiatric ARNP.

Within existing resources, HCA must develop an addendum to the DCR statewide protocols by December 1, 2019, which updates the protocols to address the implementation of behavioral health integration, including the applicability of commitment criteria to persons with substance use disorders.

DOH must develop a process by which a provider may obtain a dual license as an E&T and secure detox.

EFFECT OF BEHAVIORAL HEALTH SUBCOMMITTEE TO HEALTH & LONG TERM CARE COMMITTEE AMENDMENT(S):

- Expands the definition of secure withdrawal management and stabilization facility to include voluntary treatment and treatment and stabilization services.
- Allows a petition for 14 or 180 days of involuntary substance use disorder treatment of a minor to be signed by a chemical dependency professional instead of a mental health professional and an advanced registered nurse practitioner instead of a psychiatric advanced registered nurse practitioner.

Appropriation: None.

Fiscal Note: Available. New fiscal note requested on March 20, 2019.

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 Second Substitute House Bill: *The committee recommended a different version of the bill than what was heard.* PRO: In 2015-2016, I brought Ricky's Law to the Legislature in an effort to help people who are in the throes of addiction achieve recovery. It went into effect in April 2018, and there are now 45 secure detoxification beds located in Chehalis and Spokane. In the past ten months, only 35 percent of the beds have been occupied, which is because of implementation issues and not because of need. People are dying because of preventable overdoses from a treatable disease. Amendments are needed so that no more people are lost. The DCR protocols are not written to assist in analyzing serious harm in the context of addiction where unique risks are presented such as sepsis and overdose. Other issues exist which are being pursued through the budget. The majority of patients detained for care in secure detox are electing to continue receiving voluntary care. The protocol updates will help utilization and clarify who is appropriate for these facilities. Lack of utilization is more of an education piece than anything. Adding stabilization to the title of this facility instead of just detoxification matches more closely the service that we provide.

Persons Testifying: PRO: Representative Lauren Davis, Prime Sponsor; Tony Prentice, American Behavioral Health Systems.

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