

# SENATE BILL REPORT

## SB 5047

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As of January 28, 2019

**Title:** An act relating to veteran diversion from involuntary commitment through increased coordination between the veterans administration and the department of social and health services.

**Brief Description:** Concerning veteran diversion from involuntary commitment through increased coordination between the veterans administration and the department of social and health services.

**Sponsors:** Senators O'Ban and Wagoner.

**Brief History:**

**Committee Activity:** Health & Long Term Care: 1/23/19.

**Brief Summary of Bill**

- Requires a facility that holds a person for investigation of involuntary commitment to inquire within three hours following medical clearance as to the person's veteran status and eligibility for veterans health benefits.
- Requires the facility, if the person appears to be eligible, to inquire as to the availability of Veterans Health Administration (VHA) benefits for the person and to arrange for the transport of the person to a VHA facility if the person is accepted there for treatment.

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### SENATE COMMITTEE ON HEALTH & LONG TERM CARE

**Staff:** Kevin Black (786-7747)

**Background:** A triage facility, crisis stabilization unit, evaluation and treatment facility (E&T), secure detoxification facility (secure detox), approved substance use disorder treatment facility, or emergency department may hold a person who has been delivered by a peace officer for investigation of detention for involuntary commitment for up to 12 hours, not counting time periods prior to medical clearance. Within three hours after arrival, the person must be examined by a mental health professional. Within 12 hours after arrival, a designated crisis responder must determine if the person meets involuntary commitment

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criteria for the purpose of detention for treatment at an E&T or secure detox for up to 72 hours.

The VHA is a division of the U.S. Department of Veteran Affairs which provides health care to qualified veterans. The VHA is the nation's largest integrated health care system, providing care at 1250 health care facilities, including 28 medical centers and outpatient clinics in the state of Washington. The VHA provides confidential mental health services which address a wide range of conditions from depression to posttraumatic stress disorder to substance use disorder services and suicide prevention. The VHA utilizes a number of innovative behavioral health services targeted at management of serious mental illness such as peer specialists, local recovery coordinators, assertive community treatment, supportive employment, and more.

Veterans generally qualify for VHA services if they served for 24 months or more of active duty and received an other-than-dishonorable discharge, although exceptions exist that may lead to waiver of the 24 month requirement.

**Summary of Bill:** The bill as referred to committee not considered.

**Summary of Bill (Proposed Substitute):** An emergency department, crisis stabilization unit, triage facility, secure detox, or E&T which holds a person for investigation of involuntary commitment must, within three hours of arrival, inquire as to a person's veteran status or eligibility for veteran's benefits. If the person is a veteran or is eligible for veterans services, the facility must report to the Seattle Veterans Health Administration as soon as reasonably possible and refer the person to the Seattle Veterans Health Administration facility for treatment if permitted under Medicaid law. If approved by the VHA, the person must be transported and released to the Seattle Veterans Health Administration facility upon medical clearance.

**Appropriation:** None.

**Fiscal Note:** Requested on January 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 Proposed Substitute:** PRO: This bill is important to cooperation and collaboration with the VHA so that veterans can receive the benefits available to them. There is a quick response system available to verify veteran eligibility. Without this bill, some veterans will lose the ability to be treated for mental health services at the VHA. The VA refused to admit my son because he had already been detained. He was instead boarded in regular hospitals for four months, which was less effective for him. This will help the state system by reducing demand when veterans receive care in the federal system. The 22 organizations of the Veterans Legislative Council unanimously endorse this bill. Increased coordination between the VHA and health care providers is positive. I suggest an amendment that would add flexibility to retain the veteran for local treatment where this is more appropriate.

OTHER: We support the general concept of providing additional options for less restrictive treatment for veterans. This creates an unfunded administrative burden for the designated crisis responders to determine veteran eligibility, which can be complicated. Some veterans do not want treatment through the VA. Veterans should have the option of getting treatment where they live, in alternative facilities. Transportation from remote areas of the state may be problematic and take veterans away from their home communities. Bed capacity at the VHA is a concern. Experience suggests that it is impossible and futile to get involuntary commitment patients transferred to the VHA. It will take time to complete this work. Focusing on these issues could impact the effectiveness of the commitment investigation.

**Persons Testifying:** PRO: Senator Steve O'Ban, Prime Sponsor; Donald Bremner, citizen; Shelly Helder, South Sound Military and Communities Partnership; Dick Marcelynas, Veterans Legislative Coalition.

OTHER: Juliana Roe, Washington State Association of Counties; Jaclyn Greenberg, Washington State Hospital Association.

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