

# SENATE BILL REPORT

## SB 6070

---

As of January 28, 2020

**Title:** An act relating to public disclosures by state-funded substance use disorder treatment programs and facilities.

**Brief Description:** Concerning public disclosures by state-funded substance use disorder treatment programs and facilities.

**Sponsors:** Senators Van De Wege and Kuderer.

**Brief History:**

**Committee Activity:** Behavioral Health Subcommittee to Health & Long Term Care: 1/24/20.

**Brief Summary of Bill**

- Requires substance use disorder (SUD) treatment programs and facilities to disclose specified information about their treatment programs and outcomes to the public upon request, starting January 1, 2021.
- Requires the Health Care Authority and Department of Social and Health Services to assist SUD treatment providers in compiling information.

---

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

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

**Background:** The Health Care Authority (HCA) is the state behavioral health authority. HCA contracts with managed care organizations (MCOs) to provide SUD treatment services for persons who qualify for Medicaid, known in this state as Apple Health Washington. MCOs in turn contract with a network of behavioral health services agencies to provide a continuum of SUD services that must include withdrawal management, residential treatment, and outpatient treatment, and may include peer support, supported housing, supported employment, crisis diversion, recovery support services, and technology-based recovery supports.

---

*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.*

**Summary of Bill:** Starting January 1, 2021, all SUD treatment programs and facilities that receive Medicaid or capital budget funds must disclose to the public, upon request:

- the number of clients served and treatment modalities offered during the most recent calendar year;
- the program completion rate for clients within the two most recent calendar years;
- the rate at which former clients within the past two years have been readmitted for publicly funded SUD treatment;
- the rate at which former clients within the past two years have been arrested and convicted of a criminal offense;
- the rate at which former clients within the past two years have been civilly committed for involuntary behavioral health services; and
- the rate at which former clients within the past two years have died.

HCA and the Department of Social and Health Services must collaborate with SUD programs and facilities to help them find the information needed to fulfill the disclosure requirements.

No personally identifiable information may be disclosed nor information protected by state or federal law.

**Appropriation:** None.

**Fiscal Note:** Requested on January 16, 2020.

**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: There is consternation in my district about new SUD facilities being sited there. Our state has privatized a lot of SUD services, which may be appropriate, but I have found that these private services don not have to report about how good a job they are doing. It is worthwhile to know how many people they are treating, how many finish the program, and if they are successful. Some things may be hard to track, but getting the basic facts is important when state Medicaid funds are being used. These organizations are a matter of great public concern in this state. They are large employers and serve a lot of people. We have been able to find very little data about the efficacy of these programs. It would help all of us to put money into programs that actually work. This information is almost impossible to get our hands on when the press reports on these organizations.

CON: As providers, we are interested in examining outcomes. We already provide some of this data. Providers do not have access to the rest of the data, state agencies do. If there is an interest in disclosing the data the state should do it. This would be very expensive. The intent is laudable but the burden should not be placed on an individual clinic. It could have a chilling effect on offering services and provide an administrative burden.

OTHER: We share the sponsor's interest in outcome data demonstrating the effectiveness of SUD services. We believe it is reasonable to collect and share aggregated data. It is essential to properly protect patient data and we are interested in working with the bill sponsor to

improve this. We are concerned about the obligation to report on arrest and conviction data. Data reporting would drive costs. Positive health benefits can be gained from the study of outcome data.

**Persons Testifying:** PRO: Senator Kevin Van De Wege, Prime Sponsor; Rowland Thompson, Allied Daily Newspapers of Washington.

CON: Len McComb, Washington State Hospital Association, Community Health Network of Washington; Katie Kolan, Washington State Medical Association.

OTHER: Michael Langer, Division of Behavioral Health and Recovery, Health Care Authority.

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