

SENATE BILL REPORT

SB 6311

As of February 8, 2020

Title: An act relating to persons with substance use disorders.

Brief Description: Concerning persons with substance use disorders.

Sponsors: Senators Zeiger, O'Ban, Dhingra and Wagoner.

Brief History:

Committee Activity: Behavioral Health Subcommittee to Health & Long Term Care:
1/31/20, 2/07/20 [DPS-WM].
Ways & Means: 2/10/20.

Brief Summary of First Substitute Bill

- Requires an emergency room, evaluation and treatment center, crisis triage facility, or crisis stabilization unit that admits a patient who has an indication of a substance use disorder to provide a screening and referral for substance use disorder treatment and the services of a certified substance use disorder peer counselor, effective January 1, 2024.
- Requires the Health Care Authority to undertake a gap analysis and implementation plan by December 1, 2021.

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

Majority Report: That Substitute Senate Bill No. 6311 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Dhingra, Chair; Wagoner, Ranking Member; Darneille, Frockt and O'Ban.

Staff: Kevin Black (786-7747)

SENATE COMMITTEE ON WAYS & MEANS

Staff: Travis Sugarman (786-7446)

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.

Background: A substance use disorder occurs when a person's recurrent use of alcohol or drugs, or both, leads to clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home. The Health Care Authority (HCA) is the state behavioral health authority and provides access to substance use disorder treatment to citizens of Washington through the Medicaid program and other programs in collaboration with other state agencies.

A recovery coach is a peer service in which a person with lived experience of substance use disorder provides guidance, mentorship, and support to another person who seeks to enter into treatment or sustain long-term recovery. In 2019, state law was amended to include coverage for substance use disorder peer services in the state Medicaid program. Professional substance use disorder evaluation and treatment services may be provided in Washington by certified substance use disorder professionals, certified substance use disorder peers, and licensed co-occurring disorder specialists.

Summary of Bill (First Substitute): Effective January 1, 2024, a patient who presents to a emergency room, evaluation and treatment center, crisis triage facility, or crisis stabilization unit with an indication of a substance use disorder, opioid overdose, or chronic addiction must receive, with patient consent, prior to discharge:

- a screening for the need for substance use disorder services using a validated screening tool;
- if the screening indicates a need for substance use disorder services, a referral for a substance use disorder evaluation and appropriate services;
- if the screening indicates a need for substance use disorder services, a referral to a certified substance use disorder peer counselor; and
- access to information about available substance use disorder treatment services.

These procedures must not be used to extend the person's length of stay in the emergency room. The fact of screening or refusal must be noted in the patient record. The services described in this act may be provided through telemedicine or other innovative service models.

HCA must develop and disseminate best practice protocols for the use of facilities for client screening, referral, evaluation, transfer, and provision of medically necessary temporary treatment services, including medication assisted therapy, for persons under this act. HCA must develop rules to assure prompt, voluntary access to clinically appropriate substance use disorder services.

HCA must develop a system to make information about the availability of substance use disorder treatment services available to facilities and develop a strategy to update this information in real time.

HCA must prepare a gap analysis and implementation plan for delivery to the Governor and Legislature by December 1, 2021, including an analysis of workforce needs and proposals to provide the needed level of services.

EFFECT OF CHANGES MADE BY BEHAVIORAL HEALTH SUBCOMMITTEE TO HEALTH & LONG TERM CARE COMMITTEE (First Substitute): The affected

facilities are narrowed. The intervention is changed to screening and referral to services and provision of information. The requirements must not be used to extend the length of stay of a patient in the emergency room.

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 on Original Bill (Behavioral Health Subcommittee to Health & Long Term Care): *The committee recommended a different version of the bill than what was heard.* PRO: We are all well aware of the gaps in our system, especially relating to substance use disorder. I lost a cousin to this disease. This bill makes assurances to people who enter public facilities that we will look out for them. People will be able to receive information about treatment options and receive medication assisted treatment. A number of things have to fall into place for this to work. We are decades behind when it comes to the needs of our behavioral health system. I set up a four-year implementation date so we can develop the workforce and resources we need. We should not settle for small goals when it comes to recovery. I am working on amendments. We should do everything we can to be there for people on their path to recovery.

CON: We understand the need for access to treatment. The circumstances we find will not allow this bill to be implemented as assumed. We cannot provide substance use disorder care if there is not a medically necessary reason for the person to be in the hospital. This would make the hospital a holding area for patients until a network of substance use disorder services can emerge. We support funding for developing resources, but until we have them we will not be able to get there.

OTHER: We appreciate the time and effort put into this bill. I wish this were the world we lived in. There are logistic concerns in certain clinic and specialty settings. An ear nose and throat specialist or dermatologist is not likely to be equipped to do this work. There are severe boarding issues in emergency rooms and hospitals and there are not enough places to go. We see promise in the referral provisions of the bill.

Persons Testifying (Behavioral Health Subcommittee to Health & Long Term Care):
PRO: Senator Hans Zeiger, Prime Sponsor.

CON: Len McComb, Washington State Hospital Association.

OTHER: Katie Kolan, Washington State Medical Association.

Persons Signed In To Testify But Not Testifying (Behavioral Health Subcommittee to Health & Long Term Care): No one.

Staff Summary of Public Testimony on First Substitute (Ways & Means): CON: We understand the need for access to treatment. The circumstances we find will not allow this bill to be implemented as assumed. We support funding for developing resources, but until we have them we will not be able to get there.

Persons Testifying (Ways & Means): CON: Len McComb, Washington State Hospital Association; Susie Tracy, Washington Chapter, American College of Emergency Physicians.

Persons Signed In To Testify But Not Testifying (Ways & Means): No one.