

RCW 71.24.847 Transfer of clients—Policy and statistic

reporting. (1) (a) By October 1, 2024, each licensed or certified behavioral health agency providing voluntary inpatient or residential substance use disorder treatment services or withdrawal management services shall submit to the department any policies that the agency maintains regarding the transfer or discharge of a person without the person's consent from a facility providing those services. The policies that agencies must submit include any policies related to situations in which the agency transfers or discharges a person without the person's consent, therapeutic progressive disciplinary processes that the agency maintains, and procedures to assure safe transfers and discharges when a patient is discharged without the patient's consent. Behavioral health agencies that do not maintain such policies must provide an attestation to this effect.

(b) By April 1, 2025, the department shall adopt a model policy for licensed or certified behavioral health agencies providing voluntary inpatient or residential substance use disorder treatment services or withdrawal management services to consider when adopting policies related to the transfer or discharge of a person without the person's consent from a facility providing those services. In developing the model policy, the department shall consider the policies submitted by agencies under (a) of this subsection and establish factors to be used in making a decision to transfer or discharge a person without the person's consent. Factors may include, but are not limited to, the person's medical condition, the clinical determination that the person no longer requires treatment or withdrawal management services at the facility, the risk of physical injury presented by the person to the person's self or to other persons at the facility, the extent to which the person's behavior risks the recovery goals of other persons at the facility, and the extent to which the agency has applied a therapeutic progressive disciplinary process. The model policy must include provisions addressing the use of an appropriate therapeutic progressive disciplinary process and procedures to assure safe transfers and discharges of a patient who is discharged without the patient's consent.

(2) (a) Beginning July 1, 2025, every licensed or certified behavioral health agency providing voluntary inpatient or residential substance use disorder treatment services or withdrawal management services shall submit a report to the department for each instance in which a person receiving services either: (i) Was transferred or discharged from the facility by the agency without the person's consent; or (ii) released the person's self from the facility prior to a clinical determination that the person had completed treatment.

(b) The department shall adopt rules to implement the reporting requirement under (a) of this subsection, using a standard form. The rules must require that the agency provide a description of the circumstances related to the person's departure from the facility, including whether the departure was voluntary or involuntary, the extent to which a therapeutic progressive disciplinary process was applied, the patient's self-reported understanding of the reasons for discharge, efforts that were made to avert the discharge, and efforts that were made to establish a safe discharge plan prior to the patient leaving the facility.

(3) Patient health care information contained in reports submitted under subsection (2) of this section is exempt from disclosure under RCW 42.56.360.

(4) This section does not apply to hospitals licensed under chapter 70.41 RCW and psychiatric hospitals licensed under chapter 71.12 RCW. [2024 c 366 s 2.]

Findings—Intent—2024 c 366: "(1) The legislature finds that ensuring that individuals with substance use disorders can enter into and complete residential addiction treatment is an important public policy objective. Substance use disorder providers forcing patients to leave treatment prematurely and insurance authorization barriers both present impediments to realizing this goal.

(2) The legislature further finds that patients with substance use disorders should be provided information regarding and access to the full panoply of treatment options for their condition, as would be the case with any other life-threatening disease. Pharmacotherapies are incredibly effective and severely underutilized tools in the treatment of opioid use disorder and alcohol use disorder. The federal food and drug administration has approved three medications for the treatment of opioid use disorder and three medications for the treatment of alcohol use disorder. Only 37 percent of individuals with opioid use disorder and nine percent of individuals with alcohol use disorder receive medication to treat their condition.

(3) Therefore, it is the intent of the legislature to reduce forced patient discharges from residential addiction treatment, to remove arbitrary insurance authorization barriers to residential addiction treatment, and to ensure that patients with opioid use disorder and alcohol use disorder receive access to care that is consistent with clinical best practices." [2024 c 366 s 1.]