

# HOUSE BILL REPORT

## HB 1645

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### As Reported by House Committee On:

Early Learning & Human Services  
Health & Human Services Appropriations & Oversight

**Title:** An act relating to transferring certification responsibilities for chemical dependency treatment programs from the department of social and health services to the department of health.

**Brief Description:** Transferring certification responsibilities for chemical dependency treatment programs from the department of social and health services to the department of health.

**Sponsors:** Representatives Green, Hinkle, Goodman, Cody and Kenney.

### Brief History:

#### Committee Activity:

Early Learning & Human Services: 2/15/11, 2/17/11 [DP];  
Health & Human Services Appropriations & Oversight: 2/18/11, 2/21/11 [DPS].

#### Brief Summary of Substitute Bill

- Transfers to the Department of Health (DOH) all powers, duties, and functions of the Department of Social and Health Services (DSHS) regarding certification of chemical dependency treatment programs.
- Allows a chemical dependency treatment program to be certified by the DOH if the treatment program provides proof of accreditation by an organization that has standards substantially equivalent to those of the DOH.
- Requires the DOH to deem that a treatment program that is nationally accredited has met statutory inspection requirements if the standards of the accrediting organization meet the DOH standards.

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### HOUSE COMMITTEE ON EARLY LEARNING & HUMAN SERVICES

**Majority Report:** Do pass. Signed by 8 members: Representatives Kagi, Chair; Roberts, Vice Chair; Walsh, Ranking Minority Member; Hope, Assistant Ranking Minority Member; Dickerson, Goodman, Johnson and Orwall.

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*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.*

**Minority Report:** Do not pass. Signed by 1 member: Representative Overstreet.

**Staff:** Linda Merelle (786-7092).

**Background:**

All programs that provide chemical dependency services must obtain certification from the Department of Social and Health Services (DSHS). Chemical dependency treatment programs provide for the care, treatment, or rehabilitation of people with alcoholism or drug dependency. These programs may either be public or private entities. A program must be certified by the DSHS for each of the chemical dependency services that it provides. These chemical dependency services may include: detoxification services, residential treatment services, outpatient treatment services, assessment services, and information and assistance services.

The DSHS's standards for providing chemical dependency assessments require that in cases where a diagnostic interview determines that the individual needs chemical dependency treatment, a chemical dependency professional or supervised trainee must evaluate the assessment using patient placement criteria. Patient placement criteria are based upon criteria for the admission, continued service, and discharge of patients as published by the American Society of Addiction Medicine. The DSHS is responsible for the approval of non-residential chemical dependency treatment facilities. Residential treatment programs that plan to undergo a remodel of their facility or to relocate the facility must get approval from the Department of Health (DOH) before relocation or remodeling.

A chemical dependency treatment provider who wishes to become certified must complete an application provided by the DSHS.

The following are some of the duties assigned to the DSHS regarding alcohol and substance abuse services:

- develop, encourage, and foster statewide, regional, and local plans and programs for the prevention and treatment of alcoholism and drug addiction;
- coordinate efforts and enlist assistance of public and private agencies, organizations and individuals interested in prevention and treatment of substance abuse;
- cooperate with public and private agencies in establishing and conducting programs to provide treatment for persons addicted to alcohol and drugs;
- cooperate with the Superintendent of Public Instruction, State Board of Education, schools, law enforcement, courts, and others in establishing programs and treatment for alcohol and drug addictions;
- prepare, publish, evaluate, and disseminate educational material regarding the nature and effects of alcohol and other drugs and the consequences of their use; and
- organize and foster training programs for persons engaged in treatment for addiction to alcohol and drugs.

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**Summary of Bill:**

Under this bill, all of the powers, duties, and functions of the DSHS regarding certification of chemical dependency treatment programs are transferred to the DOH.

The DOH will adopt rules establishing standards for treatment programs and develop an application form for applicants to obtain an initial certification to operate a treatment program or to renew a certification. Treatment programs that have already been approved by the Division of Behavioral Health and Recovery Services are subject to inspection by the DOH according to an established schedule. Upon the expiration of the certification of a treatment program approved by the DSHS, the treatment program must apply to the Secretary of Health for renewal of the certification. In adopting rules to implement the provisions of the bill, the Secretary of the DOH must consider rules already adopted by the DSHS.

#### Responsibility Retained by the Department of Social and Health Services.

The responsibilities regarding alcohol and substance abuse treatment other than the certification of treatment providers remains with the DSHS.

#### Acceptance of an Inspection by an Entity Other Than the Department of Health.

If a public or private treatment program submits proof of accreditation by an organization that the DOH has determined to have standards that are substantially equivalent to its own standards, the DOH must deem that such treatment program has met the inspection standards required under the bill. To be certified after having been inspected by an entity other than the DOH, the treatment program must provide the DOH with documentation of the inspection within 30 days of learning the results, and it must have satisfactorily completed an inspection by the DOH within the previous 12 months. The DOH may still inspect a treatment program at any time in the course of investigating a complaint.

#### Effective Dates.

As of July 1, 2012, the DSHS no longer will issue new or renewal certifications to treatment programs that were certified prior to July 1, 2012. Until July 1, 2013, an approved treatment program means a program certified by either the DOH or the DSHS.

The transfer of the responsibility of the certification of chemical dependency treatment programs takes effect July 1, 2012. As of July 1, 2013, an approved chemical dependency treatment program must be certified by the DOH.

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**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date:** The bill takes effect on July 1, 2012, except for sections 10 and 12, relating to programs solely certified by the Department of Health, which take effect on July 1, 2013.

**Staff Summary of Public Testimony:**

(In support) It makes sense to house all of the credentials in one department. Clinical staff is all governed by the DOH, and the beds are licensed by the DOH. Privatizing inspection would save the state and the providers money. The treatment providers would only have to answer to one master which would cause efficiencies. National accreditation is necessary to stay in business. The chemical dependency system will move forward with the times, and this is just one more improvement. A national standard is necessary to be competitive and to address the costs that are coming to providers. The DSHS and the DOH look at the same aspects of the program in their licensing and certification activities. The more we can consolidate oversight, the more effective we think it will be. Twenty-six states already mandate national accreditation. This bill assures accountability, efficiency, and cost effectiveness. It makes a lot of sense if licensing is under the DOH since addiction is a health issue.

(Opposed) The Division of Behavioral Health and Recovery Services has not raised its fees since 1982 and has waived all fees for publicly supported providers. It currently issues licenses for 590 chemical dependency treatment programs. Many of those programs have served individuals who are chemically dependent and mentally ill. Health care reform will drive many changes in the next five years, and moving the certification responsibility to the DOH runs counter to streamlining. Approximately one-third of the 370 chemical dependency treatment programs are also licensed community mental health agencies which would mean that they would be regulated by two agencies.

**Persons Testifying:** (In support) Scott Munson, Sundown Ranch; Pam Stoneburg, Cascade Recovery; Linda Grant, Evergreen Manor; and Beratta Gomillion, Center for Human Services.

(Opposed) Victoria Roberts, Division of Behavioral Health and Recovery, Department of Social and Health Services.

**Persons Signed In To Testify But Not Testifying:** None.

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## HOUSE COMMITTEE ON HEALTH & HUMAN SERVICES APPROPRIATIONS & OVERSIGHT

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 7 members: Representatives Dickerson, Chair; Appleton, Vice Chair; Cody, Green, Kagi, Pettigrew and Walsh.

**Minority Report:** Do not pass. Signed by 4 members: Representatives Johnson, Ranking Minority Member; Schmick, Assistant Ranking Minority Member; Harris and Overstreet.

**Staff:** Andy Toulon (786-7178).

**Summary of Recommendation of Committee On Health & Human Services Appropriations & Oversight Compared to Recommendation of Committee On Early Learning & Human Services:**

The substitute bill adds an intent section which states that the Legislature intends to reduce costs and to promote efficiency. A provision is added to clarify that treatment programs certified by an accrediting organization either identified in the bill or determined by the Department of Health (DOH) to have standards substantially equivalent to its own are not required to submit an application that demonstrates their ability to comply with required standards. The DOH is also required to deem that a treatment program that is accredited meets statutory requirements for inspection if the standards of the accrediting organization meet the DOH standards.

A provision allowing the DOH to conduct an inspection in the course of investigating complaints is broadened to allow the DOH to also investigate other information which indicates a potential failure of a program to comply with requirements. The substitute bill also restores data-collecting functions regarding treatment programs to the Department of Social and Health Services (DSHS) rather than transferring the duty to the DOH as in the original bill.

**Appropriation:** None.

**Fiscal Note:** Preliminary fiscal note available.

**Effective Date of Substitute Bill:** The bill takes effect on July 1, 2012, except for sections 10 and 12, relating to programs solely certified by the Department of Health, which take effect on July 1, 2013.

**Staff Summary of Public Testimony:**

(In support) The bill consolidates certification functions of two organizations and will lead to reduced costs for providers. If the bill passes, more organizations will become accredited by national organizations which will result in increased standards. This will help providers compete with the primary care world as health care reform is implemented and there are greater expectations that providers be accredited.

(Opposed) The DSHS Division of Behavioral Health and Recovery (DBHR) is working to integrate mental health and chemical dependency services. There are 130 agencies jointly licensed for both mental health and chemical dependency services. This trend is increasing and is likely to be accelerated with health care reform. The functions of reviews done by the DOH and the DBHR are different. The DBHR is working on a set of integrated rules to facilitate licensure for dually-licensed providers. Under the proposed bill these providers will still need to work with both the DBHR (for mental health) and the DOH (for chemical dependency). There are over 500 outpatient providers that the DOH does not currently certify and this will be new work for the DOH.

**Persons Testifying:** (In support) Tim Liddle, Washington State Association of Independent Outpatient Providers; and Linda Grant, Evergreen Manor and Association of Alcoholism Programs.

(Opposed) David Dickinson, Department of Social and Health Services Division of Behavioral Health and Recovery.

**Persons Signed In To Testify But Not Testifying:** None.