CERTIFICATION OF ENROLLMENT

**ENGROSSED SUBSTITUTE HOUSE BILL 1427**

65th Legislature

2017 Regular Session

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| Passed by the House April 20, 2017  Yeas 88 Nays 8  **Speaker of the House of Representatives**  Passed by the Senate April 19, 2017  Yeas 49 Nays 0  **President of the Senate** | CERTIFICATE  I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE HOUSE BILL 1427** as passed by House of Representatives and the Senate on the dates hereon set forth.  **Chief Clerk** |
| Approved |  |
| **Governor of the State of Washington** | **Secretary of State**  **State of Washington** |

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**ENGROSSED SUBSTITUTE HOUSE BILL 1427**

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AS AMENDED BY THE SENATE

Passed Legislature - 2017 Regular Session

**State of Washington 65th Legislature 2017 Regular Session**

**By** House Health Care & Wellness (originally sponsored by Representatives Cody, Jinkins, Peterson, and Pollet)

AN ACT Relating to opioid treatment programs; amending RCW 70.225.040, 71.24.560, 71.24.585, 71.24.590, 71.24.590, 71.24.595, and 71.24.595; adding a new section to chapter 18.22 RCW; adding a new section to chapter 18.32 RCW; adding a new section to chapter 18.57 RCW; adding a new section to chapter 18.57A RCW; adding a new section to chapter 18.71 RCW; adding a new section to chapter 18.71A RCW; adding a new section to chapter 18.79 RCW; adding a new section to chapter 70.225 RCW; adding a new section to chapter 71.24 RCW; creating a new section; and providing contingent effective dates.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. **Sec.**  The legislature finds that in 2015 an average of two Washington residents died per day in this state from opioid overdose and that opioid overdose deaths have more than doubled between 2010 and 2015.

The legislature further finds that medically prescribed opioids intended to treat pain have contributed to the opioid epidemic and although Washington has done much to address the prescribing and tracking of opioid prescriptions, more needs to be done to ensure proper prescribing and use of opioids and access to treatment. This includes allowing local health officers to access the prescription monitoring program in order to provide patient follow-up and care coordination, including directing care to opioid treatment programs in the area as appropriate to the patient following an overdose event.

The legislature intends to streamline its already comprehensive system of tracking and treating opioid abuse by: Reducing barriers to the siting of opioid treatment programs; ensuring ease of access for prescribers, including those prescribers who provide services in opioid treatment programs, to the prescription monitoring program; allowing facilities and practitioners to use the information received under the prescription monitoring program for the purpose of providing individual prescriber quality improvement feedback; and requiring the boards and commissions of the health care professions with prescriptive authority to adopt rules establishing requirements for prescribing opioid drugs with the goal of reducing the number of people who inadvertently become addicted to opioids and, consequently, reducing the burden on opioid treatment programs.

NEW SECTION. **Sec.**  A new section is added to chapter 18.22 RCW to read as follows:

(1) By January 1, 2019, the board must adopt rules establishing requirements for prescribing opioid drugs. The rules may contain exemptions based on education, training, amount of opioids prescribed, patient panel, and practice environment.

(2) In developing the rules, the board must consider the agency medical directors' group and centers for disease control guidelines, and may consult with the department of health, the University of Washington, and the largest professional association of podiatric physicians and surgeons in the state.

NEW SECTION. **Sec.**  A new section is added to chapter 18.32 RCW to read as follows:

(1) By January 1, 2019, the commission must adopt rules establishing requirements for prescribing opioid drugs. The rules may contain exemptions based on education, training, amount of opioids prescribed, patient panel, and practice environment.

(2) In developing the rules, the commission must consider the agency medical directors' group and centers for disease control guidelines, and may consult with the department of health, the University of Washington, and the largest professional association of dentists in the state.

NEW SECTION. **Sec.**  A new section is added to chapter 18.57 RCW to read as follows:

(1) By January 1, 2019, the board must adopt rules establishing requirements for prescribing opioid drugs. The rules may contain exemptions based on education, training, amount of opioids prescribed, patient panel, and practice environment.

(2) In developing the rules, the board must consider the agency medical directors' group and centers for disease control guidelines, and may consult with the department of health, the University of Washington, and the largest professional association of osteopathic physicians and surgeons in the state.

NEW SECTION. **Sec.**  A new section is added to chapter 18.57A RCW to read as follows:

(1) By January 1, 2019, the board must adopt rules establishing requirements for prescribing opioid drugs. The rules may contain exemptions based on education, training, amount of opioids prescribed, patient panel, and practice environment.

(2) In developing the rules, the board must consider the agency medical directors' group and centers for disease control guidelines, and may consult with the department of health, the University of Washington, and the largest professional association of osteopathic physician assistants in the state.

NEW SECTION. **Sec.**  A new section is added to chapter 18.71 RCW to read as follows:

(1) By January 1, 2019, the commission must adopt rules establishing requirements for prescribing opioid drugs. The rules may contain exemptions based on education, training, amount of opioids prescribed, patient panel, and practice environment.

(2) In developing the rules, the commission must consider the agency medical directors' group and centers for disease control guidelines, and may consult with the department of health, the University of Washington, and the largest professional association of physicians in the state.

NEW SECTION. **Sec.**  A new section is added to chapter 18.71A RCW to read as follows:

(1) By January 1, 2019, the commission must adopt rules establishing requirements for prescribing opioid drugs. The rules may contain exemptions based on education, training, amount of opioids prescribed, patient panel, and practice environment.

(2) In developing the rules, the commission must consider the agency medical directors' group and centers for disease control guidelines, and may consult with the department of health, the University of Washington, and the largest professional association of physician assistants in the state.

NEW SECTION. **Sec.**  A new section is added to chapter 18.79 RCW to read as follows:

(1) By January 1, 2019, the commission must adopt rules establishing requirements for prescribing opioid drugs. The rules may contain exemptions based on education, training, amount of opioids prescribed, patient panel, and practice environment.

(2) In developing the rules, the commission must consider the agency medical directors' group and centers for disease control guidelines, and may consult with the department of health, the University of Washington, and the largest professional associations for advanced registered nurse practitioners and certified registered nurse anesthetists in the state.

**Sec.**  RCW 70.225.040 and 2016 c 104 s 1 are each amended to read as follows:

(1) Prescription information submitted to the department must be confidential, in compliance with chapter 70.02 RCW and federal health care information privacy requirements and not subject to disclosure, except as provided in subsections (3) ((~~and~~)), (4), and (5) of this section.

(2) The department must maintain procedures to ensure that the privacy and confidentiality of patients and patient information collected, recorded, transmitted, and maintained is not disclosed to persons except as in subsections (3) ((~~and~~)), (4), and (5) of this section.

(3) The department may provide data in the prescription monitoring program to the following persons:

(a) Persons authorized to prescribe or dispense controlled substances or legend drugs, for the purpose of providing medical or pharmaceutical care for their patients;

(b) An individual who requests the individual's own prescription monitoring information;

(c) Health professional licensing, certification, or regulatory agency or entity;

(d) Appropriate law enforcement or prosecutorial officials, including local, state, and federal officials and officials of federally recognized tribes, who are engaged in a bona fide specific investigation involving a designated person;

(e) Authorized practitioners of the department of social and health services and the health care authority regarding medicaid program recipients;

(f) The director or the director's designee within the health care authority regarding medicaid clients for the purposes of quality improvement, patient safety, and care coordination. The information may not be used for contracting or value-based purchasing decisions;

(g) The director or director's designee within the department of labor and industries regarding workers' compensation claimants;

((~~(g)~~)) (h) The director or the director's designee within the department of corrections regarding offenders committed to the department of corrections;

((~~(h)~~)) (i) Other entities under grand jury subpoena or court order;

((~~(i)~~)) (j) Personnel of the department for purposes of:

(i) Assessing prescribing practices, including controlled substances related to mortality and morbidity;

(ii) Providing quality improvement feedback to providers, including comparison of their respective data to aggregate data for providers with the same type of license and same specialty; and

(iii) Administration and enforcement of this chapter or chapter 69.50 RCW;

((~~(j)~~)) (k) Personnel of a test site that meet the standards under RCW 70.225.070 pursuant to an agreement between the test site and a person identified in (a) of this subsection to provide assistance in determining which medications are being used by an identified patient who is under the care of that person;

((~~(k)~~)) (l) A health care facility or entity for the purpose of providing medical or pharmaceutical care to the patients of the facility or entity, or for quality improvement purposes if:

(i) The facility or entity is licensed by the department or is operated by the federal government or a federally recognized Indian tribe; and

(ii) The facility or entity is a trading partner with the state's health information exchange; ((~~and~~

~~(l)~~)) (m) A health care provider group of five or more providers for purposes of providing medical or pharmaceutical care to the patients of the provider group, or for quality improvement purposes if:

(i) All the providers in the provider group are licensed by the department or the provider group is operated by the federal government or a federally recognized Indian tribe; and

(ii) The provider group is a trading partner with the state's health information exchange;

(n) The local health officer of a local health jurisdiction for the purposes of patient follow-up and care coordination following a controlled substance overdose event. For the purposes of this subsection "local health officer" has the same meaning as in RCW 70.05.010; and

(o) The coordinated care electronic tracking program developed in response to section 213, chapter 7, Laws of 2012 2nd sp. sess., commonly referred to as the seven best practices in emergency medicine, for the purposes of providing:

(i) Prescription monitoring program data to emergency department personnel when the patient registers in the emergency department; and

(ii) Notice to providers, appropriate care coordination staff, and prescribers listed in the patient's prescription monitoring program record that the patient has experienced a controlled substance overdose event. The department shall determine the content and format of the notice in consultation with the Washington state hospital association, Washington state medical association, and Washington state health care authority, and the notice may be modified as necessary to reflect current needs and best practices.

(4) The department shall, on at least a quarterly basis, and pursuant to a schedule determined by the department, provide a facility or entity identified under subsection (3)(l) of this section or a provider group identified under subsection (3)(m) of this section with facility or entity and individual prescriber information if the facility, entity, or provider group:

(a) Uses the information only for internal quality improvement and individual prescriber quality improvement feedback purposes and does not use the information as the sole basis for any medical staff sanction or adverse employment action; and

(b) Provides to the department a standardized list of current prescribers of the facility, entity, or provider group. The specific facility, entity, or provider group information provided pursuant to this subsection and the requirements under this subsection must be determined by the department in consultation with the Washington state hospital association, Washington state medical association, and Washington state health care authority, and may be modified as necessary to reflect current needs and best practices.

(5)(a) The department may provide data to public or private entities for statistical, research, or educational purposes after removing information that could be used to identify individual patients, dispensers, prescribers, and persons who received prescriptions from dispensers.

(b)(i) The department may provide dispenser and prescriber data and data that includes indirect patient identifiers to the Washington state hospital association for use solely in connection with its coordinated quality improvement program maintained under RCW 43.70.510 after entering into a data use agreement as specified in RCW 43.70.052(8) with the association.

(ii) For the purposes of this subsection, "indirect patient identifiers" means data that may include: Hospital or provider identifiers, a five-digit zip code, county, state, and country of resident; dates that include month and year; age in years; and race and ethnicity; but does not include the patient's first name; middle name; last name; social security number; control or medical record number; zip code plus four digits; dates that include day, month, and year; or admission and discharge date in combination.

((~~(5) A dispenser or practitioner~~)) (6) Persons authorized in subsections (3), (4), and (5) of this section to receive data in the prescription monitoring program from the department, acting in good faith ((~~is~~)), are immune from any civil, criminal, disciplinary, or administrative liability that might otherwise be incurred or imposed for ((~~requesting, receiving, or using information from the program~~)) acting under this chapter.

NEW SECTION. **Sec.**  A new section is added to chapter 70.225 RCW to read as follows:

Beginning November 15, 2017, the department shall annually report to the governor and the appropriate committees of the legislature on the number of facilities, entities, or provider groups identified in RCW 70.225.040(3) (l) and (m) that have integrated their federally certified electronic health records with the prescription monitoring program utilizing the state health information exchange.

**Sec.**  RCW 71.24.560 and 2016 sp.s. c 29 s 506 are each amended to read as follows:

(1) All approved ((~~opiate substitution~~)) opioid treatment programs that provide services to women who are pregnant are required to disseminate up-to-date and accurate health education information to all their pregnant clients concerning the possible addiction and health risks that their ((~~opiate substitution~~)) treatment may have on their baby. All pregnant clients must also be advised of the risks to both them and their baby associated with not remaining on the ((~~opiate substitute~~)) opioid treatment program. The information must be provided to these clients both verbally and in writing. The health education information provided to the pregnant clients must include referral options for the ((~~addicted~~)) substance-exposed baby.

(2) The department shall adopt rules that require all ((~~opiate~~)) opioid treatment programs to educate all pregnant women in their program on the benefits and risks of ((~~methadone~~)) medication-assisted treatment to their fetus before they are provided these medications, as part of their ((~~addiction~~)) treatment. The department shall meet the requirements under this subsection within the appropriations provided for ((~~opiate~~)) opioid treatment programs. The department, working with treatment providers and medical experts, shall develop and disseminate the educational materials to all certified ((~~opiate~~)) opioid treatment programs.

**Sec.**  RCW 71.24.585 and 2016 sp.s. c 29 s 519 are each amended to read as follows:

The state of Washington declares that there is no fundamental right to ((~~opiate substitution~~)) medication-assisted treatment for opioid use disorder. The state of Washington further declares that while ((~~opiate substitution drugs~~)) medications used in the treatment of ((~~opiate dependency~~)) opioid use disorder are addictive substances, that they nevertheless have several legal, important, and justified uses and that one of their appropriate and legal uses is, in conjunction with other required therapeutic procedures, in the treatment of persons ((~~addicted to or habituated to opioids~~)) with opioid use disorder. The state of Washington recognizes as evidence-based for the management of opioid use disorder the medications approved by the federal food and drug administration for the treatment of opioid use disorder. ((~~Opiate substitution~~)) Medication-assisted treatment should only be used for participants who are deemed appropriate to need this level of intervention ((~~and should not be the first treatment intervention for all opiate addicts~~)). Providers must inform patients of all treatment options available. The provider and the patient shall consider alternative treatment options, like abstinence, when developing the treatment plan. If medications are prescribed, follow up must be included in the treatment plan in order to work towards the goal of abstinence.

Because ((~~opiate substitution drugs, used in the treatment of opiate dependency are addictive and are listed as a schedule II~~)) some such medications are controlled substances in chapter 69.50 RCW, the state of Washington ((~~has~~)) maintains the legal obligation and right to regulate the ((~~use of opiate substitution treatment. The state of Washington declares its authority to control and regulate carefully, in consultation with counties and cities, all clinical uses of opiate substitution drugs used in the treatment of opiate addiction~~)) clinical uses of these medications in the treatment of opioid use disorder.

Further, the state declares that the ((~~primary~~)) main goal of opiate substitution treatment is total abstinence from substance use for the individuals who participate in the treatment program, but recognizes the additional goals of reduced morbidity, and restoration of the ability to lead a productive and fulfilling life. The state recognizes that a small percentage of persons who participate in ((~~opiate substitution~~)) opioid treatment programs require treatment for an extended period of time. ((~~Opiate substitution~~)) Opioid treatment programs shall provide a comprehensive transition program to eliminate substance use, including ((~~opiate and opiate substitute addiction~~)) opioid use of program participants.

NEW SECTION. **Sec.**  A new section is added to chapter 71.24 RCW to read as follows:

The state declares that a person lawfully possessing or using lawfully prescribed medication for the treatment of opioid use disorder must be treated the same in judicial and administrative proceedings as a person lawfully possessing or using other lawfully prescribed medications.

**Sec.**  RCW 71.24.590 and 2001 c 242 s 2 are each amended to read as follows:

(1) ((~~For purposes of this section, "area" means the county in which an applicant proposes to locate a certified program and counties adjacent, or near to, the county in which the program is proposed to be located.~~))

When making a decision on an application for certification of a program, the department shall:

(a) Consult with the county legislative authorities in the area in which an applicant proposes to locate a program and the city legislative authority in any city in which an applicant proposes to locate a program;

(b) Certify only programs that will be sited in accordance with the appropriate county or city land use ordinances. Counties and cities may require conditional ((~~or special~~)) use permits with reasonable conditions for the siting of programs. Pursuant to RCW 36.70A.200, no local comprehensive plan or development regulation may preclude the siting of essential public facilities;

(c) Not discriminate in its certification decision on the basis of the corporate structure of the applicant;

(d) Consider the size of the population in need of treatment in the area in which the program would be located and certify only applicants whose programs meet the necessary treatment needs of that population;

(e) ((~~Demonstrate a need in the community for opiate substitution treatment and not certify more program slots than justified by the need in that community. No program shall exceed three hundred fifty participants unless specifically authorized by the county in which the program is certified;~~

~~(f)~~)) Consider the availability of other certified opioid treatment programs near the area in which the applicant proposes to locate the program;

((~~(g)~~)) (f) Consider the transportation systems that would provide service to the program and whether the systems will provide reasonable opportunities to access the program for persons in need of treatment;

((~~(h)~~)) (g) Consider whether the applicant has, or has demonstrated in the past, the capability to provide the appropriate services to assist the persons who utilize the program in meeting goals established by the legislature((~~, including abstinence from opiates and opiate substitutes, obtaining mental health treatment, improving economic independence, and reducing adverse consequences associated with illegal use of controlled substances~~)) in RCW 71.24.585. The department shall prioritize certification to applicants who have demonstrated such capability and are able to measure their success in meeting such outcomes;

((~~(i)~~)) (h) Hold ((~~at least~~)) one public hearing in the ((~~county~~)) community in which the facility is proposed to be located ((~~and one hearing in the area in which the facility is proposed to be located~~)). The hearing shall be held at a time and location that are most likely to permit the largest number of interested persons to attend and present testimony. The department shall notify all appropriate media outlets of the time, date, and location of the hearing at least three weeks in advance of the hearing.

(2) A county may impose a maximum capacity for a program of not
less than three hundred fifty participants if necessary to address
specific local conditions cited by the county.

(3) A program applying for certification from the department and a program applying for a contract from a state agency that has been denied the certification or contract shall be provided with a written notice specifying the rationale and reasons for the denial.

((~~(3)~~)) (4) For the purpose of this chapter, ((~~opiate substitution~~)) opioid treatment program means:

(a) Dispensing ((~~an opiate substitution drug~~)) a medication approved by the federal drug administration for the treatment of ((~~opiate addiction~~)) opioid use disorder and dispensing medication for the reversal of opioid overdose; and

(b) Providing a comprehensive range of medical and rehabilitative services.

**Sec.**  RCW 71.24.590 and 2001 c 242 s 2 are each amended to read as follows:

(1) ((~~For purposes of this section, "area" means the county in which an applicant proposes to locate a certified program and counties adjacent, or near to, the county in which the program is proposed to be located.~~))

When making a decision on an application for licensing or certification of a program, the department shall:

(a) Consult with the county legislative authorities in the area in which an applicant proposes to locate a program and the city legislative authority in any city in which an applicant proposes to locate a program;

(b) License or certify only programs that will be sited in accordance with the appropriate county or city land use ordinances. Counties and cities may require conditional ((~~or special~~)) use permits with reasonable conditions for the siting of programs. Pursuant to RCW 36.70A.200, no local comprehensive plan or development regulation may preclude the siting of essential public facilities;

(c) Not discriminate in its licensing or certification decision on the basis of the corporate structure of the applicant;

(d) Consider the size of the population in need of treatment in the area in which the program would be located and license or certify only applicants whose programs meet the necessary treatment needs of that population;

(e) ((~~Demonstrate a need in the community for opiate substitution treatment and not certify more program slots than justified by the need in that community. No program shall exceed three hundred fifty participants unless specifically authorized by the county in which the program is certified;~~

~~(f)~~)) Consider the availability of other licensed or certified opioid treatment programs near the area in which the applicant proposes to locate the program;

((~~(g)~~)) (f) Consider the transportation systems that would provide service to the program and whether the systems will provide reasonable opportunities to access the program for persons in need of treatment;

((~~(h)~~)) (g) Consider whether the applicant has, or has demonstrated in the past, the capability to provide the appropriate services to assist the persons who utilize the program in meeting goals established by the legislature((~~, including abstinence from opiates and opiate substitutes, obtaining mental health treatment, improving economic independence, and reducing adverse consequences associated with illegal use of controlled substances~~)) in RCW 71.24.585. The department shall prioritize licensing or certification to applicants who have demonstrated such capability and are able to measure their success in meeting such outcomes;

((~~(i)~~)) (h) Hold ((~~at least~~)) one public hearing in the ((~~county~~)) community in which the facility is proposed to be located ((~~and one hearing in the area in which the facility is proposed to be located~~)). The hearing shall be held at a time and location that are most likely to permit the largest number of interested persons to attend and present testimony. The department shall notify all appropriate media outlets of the time, date, and location of the hearing at least three weeks in advance of the hearing.

(2) A county may impose a maximum capacity for a program of not
less than three hundred fifty participants if necessary to address
specific local conditions cited by the county.

(3) A program applying for licensing or certification from the department and a program applying for a contract from a state agency that has been denied the licensing or certification or contract shall be provided with a written notice specifying the rationale and reasons for the denial.

((~~(3)~~)) (4) For the purpose of this chapter, ((~~opiate substitution~~)) opioid treatment program means:

(a) Dispensing ((~~an opiate substitution drug~~)) a medication approved by the federal drug administration for the treatment of ((~~opiate addiction~~)) opioid use disorder and dispensing medication for the reversal of opioid overdose; and

(b) Providing a comprehensive range of medical and rehabilitative services.

**Sec.**  RCW 71.24.595 and 2003 c 207 s 6 are each amended to read as follows:

(1) The department, in consultation with ((~~opiate substitution~~)) opioid treatment program service providers and counties and cities, shall establish statewide treatment standards for certified ((~~opiate substitution~~)) opioid treatment programs. The department shall enforce these treatment standards. The treatment standards shall include, but not be limited to, reasonable provisions for all appropriate and necessary medical procedures, counseling requirements, urinalysis, and other suitable tests as needed to ensure compliance with this chapter.

(2) The department, in consultation with ((~~opiate substitution~~)) opioid treatment programs and counties, shall establish statewide operating standards for certified ((~~opiate substitution~~)) opioid treatment programs. The department shall enforce these operating standards. The operating standards shall include, but not be limited to, reasonable provisions necessary to enable the department and counties to monitor certified and licensed ((~~opiate substitution~~)) opioid treatment programs for compliance with this chapter and the treatment standards authorized by this chapter and to minimize the impact of the ((~~opiate substitution~~)) opioid treatment programs upon the business and residential neighborhoods in which the program is located.

(3) ((~~The department shall establish criteria for evaluating the compliance of opiate substitution treatment programs with the goals and standards established under this chapter. As a condition of certification, opiate substitution programs shall submit an annual report to the department and county legislative authority, including data as specified by the department necessary for outcome analysis.~~)) The department shall analyze and evaluate the data submitted by each treatment program and take corrective action where necessary to ensure compliance with the goals and standards enumerated under this chapter. Opioid treatment programs are subject to the oversight required for other substance use disorder treatment programs, as described in this chapter.

**Sec.**  RCW 71.24.595 and 2003 c 207 s 6 are each amended to read as follows:

(1) The department, in consultation with ((~~opiate substitution~~)) opioid treatment program service providers and counties and cities, shall establish statewide treatment standards for licensed or certified ((~~opiate substitution~~)) opioid treatment programs. The department shall enforce these treatment standards. The treatment standards shall include, but not be limited to, reasonable provisions for all appropriate and necessary medical procedures, counseling requirements, urinalysis, and other suitable tests as needed to ensure compliance with this chapter.

(2) The department, in consultation with ((~~opiate substitution~~)) opioid treatment programs and counties, shall establish statewide operating standards for certified ((~~opiate substitution~~)) opioid treatment programs. The department shall enforce these operating standards. The operating standards shall include, but not be limited to, reasonable provisions necessary to enable the department and counties to monitor certified ((~~and~~)) or licensed ((~~opiate substitution~~)) opioid treatment programs for compliance with this chapter and the treatment standards authorized by this chapter and to minimize the impact of the ((~~opiate substitution~~)) opioid treatment programs upon the business and residential neighborhoods in which the program is located.

(3) ((~~The department shall establish criteria for evaluating the compliance of opiate substitution treatment programs with the goals and standards established under this chapter. As a condition of certification, opiate substitution programs shall submit an annual report to the department and county legislative authority, including data as specified by the department necessary for outcome analysis.~~)) The department shall analyze and evaluate the data submitted by each treatment program and take corrective action where necessary to ensure compliance with the goals and standards enumerated under this chapter. Opioid treatment programs are subject to the oversight required for other substance use disorder treatment programs, as described in this chapter.

NEW SECTION. **Sec.**  Sections 14 and 16 of this act take effect only if neither Substitute House Bill No. 1388 (including any later amendments or substitutes) nor Substitute Senate Bill No. 5259 (including any later amendments or substitutes) is signed into law by the governor by the effective date of this section.

NEW SECTION. **Sec.**  Sections 15 and 17 of this act take effect only if Substitute House Bill No. 1388 (including any later amendments or substitutes) or Substitute Senate Bill No. 5259 (including any later amendments or substitutes) is signed into law by the governor by the effective date of this section.

**--- END ---**