

HOUSE BILL ANALYSIS

ESSB 5019

Title: An act relating to opiate substitution treatment programs.

Brief Description: Changing provisions relating to opiate substitution treatment programs.

Sponsors: Senators Patterson, Thibaudeau and McAuliffe.

HOUSE COMMITTEE ON CHILDREN & FAMILY SERVICES

Meeting Date: February 16, 2000.

Bill Analysis Prepared by: Deborah Frazier (786-7152).

Background: Methadone and other opiates are Schedule II controlled substances under state law, meaning the substance has high potential for abuse, but the substance also has currently accepted medical use. Methadone and other opiate substitutes are also highly regulated at the federal level.

Opiate substitutes are used to treat individuals with heroin addiction. Under current law, treatment programs are certified by the Department of Social and Health Services (DSHS) to administer methadone, and, caseloads are limited to 350 persons per program. Counties have the authority to prohibit treatment programs. Physicians are not authorized to dispense opiate substitutes within their own individual practices for heroin addiction.

Certified treatment programs have been in place in Washington for more than 25 years. Clinics are currently operating at 11 sites in four counties. Six clinics and one mobile unit serve King County. Pierce County has two clinics; Spokane and Yakima counties each have one clinic. Residents of Clark County are served by a treatment program in Portland, Oregon.

These programs served approximately 4,500 persons in 1999 at a cost of \$5.1 million, of which \$1.8 million was state funds. Waiting lists range from one week to six months for publicly funded slots. An estimated 38,000 Washington residents are addicted to heroin.

Summary of Bill: Engrossed Substitute Senate Bill 5019 replaces the term "methadone and other like pharmacological drugs" with "opiate substitution drugs."

The bill removes counties from the role of authorizing and regulating opiate substitution treatment. Counties and cities must be consulted by the state in the control and

regulation of opiate substitution. The DSHS must consider a variety of factors in deciding whether to certify a treatment program, including:

- that the program will be sited in accordance with county or city land use ordinances;
- the size of the population in need of treatment in the area;
- the availability of other certified programs near the area;
- the transportation systems that would provide service to the program; and
- the capability to provide the appropriate services to meet 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.

The department must hold public hearings in the county where the treatment program is proposed to be located, and in the area defined as "adjacent or nearby counties".

The annual rate of expansion for certified programs is limited to 10 percent, and is subject to appropriations. The department is directed to request the funding necessary to expand certified programs as needed, not to exceed the 10 percent annual growth rate. The current caseload limit of 350 per treatment program is eliminated.

The department is authorized to establish a pilot program of physician office-based dispensation of opiate substitutes. The pilot would be limited to 10 licensed physicians statewide. The department would certify physicians to participate, based on a number of factors. The pilot program expires on June 1, 2002. The Washington State Institute for Public Policy will evaluate the pilot and report by June 1, 2001.

Appropriation: None.

Fiscal Note: Available.

Effective Date: Ninety days after adjournment of session in which bill is passed.