

3SHB 1713 - S COMM AMD
By Committee on Ways & Means

1 Strike everything after the enacting clause and insert the
2 following:

3 "NEW SECTION. **Sec. 1.** (1) In 2014, the legislature required the
4 integration of the treatment systems for chemical dependency and
5 mental health into behavioral health organizations beginning April 1,
6 2016. There currently exists involuntary treatment for mental health
7 and limited involuntary treatment for chemical dependency. With the
8 integration of mental health and chemical dependency into a
9 behavioral health treatment system, it is the intention of the
10 legislature to determine the best course of action for integration of
11 the two involuntary treatment systems into one integrated system.

12 (2) The Washington state institute for public policy shall
13 complete an evaluation of involuntary treatment systems for chemical
14 dependency and shall submit a report to the appropriate committees of
15 the legislature by December 15, 2016. To the extent it is not
16 duplicative of other studies, the report must study how other states
17 have implemented involuntary chemical dependency treatment with
18 respect to emergency and nonemergency detentions. The study must
19 include, but not be limited to:

20 (a) Court processes for referral for involuntary chemical
21 dependency treatment;

22 (b) Statutory lengths of stay;

23 (c) Types of professionals providing evaluation and referral for
24 treatment;

25 (d) Required qualifications of professionals providing evaluation
26 and referral for treatment;

27 (e) Number of beds per one thousand residents;

28 (f) Less restrictive alternatives to detention; and

29 (g) Integration of involuntary mental health and chemical
30 dependency treatment processes.

31 (3) The Washington state institute for public policy shall update
32 its analyses of Washington's integrated crisis response pilots

1 published in 2007, 2008, and 2011 using the institute's most recent
2 cost benefit analysis methodology.

3 NEW SECTION. **Sec. 2.** (1) This section is the tax preference
4 performance statement for the tax preference contained in section 3
5 of this act. This performance statement is only intended to be used
6 for subsequent evaluation of the tax preference. It is not intended
7 to create a private right of action by any party or be used to
8 determine eligibility for preferential tax treatment.

9 (2) The legislature categorizes this tax preference as one
10 intended to reduce structural inefficiencies in the tax structure as
11 indicated in RCW 82.32.808(2)(d).

12 (3) It is the legislature's specific public policy objective to
13 increase the funds available for community treatment of mental health
14 and chemical dependency disorders under a government-funded program.
15 It is the legislature's intent to provide tax relief to behavioral
16 health organizations and health or social welfare organizations in
17 order to increase the funds available for community treatment.

18 (4) It is not intended for this tax preference to extend beyond
19 January 1, 2020, because on that date the community behavioral health
20 program must be fully integrated in a managed care health system
21 under RCW 71.24.850(2).

22 **Sec. 3.** RCW 82.04.4277 and 2014 c 225 s 104 are each amended to
23 read as follows:

24 (1) A health or social welfare organization may deduct from the
25 measure of tax amounts received as compensation for providing mental
26 health services or chemical dependency services under a government-
27 funded program.

28 (2) A behavioral health organization may deduct from the measure
29 of tax amounts received from the state of Washington for distribution
30 to a health or social welfare organization that is eligible to deduct
31 the distribution under subsection (1) of this section.

32 (3) A person claiming a deduction under this section must file a
33 complete annual report with the department under RCW 82.32.534.

34 (4) The definitions in this subsection apply ~~((to this section))~~
35 throughout this section unless the context clearly requires
36 otherwise.

37 (a) "Chemical dependency" has the same meaning as provided in RCW
38 70.96A.020.

1 **(b)** "Health or social welfare organization" has the meaning
2 provided in RCW 82.04.431.

3 ~~((b))~~ **(c)** "Mental health services" and "behavioral health
4 organization" have the meanings provided in RCW 71.24.025.

5 (5) This section expires (~~August 1, 2016~~) January 1, 2020.

6 **Sec. 4.** RCW 70.96A.097 and 1998 c 296 s 28 are each amended to
7 read as follows:

8 (1) The department shall ensure that, for any minor admitted to
9 inpatient treatment under RCW 70.96A.245, a review is conducted by a
10 physician or (~~chemical dependency~~) substance use disorder
11 counselor, as defined in rule by the department, who is employed by
12 the department or an agency under contract with the department and
13 who neither has a financial interest in continued inpatient treatment
14 of the minor nor is affiliated with the program providing the
15 treatment. The physician or (~~chemical dependency~~) substance use
16 disorder counselor shall conduct the review not less than seven nor
17 more than fourteen days following the date the minor was brought to
18 the facility under RCW 70.96A.245(1) to determine whether it is a
19 medical necessity to continue the minor's treatment on an inpatient
20 basis.

21 (2) In making a determination under subsection (1) of this
22 section whether it is a medical necessity to release the minor from
23 inpatient treatment, the department shall consider the opinion of the
24 treatment provider, the safety of the minor, the likelihood the
25 minor's (~~chemical dependency~~) substance use disorder recovery will
26 deteriorate if released from inpatient treatment, and the wishes of
27 the parent or guardian.

28 (3) If, after any review conducted by the department under this
29 section, the department determines it is no longer a medical
30 necessity for a minor to receive inpatient treatment, the department
31 shall immediately notify the parents or guardian and the professional
32 person in charge. The professional person in charge shall release the
33 minor to the parents or guardian within twenty-four hours of
34 receiving notice. If the professional person in charge and the parent
35 or guardian believe that it is a medical necessity for the minor to
36 remain in inpatient treatment, the minor shall be released to the
37 parent or guardian on the second judicial day following the
38 department's determination in order to allow the parent or guardian
39 time to file an at-risk youth petition under chapter 13.32A RCW. If

1 the department determines it is a medical necessity for the minor to
2 receive outpatient treatment and the minor declines to obtain such
3 treatment, such refusal shall be grounds for the parent or guardian
4 to file an at-risk youth petition.

5 (4) The department may, subject to available funds, contract with
6 other governmental agencies for the conduct of the reviews conducted
7 under this section and may seek reimbursement from the parents, the
8 guardian, their insurance, or medicaid for the expense of any review
9 conducted by an agency under contract.

10 (5) In addition to the review required under this section, the
11 department may periodically determine and redetermine the medical
12 necessity of treatment for purposes of payment with public funds.

13 **Sec. 5.** RCW 70.96A.230 and 1998 c 296 s 24 are each amended to
14 read as follows:

15 Any provider of outpatient treatment who provides outpatient
16 treatment to a minor thirteen years of age or older shall provide
17 notice of the minor's request for treatment to the minor's parents
18 (~~(if: (1) The minor signs a written consent authorizing the~~
19 ~~disclosure; or (2) the treatment program director determines that the~~
20 ~~minor lacks capacity to make a rational choice regarding consenting~~
21 ~~to disclosure)) or guardian. The notice shall be made within seven
22 days of the request for treatment, excluding Saturdays, Sundays, and
23 holidays, and shall contain the name, location, and telephone number
24 of the facility providing treatment, and the name of a professional
25 person on the staff of the facility providing treatment who is
26 designated to discuss the minor's need for treatment with the parent
27 or guardian.~~

28 **Sec. 6.** RCW 70.96A.235 and 1998 c 296 s 25 are each amended to
29 read as follows:

30 Parental or guardian consent is required for inpatient (~~chemical~~
31 ~~dependency)) substance use disorder treatment of a minor, unless the
32 child meets the definition of a child in need of services in RCW
33 13.32A.030(~~(+4))~~) (5)(c) as determined by the department(~~(+ PROVIDED,~~
34 ~~That))~~). Parental or guardian consent is required for any treatment of
35 a minor under the age of thirteen.~~

36 This section does not apply to petitions filed under this
37 chapter.

1 **Sec. 7.** RCW 70.96A.240 and 1998 c 296 s 26 are each amended to
2 read as follows:

3 (1) The parent or guardian of a minor is not liable for payment
4 of inpatient or outpatient (~~(chemical dependency)~~) substance use
5 disorder treatment unless the parent or guardian has joined in the
6 consent to the treatment.

7 (2) The ability of a parent or guardian to apply to a certified
8 treatment program for the admission of his or her minor child does
9 not create a right to obtain or benefit from any funds or resources
10 of the state. However, the state may provide services for indigent
11 minors to the extent that funds are available (~~(therefor)~~).

12 **Sec. 8.** RCW 70.96A.245 and 1998 c 296 s 27 are each amended to
13 read as follows:

14 (1) A parent or guardian may bring, or authorize the bringing of,
15 his or her minor child to a certified treatment program and request
16 that a (~~(chemical dependency)~~) substance use disorder assessment be
17 conducted by a professional person to determine whether the minor
18 (~~(is chemically dependent and)~~) has a substance use disorder and is
19 in need of inpatient treatment.

20 (2) The consent of the minor is not required for admission,
21 evaluation, and treatment if the parent or guardian brings the minor
22 to the program.

23 (3) An appropriately trained professional person may evaluate
24 whether the minor (~~(is chemically dependent)~~) has a substance use
25 disorder. The evaluation shall be completed within twenty-four hours
26 of the time the minor was brought to the program, unless the
27 professional person determines that the condition of the minor
28 necessitates additional time for evaluation. In no event shall a
29 minor be held longer than seventy-two hours for evaluation. If, in
30 the judgment of the professional person, it is determined it is a
31 medical necessity for the minor to receive inpatient treatment, the
32 minor may be held for treatment. The facility shall limit treatment
33 to that which the professional person determines is medically
34 necessary to stabilize the minor's condition until the evaluation has
35 been completed. Within twenty-four hours of completion of the
36 evaluation, the professional person shall notify the department if
37 the child is held for treatment and of the date of admission.

1 (4) No provider is obligated to provide treatment to a minor
2 under the provisions of this section. No provider may admit a minor
3 to treatment under this section unless it is medically necessary.

4 (5) No minor receiving inpatient treatment under this section may
5 be discharged from the program based solely on his or her request.

6 **Sec. 9.** RCW 70.96A.250 and 1998 c 296 s 29 are each amended to
7 read as follows:

8 (1) A parent or guardian may bring, or authorize the bringing of,
9 his or her minor child to a provider of outpatient (~~chemical~~
10 ~~dependency~~) substance use disorder treatment and request that an
11 appropriately trained professional person examine the minor to
12 determine whether the minor has a (~~chemical-dependency~~) substance
13 use disorder and is in need of outpatient treatment.

14 (2) The consent of the minor is not required for evaluation if
15 the parent or guardian brings the minor to the provider.

16 (3) The professional person in charge of the program may evaluate
17 whether the minor has a (~~chemical-dependency~~) substance use
18 disorder and is in need of outpatient treatment.

19 (4) Any minor admitted to inpatient treatment under RCW
20 70.96A.245 shall be discharged immediately from inpatient treatment
21 upon written request of the parent or guardian.

22 **Sec. 10.** RCW 70.96A.255 and 1998 c 296 s 30 are each amended to
23 read as follows:

24 Following the review conducted under RCW 70.96A.097, a minor
25 child may petition the superior court for his or her release from the
26 facility. The petition may be filed not sooner than fourteen days
27 after the minor is admitted to the facility, or five days following
28 the review, whichever is later. The court shall release the minor
29 unless it finds, upon a preponderance of the evidence, that it is a
30 medical necessity for the minor to remain at the facility."

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31 On page 1, line 2 of the title, after "dependency;" strike the
32 remainder of the title and insert "amending RCW 82.04.4277,

1 70.96A.097, 70.96A.230, 70.96A.235, 70.96A.240, 70.96A.245,
2 70.96A.250, and 70.96A.255; creating new sections; and providing an
3 expiration date."

EFFECT: (1) Creates a study of states' processes and requirements for involuntary chemical dependency treatment and updates the analyses of Washington's integrated crisis response pilots.

(2) Extends a tax exemption to Behavioral Health Organizations from August 1, 2016, through December 31, 2019, and expands the exemption to include funds provided to the Behavioral Health Organizations for chemical dependency services.

(3) A guardian of a minor child, in addition to a parent, may initiate parent-initiated substance use disorder treatment on behalf of the minor and participate in associated decisions.

(4) A treatment provider that provides outpatient substance use disorder treatment to a minor thirteen years of age or older at the request of the minor must notify the parents or guardian of the minor.

(5) A minor child may file a petition in superior court to be released from a course of parent or guardian-initiated substance use disorder inpatient treatment not sooner than fourteen days after the minor's admission to the facility.

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