
SECOND SUBSTITUTE SENATE BILL 6150

State of Washington

65th Legislature

2018 Regular Session

By Senate Ways & Means (originally sponsored by Senators Cleveland, Rivers, Carlyle, Kuderer, Fain, Hasegawa, Mullet, Saldaña, Conway, Van De Wege, Chase, Keiser, and Lias; by request of Governor Inslee)

READ FIRST TIME 02/06/18.

1 AN ACT Relating to opioid use disorder treatment, prevention, and
2 related services; amending RCW 71.24.585, 71.24.595, 71.24.560,
3 71.24.011, 69.41.095, 71.24.585, 71.24.595, 70.225.010, 70.225.040,
4 and 70.168.090; amending 2005 c 70 s 1 (uncodified); adding new
5 sections to chapter 71.24 RCW; adding a new section to chapter 70.225
6 RCW; adding a new section to chapter 74.09 RCW; creating a new
7 section; and providing a contingent effective date.

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

9 **PART I**

10 NEW SECTION. **Sec. 1.** The legislature declares that opioid use
11 disorder is a public health crisis. State agencies must increase
12 access to evidence-based opioid use disorder treatment services,
13 promote coordination of services within the substance use disorder
14 treatment and recovery support system, strengthen partnerships
15 between opioid use disorder treatment providers and their allied
16 community partners, expand the use of the Washington state
17 prescription monitoring program, and support comprehensive school and
18 community-based substance use prevention services.

1 This act leverages the direction provided by the Washington state
2 interagency opioid working plan in order to address the opioid
3 epidemic challenging communities throughout the state.

4 Agencies administering state purchased health care programs, as
5 defined in RCW 41.05.011, shall coordinate activities to implement
6 the provisions of this act and the Washington state interagency
7 opioid working plan, explore opportunities to address the opioid
8 epidemic, and provide status updates as directed by the joint
9 legislative executive committee on health care oversight to promote
10 legislative and executive coordination.

11 **PART II**

12 **Sec. 2.** RCW 71.24.585 and 2017 c 297 s 12 are each amended to
13 read as follows:

14 ~~((The state of Washington declares that there is no fundamental
15 right to medication-assisted treatment for opioid use disorder.)) (1)~~
16 The state of Washington ~~((further))~~ declares that ~~((while))~~
17 medications used in the treatment of opioid use disorder are
18 ~~((addictive substances, that they nevertheless have several legal,
19 important, and justified uses and that one of their appropriate and
20 legal uses is, in conjunction with other required therapeutic
21 procedures, in the treatment of persons with opioid use disorder))~~
22 the most effective intervention to reduce deaths from opioid overdose
23 and keep people in treatment. The state of Washington recognizes
24 medications approved by the federal food and drug administration as
25 ~~((evidence based for the management of opioid use disorder the
26 medications approved by the federal food and drug administration for
27 the))~~ an integral component of treatment ~~((of))~~ for opioid use
28 disorder. ~~((Medication-assisted treatment should only be used for
29 participants who are deemed appropriate to need this level of
30 intervention.))~~ While medications have been shown to be the treatment
31 of choice for persons with opioid use disorder, many individuals will
32 also benefit from counseling and social supports. Providers must
33 inform patients of all evidence-based treatment options available
34 including both controlled and noncontrolled medications. ~~((The
35 provider and the patient shall consider alternative treatment
36 options, like abstinence, when developing the treatment plan. If
37 medications are prescribed, follow up must be included in the
38 treatment plan in order to work towards the goal of abstinence.))~~

1 Because some such medications are controlled substances in chapter
2 69.50 RCW, the state of Washington maintains the legal obligation and
3 right to regulate the (~~clinical~~) uses of these medications in the
4 treatment of opioid use disorder.

5 ~~((Further,))~~ (2) The department will promote the use of
6 medication therapies and other evidence-based strategies to address
7 the opioid epidemic in Washington state. Additionally, the department
8 will prioritize state resources for the provision of treatment and
9 recovery support services to:

10 (a) Entities which allow patients to maintain their use of
11 medications for opioid use disorder while engaging in services; and

12 (b) Entities which allow patients to start on medications for
13 opioid use disorder while enrolled in their services.

14 (3) The state declares that the main goals of (~~opioid~~
15 substitution treatment is total abstinence from substance use for the
16 individuals who participate in the treatment program, but recognizes
17 the additional goals of reduced morbidity, and restoration of the
18 ability to lead a productive and fulfilling life. The state
19 recognizes that a small percentage of persons who participate in
20 opioid treatment programs require treatment for an extended period of
21 time. Opioid treatment programs shall provide a comprehensive
22 transition program to eliminate substance use, including opioid use
23 of program participants)) treatment for persons with opioid use
24 disorder are the cessation of unprescribed opioid use, reduced
25 morbidity, and restoration of the ability to lead a productive and
26 fulfilling life.

27 (4) To achieve the goals in subsection (3) of this section, to
28 promote public health and safety, and to promote the efficient and
29 economic use of funding for the medicaid program under Title XIX of
30 the social security act, the health care authority may seek, receive,
31 and expend alternative sources of funding to support all aspects of
32 the state's response to the opioid crisis.

33 (5) The health care authority shall partner with the department
34 of social and health services, the department of corrections, the
35 department of health, and any other agencies or entities the
36 authority deems appropriate to develop a statewide approach to
37 leveraging medicaid funding to treat opioid use disorder and provide
38 emergency overdose treatment. Such alternative sources of funding may
39 include, but are not limited to:

1 (a) Seeking a section 1115 demonstration waiver from the federal
2 centers for medicare and medicaid services to fund opioid treatment
3 medications for persons eligible for medicaid at or during the time
4 of incarceration. The authority's application for any such waiver
5 must comply with all applicable federal requirements for obtaining
6 such waiver; and

7 (b) Soliciting and receiving private funds, grants, and donations
8 from any willing person or entity.

9 (6)(a) The department shall replicate effective approaches such
10 as opioid hub and spoke treatment networks to broaden outreach and
11 patient navigation with allied opioid use disorder community
12 partners, including but not limited to: Federally accredited opioid
13 treatment programs and substance use disorder treatment facilities,
14 jails, syringe exchange programs, community mental health centers,
15 and primary care clinics.

16 (b) To carry out this subsection (6), the department shall work
17 with the department of health and the health care authority to
18 promote coordination between medication-assisted treatment
19 prescribers, federally accredited opioid treatment programs and
20 substance use disorder treatment facilities, and state-certified
21 substance use disorder treatment agencies to:

22 (i) Increase patient choice in receiving medication and
23 counseling;

24 (ii) Strengthen relationships between opioid use disorder
25 providers; and

26 (iii) Acknowledge and address the challenges presented for
27 individuals needing treatment for multiple substance use disorders
28 simultaneously.

29 (7) State agencies shall review and promote positive outcomes
30 associated with the accountable communities of health funded opioid
31 projects and local law enforcement and human services opioid
32 collaborations as set forth in the Washington state interagency
33 opioid working plan.

34 (8) To achieve the goals in subsection (3) of this section, state
35 agencies must work together to increase outreach and education about
36 opioid overdoses to non-English speaking communities, this includes
37 developing a plan to collect data on the number of overdoses for non-
38 English speakers. The department of health must submit a report on
39 the data collection plan with recommendations for implementation to
40 the appropriate legislative committees by December 31, 2018.

1 **Sec. 3.** RCW 71.24.595 and 2017 c 297 s 16 are each amended to
2 read as follows:

3 (1) To achieve more medication options, the department shall work
4 with the department of health and the health care authority and its
5 medicaid managed care organizations, to eliminate barriers and
6 promote access to all effective medications known to address opioid
7 use disorders at state-certified opioid treatment programs.
8 Medications should include, but not be limited to: Methadone,
9 buprenorphine, and naltrexone. The department shall encourage the
10 distribution of naloxone to patients who are at risk of an opioid
11 overdose.

12 (2) The department, in consultation with opioid treatment program
13 service providers and counties and cities, shall establish statewide
14 treatment standards for certified opioid treatment programs. The
15 department shall enforce these treatment standards. The treatment
16 standards shall include, but not be limited to, reasonable provisions
17 for all appropriate and necessary medical procedures, counseling
18 requirements, urinalysis, and other suitable tests as needed to
19 ensure compliance with this chapter.

20 (~~(+2)~~) (3) The department, in consultation with opioid treatment
21 programs and counties, shall establish statewide operating standards
22 for certified opioid treatment programs. The department shall enforce
23 these operating standards. The operating standards shall include, but
24 not be limited to, reasonable provisions necessary to enable the
25 department and counties to monitor certified and licensed opioid
26 treatment programs for compliance with this chapter and the treatment
27 standards authorized by this chapter and to minimize the impact of
28 the opioid treatment programs upon the business and residential
29 neighborhoods in which the program is located.

30 (~~(+3)~~) (4) The department shall analyze and evaluate the data
31 submitted by each treatment program and take corrective action where
32 necessary to ensure compliance with the goals and standards
33 enumerated under this chapter. Opioid treatment programs are subject
34 to the oversight required for other substance use disorder treatment
35 programs, as described in this chapter.

36 NEW SECTION. **Sec. 4.** A new section is added to chapter 71.24
37 RCW to read as follows:

38 By October 1, 2018, the department shall work with the department
39 of health, the health care authority, the accountable communities of

1 health, and community stakeholders to develop a plan for the
2 coordinated purchasing and distribution of opioid overdose reversal
3 medication across the state of Washington. The plan shall be
4 developed in consultation with the University of Washington's alcohol
5 and drug abuse institute and community agencies participating in the
6 federal demonstration grant titled Washington state project to
7 prevent prescription drug or opioid overdose.

8 NEW SECTION. **Sec. 5.** A new section is added to chapter 71.24
9 RCW to read as follows:

10 (1) The department shall work with the department of health, the
11 health care authority, contracted opioid hub and spoke networks,
12 accountable communities of health, and drug task forces to develop a
13 strategy to support rapid response teams to be deployed, within a
14 short period of time, to communities identified as having a high
15 number of fentanyl-related or other opioid-related overdoses, by
16 local drug task forces, public health departments, or other local,
17 regional, or state surveillance methods. The teams may be deployed in
18 medical clinics, hospital emergency departments, or other community
19 emergency response centers, and are expected to increase the capacity
20 of medication-assisted treatment therapy prescribing and inductions.
21 Team members may include, but are not limited to, nurse care
22 managers, peers or care navigators, drug task forces, opioid
23 treatment program clinicians, and medication-assisted treatment
24 prescribers. The teams shall set goals around continued access to
25 medication therapy for patients once the emergency is stabilized.

26 (2) The department shall work with the department of health and
27 the health care authority to reduce barriers and promote medication
28 treatment therapies for opioid use disorder in emergency departments
29 and same-day referrals to opioid treatment programs, substance use
30 disorder treatment facilities, and community-based medication
31 treatment prescribers for individuals experiencing an overdose.

32 **Sec. 6.** RCW 71.24.560 and 2017 c 297 s 11 are each amended to
33 read as follows:

34 (1) All approved opioid treatment programs that provide services
35 to women who are pregnant are required to disseminate up-to-date and
36 accurate health education information to all their pregnant clients
37 concerning the (~~possible addiction and health risks that their~~
38 ~~treatment may have on their baby~~) effects of opioid use and opioid

1 use disorder treatment medication may have on their baby, including
2 the development of dependence and subsequent withdrawal. All pregnant
3 clients must also be advised of the risks to both them and their baby
4 associated with not remaining ~~((on the))~~ in an opioid treatment
5 program. The information must be provided to these clients both
6 verbally and in writing. The health education information provided to
7 the pregnant clients must include referral options for the substance-
8 exposed baby.

9 (2) The department shall adopt rules that require all opioid
10 treatment programs to educate all pregnant women in their program on
11 the benefits and risks of medication-assisted treatment to their
12 fetus before they are provided these medications, as part of their
13 treatment. The department shall also adopt rules that require all
14 opioid treatment programs to educate women who become pregnant about
15 the risks to both the mother and their fetus of not treating opioid
16 use disorder. The department shall meet the requirements under this
17 subsection within the appropriations provided for opioid treatment
18 programs. The department, working with treatment providers and
19 medical experts, shall develop and disseminate the educational
20 materials to all certified opioid treatment programs.

21 **Sec. 7.** 2005 c 70 s 1 (uncodified) is amended to read as
22 follows:

23 The legislature finds that drug use among pregnant women is a
24 significant and growing concern statewide. ~~((The legislature further
25 finds that methadone, although an effective alternative to other
26 substance use treatments, can result in babies who are exposed to
27 methadone while in uteri being born addicted and facing the painful
28 effects of withdrawal.))~~

29 It is the intent of the legislature to notify all pregnant
30 mothers who are receiving ~~((methadone treatment))~~ medication for
31 treatment of opioid use disorder of the risks and benefits
32 ~~((methadone))~~ such medication could have on their baby during
33 pregnancy through birth and to inform them of the potential need for
34 the newborn baby to be taken care of in a hospital setting or in a
35 specialized supportive environment designed specifically to address
36 ~~((newborn addiction problems))~~ and manage neonatal opioid or other
37 drug withdrawal syndromes.

1 **Sec. 8.** RCW 71.24.011 and 1982 c 204 s 1 are each amended to
2 read as follows:

3 This chapter may be known and cited as the community (~~mental~~)
4 behavioral health services act.

5 **Sec. 9.** RCW 69.41.095 and 2015 c 205 s 2 are each amended to
6 read as follows:

7 (1)(a) A practitioner may prescribe, dispense, distribute, and
8 deliver an opioid overdose reversal medication: (i) Directly to a
9 person at risk of experiencing an opioid-related overdose; or (ii) by
10 prescription, collaborative drug therapy agreement, standing order,
11 or protocol to a first responder, family member, or other person or
12 entity in a position to assist a person at risk of experiencing an
13 opioid-related overdose. Any such prescription, standing order, or
14 protocol (~~order~~) is issued for a legitimate medical purpose in the
15 usual course of professional practice.

16 (b) At the time of prescribing, dispensing, distributing, or
17 delivering the opioid overdose reversal medication, the practitioner
18 shall inform the recipient that as soon as possible after
19 administration of the opioid overdose reversal medication, the person
20 at risk of experiencing an opioid-related overdose should be
21 transported to a hospital or a first responder should be summoned.

22 (2) A pharmacist may dispense an opioid overdose reversal
23 medication pursuant to a prescription, collaborative drug therapy
24 agreement, standing order, or protocol issued in accordance with
25 subsection (1)(a) of this section and may administer an opioid
26 overdose reversal medication to a person at risk of experiencing an
27 opioid-related overdose. At the time of dispensing an opioid overdose
28 reversal medication, a pharmacist shall provide written instructions
29 on the proper response to an opioid-related overdose, including
30 instructions for seeking immediate medical attention. The
31 instructions to seek immediate (~~medication~~) medical attention must
32 be conspicuously displayed.

33 (3) Any person or entity may lawfully possess, store, deliver,
34 distribute, or administer an opioid overdose reversal medication
35 pursuant to a prescription (~~or~~), collaborative drug therapy
36 agreement, standing order, or protocol issued by a practitioner in
37 accordance with subsection (1) of this section.

38 (4) The following individuals, if acting in good faith and with
39 reasonable care, are not subject to criminal or civil liability or

1 disciplinary action under chapter 18.130 RCW for any actions
2 authorized by this section or the outcomes of any actions authorized
3 by this section:

4 (a) A practitioner who prescribes, dispenses, distributes, or
5 delivers an opioid overdose reversal medication pursuant to
6 subsection (1) of this section;

7 (b) A pharmacist who dispenses an opioid overdose reversal
8 medication pursuant to subsection (2) or (5)(a) of this section;

9 (c) A person who possesses, stores, distributes, or administers
10 an opioid overdose reversal medication pursuant to subsection (3) of
11 this section.

12 (5) The secretary or his or her designee may issue a standing
13 order prescribing opioid overdose reversal medications to any person
14 at risk of experiencing an opioid-related overdose or any person or
15 entity in a position to assist a person at risk of experiencing an
16 opioid-related overdose. The standing order may be limited to
17 specific areas in the state or issued statewide.

18 (a) A pharmacist shall dispense an opioid overdose reversal
19 medication pursuant to a standing order issued in accordance with
20 this subsection, consistent with the pharmacist's responsibilities to
21 dispense prescribed legend drugs, and may administer an opioid
22 overdose reversal medication to a person at risk of experiencing an
23 opioid-related overdose. At the time of dispensing an opioid overdose
24 reversal medication, a pharmacist shall provide written instructions
25 on the proper response to an opioid-related overdose, including
26 instructions for seeking immediate medical attention. The
27 instructions to seek immediate medical attention must be
28 conspicuously displayed.

29 (b) Any person or entity may lawfully possess, store, deliver,
30 distribute, or administer an opioid overdose reversal medication
31 pursuant to a standing order issued in accordance with this
32 subsection (5). The department, in coordination with the appropriate
33 entity or entities, shall develop a training module that provides
34 training regarding the identification of a person suffering from an
35 opioid-related overdose and the use of opioid overdose reversal
36 medications. The training must be available electronically and in a
37 variety of media from the department.

38 (c) This subsection (5) does not create a private cause of
39 action. Notwithstanding any other provision of law, neither the state
40 nor the secretary nor the secretary's designee has any civil

1 liability for issuing standing orders or for any other actions taken
2 pursuant to this chapter or for the outcomes of issuing standing
3 orders or any other actions taken pursuant to this chapter. Neither
4 the secretary nor the secretary's designee is subject to any criminal
5 liability or professional disciplinary action for issuing standing
6 orders or for any other actions taken pursuant to this chapter or for
7 the outcomes of issuing standing orders or any other actions taken
8 pursuant to this chapter.

9 (d) For purposes of this subsection (5), "standing order" means
10 an order prescribing medication by the secretary or the secretary's
11 designee. Such standing order can only be issued by a practitioner as
12 defined in this chapter.

13 (6) The labeling requirements of RCW 69.41.050 and 18.64.246 do
14 not apply to opioid overdose reversal medications dispensed,
15 distributed, or delivered pursuant to a prescription, collaborative
16 drug therapy agreement, standing order, or protocol issued in
17 accordance with this section. The individual or entity that
18 dispenses, distributes, or delivers an opioid overdose reversal
19 medication as authorized by this section shall ensure that directions
20 for use are provided.

21 (7) For purposes of this section, the following terms have the
22 following meanings unless the context clearly requires otherwise:

23 (a) "First responder" means: (i) A career or volunteer
24 firefighter, law enforcement officer, paramedic as defined in RCW
25 18.71.200, or first responder or emergency medical technician as
26 defined in RCW 18.73.030; and (ii) an entity that employs or
27 supervises an individual listed in (a)(i) of this subsection,
28 including a volunteer fire department.

29 (b) "Opioid overdose reversal medication" means any drug used to
30 reverse an opioid overdose that binds to opioid receptors and blocks
31 or inhibits the effects of opioids acting on those receptors. It does
32 not include intentional administration via the intravenous route.

33 (c) "Opioid-related overdose" means a condition including, but
34 not limited to, extreme physical illness, decreased level of
35 consciousness, respiratory depression, coma, or death that: (i)
36 Results from the consumption or use of an opioid or another substance
37 with which an opioid was combined; or (ii) a lay person would
38 reasonably believe to be an opioid-related overdose requiring medical
39 assistance.

1 (d) "Practitioner" means a health care practitioner who is
2 authorized under RCW 69.41.030 to prescribe legend drugs.

3 (e) "Standing order" or "protocol" means written or
4 electronically recorded instructions, prepared by a prescriber, for
5 distribution and administration of a drug by designated and trained
6 staff or volunteers of an organization or entity, as well as other
7 actions and interventions to be used upon the occurrence of clearly
8 defined clinical events in order to improve patients' timely access
9 to treatment.

10 **Sec. 10.** RCW 71.24.585 and 2017 c 297 s 12 are each amended to
11 read as follows:

12 ~~((The state of Washington declares that there is no fundamental
13 right to medication-assisted treatment for opioid use disorder.))~~ (1)
14 The state of Washington ~~((further))~~ declares that ~~((while))~~
15 medications used in the treatment of opioid use disorder are
16 ~~((addictive substances, that they nevertheless have several legal,
17 important, and justified uses and that one of their appropriate and
18 legal uses is, in conjunction with other required therapeutic
19 procedures, in the treatment of persons with opioid use disorder))~~
20 the most effective intervention to reduce deaths from opioid overdose
21 and keep people in treatment. The state of Washington recognizes
22 medications approved by the federal food and drug administration as
23 ~~((evidence-based for the management of opioid use disorder the
24 medications approved by the federal food and drug administration for
25 the))~~ an integral component of treatment ~~((of))~~ for opioid use
26 disorder. ~~((Medication-assisted treatment should only be used for
27 participants who are deemed appropriate to need this level of
28 intervention.))~~ While medications have been shown to be the treatment
29 of choice for persons with opioid use disorder, many individuals will
30 also benefit from counseling and social supports. Providers must
31 inform patients of all evidence-based treatment options available.
32 ~~((The provider and the patient shall consider alternative treatment
33 options, like abstinence, when developing the treatment plan. If
34 medications are prescribed, follow up must be included in the
35 treatment plan in order to work towards the goal of abstinence.))~~
36 Because some such medications are controlled substances in chapter
37 69.50 RCW, the state of Washington maintains the legal obligation and
38 right to regulate the ~~((clinical))~~ uses of these medications in the
39 treatment of opioid use disorder.

1 ~~((Further,))~~ (2) The authority will promote the use of medication
2 therapies and other evidence-based strategies to address the opioid
3 epidemic in Washington state. Additionally, the authority will
4 prioritize state resources for the provision of treatment and
5 recovery support services to:

6 (a) Entities which allow patients to maintain their use of
7 medications for opioid use disorder while engaging in services; and

8 (b) Entities which allow patients to start on medications for
9 opioid use disorder while enrolled in their services.

10 (3) The state declares that the main goals of ~~((opiate~~
11 substitution treatment is total abstinence from substance use for the
12 individuals who participate in the treatment program, but recognizes
13 the additional goals of reduced morbidity, and restoration of the
14 ability to lead a productive and fulfilling life. The state
15 recognizes that a small percentage of persons who participate in
16 opioid treatment programs require treatment for an extended period of
17 time. Opioid treatment programs shall provide a comprehensive
18 transition program to eliminate substance use, including opioid use
19 of ~~program participants~~) treatment for persons with opioid use
20 disorder are the cessation of unprescribed opioid use, reduced
21 morbidity, and restoration of the ability to lead a productive and
22 fulfilling life.

23 (4) To achieve the goals in subsection (3) of this section, to
24 promote public health and safety, and to promote the efficient and
25 economic use of funding for the medicaid program under Title XIX of
26 the social security act, the health care authority may seek, receive,
27 and expend alternative sources of funding to support all aspects of
28 the state's response to the opioid crisis.

29 (5) The authority shall partner with the department of social and
30 health services, the department of corrections, the department of
31 health, and any other agencies or entities the authority deems
32 appropriate to develop a statewide approach to leveraging medicaid
33 funding to treat opioid use disorder and provide emergency overdose
34 treatment. Such alternative sources of funding may include, but are
35 not limited to:

36 (a) Seeking a section 1115 demonstration waiver from the federal
37 centers for medicare and medicaid services to fund opioid treatment
38 medications for persons eligible for medicaid at or during the time
39 of incarceration. The authority's application for any such waiver

1 must comply with all applicable federal requirements for obtaining
2 such waiver; and

3 (b) Soliciting and receiving private funds, grants, and donations
4 from any willing person or entity.

5 (6)(a) The authority shall replicate effective approaches such as
6 opioid hub and spoke treatment networks to broaden outreach and
7 patient navigation with allied opioid use disorder community
8 partners, including but not limited to: Federally accredited opioid
9 treatment programs and substance use disorder treatment facilities,
10 jails, syringe exchange programs, community mental health centers,
11 and primary care clinics.

12 (b) To carry out this subsection (6), the authority shall work
13 with the department of health to promote coordination between
14 medication-assisted treatment prescribers, federally accredited
15 opioid treatment programs and substance use disorder treatment
16 facilities, and state-certified substance use disorder treatment
17 agencies to:

18 (i) Increase patient choice in receiving medication and
19 counseling;

20 (ii) Strengthen relationships between opioid use disorder
21 providers; and

22 (iii) Acknowledge and address the challenges presented for
23 individuals needing treatment for multiple substance use disorders
24 simultaneously.

25 (7) State agencies shall review and promote positive outcomes
26 associated with the accountable communities of health funded opioid
27 projects and local law enforcement and human services opioid
28 collaborations as set forth in the Washington state interagency
29 opioid working plan.

30 **Sec. 11.** RCW 71.24.595 and 2017 c 297 s 16 are each amended to
31 read as follows:

32 (1) To achieve more medication options, the authority shall work
33 with the department of health and the authority's medicaid managed
34 care organizations, to eliminate barriers and promote access to all
35 effective medications known to address opioid use disorders at state-
36 certified opioid treatment programs. Medications should include, but
37 not be limited to: Methadone, buprenorphine, and naltrexone. The
38 authority shall encourage the distribution of naloxone to patients
39 who are at risk of an opioid overdose.

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

9 (~~(+2)~~) (3) The department, in consultation with opioid treatment
10 programs and counties, shall establish statewide operating standards
11 for certified opioid treatment programs. The department shall enforce
12 these operating standards. The operating standards shall include, but
13 not be limited to, reasonable provisions necessary to enable the
14 department and counties to monitor certified and licensed opioid
15 treatment programs for compliance with this chapter and the treatment
16 standards authorized by this chapter and to minimize the impact of
17 the opioid treatment programs upon the business and residential
18 neighborhoods in which the program is located.

19 (~~(+3)~~) (4) The department shall analyze and evaluate the data
20 submitted by each treatment program and take corrective action where
21 necessary to ensure compliance with the goals and standards
22 enumerated under this chapter. Opioid treatment programs are subject
23 to the oversight required for other substance use disorder treatment
24 programs, as described in this chapter.

25 NEW SECTION. **Sec. 12.** A new section is added to chapter 71.24
26 RCW to read as follows:

27 By October 1, 2018, the authority shall work with the department
28 of health, the accountable communities of health, and community
29 stakeholders to develop a plan for the coordinated purchasing and
30 distribution of opioid overdose reversal medication across the state
31 of Washington. The plan shall be developed in consultation with the
32 University of Washington's alcohol and drug abuse institute and
33 community agencies participating in the federal demonstration grant
34 titled Washington state project to prevent prescription drug or
35 opioid overdose.

36 NEW SECTION. **Sec. 13.** A new section is added to chapter 71.24
37 RCW to read as follows:

1 (1) The authority shall work with the department, contracted
2 opioid hub and spoke networks, accountable communities of health, and
3 drug task forces to develop a strategy to support rapid response
4 teams to be deployed, within a short period of time, to communities
5 identified as having a high number of fentanyl-related or other
6 opioid-related overdoses, by local drug task forces, public health
7 departments, or other local, regional, or state surveillance methods.
8 The teams may be deployed in medical clinics, hospital emergency
9 departments, or other community emergency response centers, and are
10 expected to increase the capacity of medication-assisted treatment
11 therapy prescribing and inductions. Team members may include, but are
12 not limited to, nurse care managers, peers or care navigators, drug
13 task forces, opioid treatment program clinicians, and medication-
14 assisted treatment prescribers. The teams shall set goals around
15 continued access to medication therapy for patients once the
16 emergency is stabilized.

17 (2) The authority shall work with the department to reduce
18 barriers and promote medication treatment therapies for opioid use
19 disorder in emergency departments and same-day referrals to opioid
20 treatment programs, substance use disorder treatment facilities, and
21 community-based medication treatment prescribers for individuals
22 experiencing an overdose.

23 **PART III**

24 **Sec. 14.** RCW 70.225.010 and 2007 c 259 s 42 are each amended to
25 read as follows:

26 The definitions in this section apply throughout this chapter
27 unless the context clearly requires otherwise.

28 (1) "Controlled substance" has the meaning provided in RCW
29 69.50.101.

30 (2) "Department" means the department of health.

31 (3) "Patient" means the person or animal who is the ultimate user
32 of a drug for whom a prescription is issued or for whom a drug is
33 dispensed.

34 (4) "Dispenser" means a practitioner or pharmacy that delivers a
35 Schedule II, III, IV, or V controlled substance to the ultimate user,
36 but does not include:

37 (a) A practitioner or other authorized person who administers, as
38 defined in RCW 69.41.010, a controlled substance; or

1 (b) A licensed wholesale distributor or manufacturer, as defined
2 in chapter 18.64 RCW, of a controlled substance.

3 (5) "Prescriber" means any person authorized to order or
4 prescribe legend drugs or schedule II, III, IV, or V controlled
5 substances to the ultimate user.

6 (6) "Requestor" means any person or entity requesting, accessing,
7 or receiving information from the prescription monitoring program
8 under RCW 70.225.040 (3), (4), or (5).

9 **Sec. 15.** RCW 70.225.040 and 2017 c 297 s 9 are each amended to
10 read as follows:

11 (1) ~~((Prescription))~~ All information submitted to the
12 ~~((department—must—be))~~ prescription monitoring program is
13 confidential, ~~((in—compliance—with))~~ exempt from public inspection,
14 copying, and disclosure under chapter 42.56 RCW, not subject to
15 subpoena or discovery in any civil action, and protected under
16 chapter 70.02 RCW and federal health care information privacy
17 requirements ~~((and not subject to disclosure))~~, except as provided in
18 subsections (3), (4), and (5) of this section. Such confidentiality
19 and exemption from disclosure continues whenever information from the
20 prescription monitoring program is provided to a requestor under
21 subsection (3), (4), or (5) of this section.

22 (2) The department must maintain procedures to ensure that the
23 privacy and confidentiality of ~~((patients—and—patient))~~ all
24 information collected, recorded, transmitted, and maintained
25 including, but not limited to, the prescriber, requestor, dispenser,
26 patient, and persons who received prescriptions from dispensers, is
27 not disclosed to persons except as in subsections (3), (4), and (5)
28 of this section.

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

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

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

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

38 (d) Appropriate law enforcement or prosecutorial officials,
39 including local, state, and federal officials and officials of

1 federally recognized tribes, who are engaged in a bona fide specific
2 investigation involving a designated person;

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

6 (f) The director or the director's designee within the health
7 care authority regarding medicaid clients and members of the health
8 care authority self-funded or self-insured health plans for the
9 purposes of quality improvement, patient safety, and care
10 coordination. The information may not be used for contracting or
11 value-based purchasing decisions;

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

14 (h) The director or the director's designee within the department
15 of corrections regarding offenders committed to the department of
16 corrections;

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

18 (j) Personnel of the department for purposes of:

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

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

25 (iii) Administration and enforcement of this chapter or chapter
26 69.50 RCW;

27 (k) Personnel of a test site that meet the standards under RCW
28 70.225.070 pursuant to an agreement between the test site and a
29 person identified in (a) of this subsection to provide assistance in
30 determining which medications are being used by an identified patient
31 who is under the care of that person;

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

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

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

1 (m) A health care provider group of five or more (~~providers~~)
2 prescribers or dispensers for purposes of providing medical or
3 pharmaceutical care to the patients of the provider group, or for
4 quality improvement purposes if:

5 (i) All the (~~providers~~) prescribers or dispensers in the
6 provider group are licensed by the department or the provider group
7 is operated by the federal government or a federally recognized
8 Indian tribe; and

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

11 (n) The local health officer of a local health jurisdiction for
12 the purposes of patient follow-up and care coordination following a
13 controlled substance overdose event. For the purposes of this
14 subsection "local health officer" has the same meaning as in RCW
15 70.05.010; and

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

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

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

30 (4) The department shall, on at least a quarterly basis, and
31 pursuant to a schedule determined by the department, provide a
32 facility or entity identified under subsection (3)(1) of this section
33 or a provider group identified under subsection (3)(m) of this
34 section with facility or entity and individual prescriber information
35 if the facility, entity, or provider group:

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

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

9 (5)(a) The department may publish or provide data to public or
10 private entities for statistical, research, or educational purposes
11 after removing information that could be used directly or indirectly
12 to identify individual patients, requestors, dispensers, prescribers,
13 and persons who received prescriptions from dispensers. Indirect
14 patient identifiers may be provided for research that has been
15 approved by the Washington state institutional review board and by
16 the department through a data-sharing agreement.

17 (b)(i) The department may provide dispenser and prescriber data
18 and data that includes indirect patient identifiers to the Washington
19 state hospital association for use solely in connection with its
20 coordinated quality improvement program maintained under RCW
21 43.70.510 after entering into a data use agreement as specified in
22 RCW 43.70.052(8) with the association.

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

31 (6) Persons authorized in subsections (3), (4), and (5) of this
32 section to receive data in the prescription monitoring program from
33 the department, acting in good faith, are immune from any civil,
34 criminal, disciplinary, or administrative liability that might
35 otherwise be incurred or imposed for acting under this chapter.

36 NEW SECTION. Sec. 16. A new section is added to chapter 70.225
37 RCW to read as follows:

38 (1) A vendor that sells a federally certified electronic health
39 records system for use in the state of Washington must ensure their

1 system can integrate with the prescription monitoring program
2 utilizing the state health information exchange by December 1, 2018.
3 The vendor may not charge an ongoing fee or a fee based on the number
4 of transactions or providers using such integration by one of their
5 customers. Total costs of connection must not impose an unreasonable
6 cost burden on any facility or entity identified in RCW
7 70.225.040(3)(1) or provider group identified in RCW 70.225.040(3)(m)
8 utilizing the electronic health record, and must be consistent with
9 current industry pricing structures. For the purposes of this
10 section, "fully integrate" means that the electronic health record
11 system must:

12 (a) Send information to the prescription monitoring program
13 without physician intervention using one of the standard transmission
14 and content standards supported by the state health information
15 exchange for all controlled substances;

16 (b) Make current information from the prescription monitoring
17 program available to a provider within the workflow of the electronic
18 health records system; and

19 (c) Make information available in a way that is unlikely to
20 interfere with, prevent, or materially discourage access, exchange,
21 or use of electronic health information, in accordance with the
22 information blocking provisions of the federal 21st century cures
23 act, P.L. 114-255.

24 (2) A facility or entity identified in RCW 70.225.040(3)(1) or
25 provider group identified in RCW 70.225.040(3)(m) that uses one of
26 the three largest, in terms of market share, electronic health record
27 vendors operating in Washington state must demonstrate that the
28 facility's or entity's federally certified electronic health record
29 is able to use the state health information exchange to fully
30 integrate data to and from the prescription monitoring program,
31 confirmed by the state health information exchange by July 1, 2019,
32 if their federally certified electronic health records system vendor
33 is able to comply with subsection (1) of this section by December 1,
34 2018.

35 (3)(a) The department shall convene a work group to study best
36 practices regarding data sharing, including security standards, and
37 the challenges with connectivity and prescription monitoring program
38 integration with electronic health records using the state health
39 information exchange. The work group must:

1 (i) Provide a detailed overview of alternatives to prescription
2 monitoring program integration with electronic health records in
3 addition to the state health information exchange model;

4 (ii) Provide recommendations for increasing the accessibility of
5 the stand-alone prescription monitoring program portal;

6 (iii) Review other states' data sharing models for communicating
7 state prescription data to providers;

8 (iv) Survey all facilities or entities identified in RCW
9 70.225.040(3)(l) or provider groups identified in RCW
10 70.225.040(3)(m) about the status of their federally certified
11 electronic health record's ability to use the state health
12 information exchange to fully integrate data to and from the
13 prescription monitoring program; and

14 (v) Provide recommendations for improving small and rural
15 electronic health record integration to the prescription monitoring
16 program.

17 (b) The work group must invite the chair and ranking member, or
18 their designees, from each of the legislative health care committees,
19 and a representative from the largest professional association for
20 physicians and hospitals in the state. As needed, the work group may
21 invite a representative from the health care authority and the office
22 of the chief information officer. The department must submit, in
23 compliance with RCW 43.01.036, a report to the legislature detailing
24 the work group's findings by November 15, 2018.

25 **Sec. 17.** RCW 70.168.090 and 2010 c 52 s 5 are each amended to
26 read as follows:

27 (1)(a) By July 1991, the department shall establish a statewide
28 data registry to collect and analyze data on the incidence, severity,
29 and causes of trauma, including traumatic brain injury. The
30 department shall collect additional data on traumatic brain injury
31 should additional data requirements be enacted by the legislature.
32 The registry shall be used to improve the availability and delivery
33 of prehospital and hospital trauma care services. Specific data
34 elements of the registry shall be defined by rule by the department.
35 To the extent possible, the department shall coordinate data
36 collection from hospitals for the trauma registry with the health
37 care data system authorized in chapter 70.170 RCW. Every hospital,
38 facility, or health care provider authorized to provide level I, II,
39 III, IV, or V trauma care services, level I, II, or III pediatric

1 trauma care services, level I, level I-pediatric, II, or III trauma-
2 related rehabilitative services, and prehospital trauma-related
3 services in the state shall furnish data to the registry. All other
4 hospitals and prehospital providers shall furnish trauma data as
5 required by the department by rule.

6 (b) The department may respond to requests for data and other
7 information from the registry for special studies and analysis
8 consistent with requirements for confidentiality of patient and
9 quality assurance records. The department may require requestors to
10 pay any or all of the reasonable costs associated with such requests
11 that might be approved.

12 (2) By July 1, 2019, the department shall establish a statewide
13 electronic emergency medical services data system and adopt rules
14 requiring that every licensed ambulance and aid service report and
15 furnish patient encounter data to the electronic emergency medical
16 services data system managed by the department. The data system must
17 be used to improve the availability and delivery of prehospital
18 emergency medical services. Specific data elements of the data system
19 and secure transport method, such as the state health information
20 exchange, shall be defined by rule by the department, and must
21 include data on fatal and nonfatal overdoses or drug poisoning.

22 (3) In each emergency medical services and trauma care planning
23 and service region, a regional emergency medical services and trauma
24 care systems quality assurance program shall be established by those
25 facilities authorized to provide levels I, II, and III trauma care
26 services. The systems quality assurance program shall evaluate trauma
27 care delivery, patient care outcomes, and compliance with the
28 requirements of this chapter. The systems quality assurance program
29 may also evaluate emergency cardiac and stroke care delivery. The
30 emergency medical services medical program director and all other
31 health care providers and facilities who provide trauma and emergency
32 cardiac and stroke care services within the region shall be invited
33 to participate in the regional emergency medical services and trauma
34 care quality assurance program.

35 ~~((3))~~ (4) Data elements related to the identification of
36 individual patient's, provider's and facility's care outcomes shall
37 be confidential, shall be exempt from RCW 42.56.030 through 42.56.570
38 and 42.17.350 through 42.17.450, and shall not be subject to
39 discovery by subpoena or admissible as evidence.

1 (~~(4)~~) (5) Patient care quality assurance proceedings, records,
2 and reports developed pursuant to this section are confidential,
3 exempt from chapter 42.56 RCW, and are not subject to discovery by
4 subpoena or admissible as evidence. In any civil action, except,
5 after in camera review, pursuant to a court order which provides for
6 the protection of sensitive information of interested parties
7 including the department: (a) In actions arising out of the
8 department's designation of a hospital or health care facility
9 pursuant to RCW 70.168.070; (b) in actions arising out of the
10 department's revocation or suspension of designation status of a
11 hospital or health care facility under RCW 70.168.070; (c) in actions
12 arising out of the department's licensing or verification of an
13 ambulance or aid service pursuant to RCW 18.73.030 or 70.168.080; (d)
14 in actions arising out of the certification of a medical program
15 director pursuant to RCW 18.71.212; or (~~(e)~~) (e) in actions arising
16 out of the restriction or revocation of the clinical or staff
17 privileges of a health care provider as defined in RCW 7.70.020 (1)
18 and (2), subject to any further restrictions on disclosure in RCW
19 4.24.250 that may apply. Information that identifies individual
20 patients shall not be publicly disclosed without the patient's
21 consent.

22 NEW SECTION. **Sec. 18.** A new section is added to chapter 74.09
23 RCW to read as follows:

24 (1) By October 2018, the health care authority shall develop and
25 recommend for coverage nonpharmacologic treatments for chronic
26 noncancer pain and shall report to the governor and the appropriate
27 committees of the legislature, including any requests for funding
28 necessary to implement the recommendations under this section. The
29 recommendations must contain the following elements:

30 (a) A list of chronic, acute, and subacute conditions for which
31 nonpharmacologic treatments will be covered;

32 (b) A list of which nonpharmacologic treatments will be covered
33 for each chronic condition specified as eligible for coverage;

34 (c) Recommendations as to the duration, amount, and type of
35 treatment eligible for coverage by condition;

36 (d) A financial model that is scalable based on the types of
37 conditions covered and the amount of allowed services per condition;

38 (e) Guidance on the type of providers eligible to provide these
39 treatments; and

1 (f) Recommendations regarding the need to add any provider types
2 to the list of currently eligible medicaid provider types.

3 (2) The health care authority shall ensure only treatments that
4 are supported by evidence for the treatment of the specific chronic,
5 acute, or subacute pain conditions listed will be eligible for
6 coverage recommendations.

7 NEW SECTION. **Sec. 19.** (1) Sections 2 through 5 of this act take
8 effect only if chapter . . . (House Bill No. 1388 or Senate Bill No.
9 5259), Laws of 2018 is not enacted by March 9, 2018.

10 (2) Sections 10 through 13 of this act take effect only if
11 chapter . . . (House Bill No. 1388 or Senate Bill No. 5259), Laws of
12 2018 is enacted by March 9, 2018.

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