

SENATE BILL REPORT

SB 6140

As of January 22, 2014

Title: An act relating to practice settings for certified chemical dependency professionals and trainees.

Brief Description: Concerning the practice settings for certified chemical dependency professionals and trainees.

Sponsors: Senators Becker, Pedersen, Bailey and Keiser; by request of Department of Health.

Brief History:

Committee Activity: Health Care: 1/20/14.

SENATE COMMITTEE ON HEALTH CARE

Staff: Bonnie Kim (786-7316)

Background: The Department of Social and Health Services (DSHS) Division of Behavioral Health and Recovery (DBHR) coordinates statewide chemical dependency treatment programs and services including assessments, outpatient services, opiate substitution treatment, and detoxification services. The Department of Health (DOH) certifies individuals who meet established educational and training requirements as certified chemical dependency professionals (CDPs) or certified chemical dependency professional trainees (CDPTs) to administer the chemical dependency programs. CDP certification requirements include demonstrated competence in chemical dependency assessment, diagnosis, treatment planning and referral, patient and family education, individual and group counseling with alcoholic and drug addicted individuals, relapse prevention counseling, and case management.

By statute and the Medicaid State Plan, CDPs and CDPTs are the only credentialed professionals allowed to provide chemical dependency services to individuals presenting in a DBHR-certified chemical dependency treatment program with substance abuse concerns. No person may use the titles CDP or CDPT in a setting other than in a DSHS-certified chemical dependency treatment program.

Summary of Bill: Persons credentialed as a CDP or a CDPT may treat patients in chemical dependency treatment programs certified by DSHS only. Persons credentialed as a CDP or a CDPT may provide chemical dependency services in settings outside of a DSHS-certified

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treatment program if they are permitted to provide chemical dependency services within their current scope of practice as one of the following licensed professionals:

- advanced registered nurse practitioner;
- marriage and family therapist;
- mental health counselor;
- advanced social worker;
- independent clinical social worker;
- psychologist;
- osteopathic physician;
- osteopathic physician assistant;
- physician; or
- physician assistant.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

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

Staff Summary of Public Testimony: PRO: With treatment expansion under the Affordable Care Act, some estimate there are approximately 40,000 patients who are newly eligible for chemical dependency services. This bill addresses the significant increase in demand. Specifically, this bill increases provider capacity, decreases the burden on existing approved agencies, and promotes collaborative patient care at the clinical level, particularly with the use of the Screening, Brief Intervention, and Treatment program.

CON: Some generally agree with the expansion of CDP practice settings for certain licensed health care professionals to those outside of DBHR-approved agencies. However, the approximately 1500 hours of supervised training required to become licensed as a CDP should remain within DBHR-approved agencies. This bill allows a CDPT who has not had the requisite supervised training to practice independently. There is currently double the number of students enrolled in CDP education programs than in 2008; nearly 30 percent of those students are returning health care professionals. DHBR has not approached existing DBHR-approved agencies or CDP education programs to inquire about current patient capacity. Some anticipate a far lower increase in demand for services, at approximately 1000 newly eligible patients. The existing agencies are able to accommodate those patients. Establishing a workgroup to address our quality of care and public safety concerns, and to ensure effective oversight of CDPs and CDPTs in private practice settings is recommended.

Persons Testifying: PRO: Jane Beyer, Assistant Secretary for DSHS, Division of Behavioral Health and Service Integration; Martin Mueller, DOH.

CON: David Laws, Prosperity Wellness Center; Greg Bauer, Chemical Dependency Professionals of WA State; Robert Malphrus, Skagit Valley College; Carl Kester, WA State Assn. of Alcohol and Addiction Programs.