

ESHB 1427 - S AMD 265  
By Senator Miloscia

ADOPTED 04/12/2017

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

3 "NEW SECTION. **Sec. 1.** The legislature finds that in 2015 an  
4 average of two Washington residents died per day in this state from  
5 opioid overdose and that opioid overdose deaths have more than  
6 doubled between 2010 and 2015.

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

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

30 NEW SECTION. **Sec. 2.** A new section is added to chapter 18.22  
31 RCW to read as follows:

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

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

10 NEW SECTION. **Sec. 3.** A new section is added to chapter 18.32  
11 RCW to read as follows:

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

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

21 NEW SECTION. **Sec. 4.** A new section is added to chapter 18.57  
22 RCW to read as follows:

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

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

32 NEW SECTION. **Sec. 5.** A new section is added to chapter 18.57A  
33 RCW to read as follows:

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

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

6 NEW SECTION. **Sec. 6.** A new section is added to chapter 18.71  
7 RCW to read as follows:

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

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

17 NEW SECTION. **Sec. 7.** A new section is added to chapter 18.71A  
18 RCW to read as follows:

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

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

28 NEW SECTION. **Sec. 8.** A new section is added to chapter 18.79  
29 RCW to read as follows:

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

34 (2) In developing the rules, the commission must consider the  
35 agency medical directors' group and centers for disease control  
36 guidelines, and may consult with the department of health, the  
37 University of Washington, and the largest professional associations

1 for advanced registered nurse practitioners and certified registered  
2 nurse anesthetists in the state.

3 **Sec. 9.** RCW 70.225.040 and 2016 c 104 s 1 are each amended to  
4 read as follows:

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

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

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

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

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

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

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

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

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

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

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

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

3       ~~((i))~~ (j) Personnel of the department for purposes of:  
4       (i) Assessing prescribing practices, including controlled  
5 substances related to mortality and morbidity;  
6       (ii) Providing quality improvement feedback to providers,  
7 including comparison of their respective data to aggregate data for  
8 providers with the same type of license and same specialty; and  
9       (iii) Administration and enforcement of this chapter or chapter  
10 69.50 RCW;

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

16       ~~((k))~~ (l) A health care facility or entity for the purpose of  
17 providing medical or pharmaceutical care to the patients of the  
18 facility or entity, or for quality improvement purposes if:  
19       (i) The facility or entity is licensed by the department or is  
20 operated by the federal government or a federally recognized Indian  
21 tribe; and  
22       (ii) The facility or entity is a trading partner with the state's  
23 health information exchange; ~~and~~  
24       ~~((l))~~ (m) A health care provider group of five or more providers  
25 for purposes of providing medical or pharmaceutical care to the  
26 patients of the provider group, or for quality improvement purposes  
27 if:  
28       (i) All the providers in the provider group are licensed by the  
29 department or the provider group is operated by the federal  
30 government or a federally recognized Indian tribe; and  
31       (ii) The provider group is a trading partner with the state's  
32 health information exchange;  
33       (n) The local health officer of a local health jurisdiction for  
34 the purposes of patient follow-up and care coordination following a  
35 controlled substance overdose event. For the purposes of this  
36 subsection "local health officer" has the same meaning as in RCW  
37 70.05.010; and  
38       (o) The coordinated care electronic tracking program developed in  
39 response to section 213, chapter 7, Laws of 2012 2nd sp. sess.,

1 commonly referred to as the seven best practices in emergency  
2 medicine, for the purposes of providing:

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

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

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

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

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

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

36 (b)(i) The department may provide dispenser and prescriber data  
37 and data that includes indirect patient identifiers to the Washington  
38 state hospital association for use solely in connection with its  
39 coordinated quality improvement program maintained under RCW

1 43.70.510 after entering into a data use agreement as specified in  
2 RCW 43.70.052(8) with the association.

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

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

18 NEW SECTION. Sec. 10. A new section is added to chapter 70.225  
19 RCW to read as follows:

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

26 **Sec. 11.** RCW 71.24.560 and 2016 sp.s. c 29 s 506 are each  
27 amended to read as follows:

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

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

11           **Sec. 12.** RCW 71.24.585 and 2016 sp.s. c 29 s 519 are each  
12 amended to read as follows:

13           The state of Washington declares that there is no fundamental  
14 right to (~~opiate substitution~~) medication-assisted treatment for  
15 opioid use disorder. The state of Washington further declares that  
16 while (~~opiate substitution drugs~~) medications used in the treatment  
17 of (~~opiate dependency~~) opioid use disorder are addictive  
18 substances, that they nevertheless have several legal, important, and  
19 justified uses and that one of their appropriate and legal uses is,  
20 in conjunction with other required therapeutic procedures, in the  
21 treatment of persons (~~addicted to or habituated to opioids~~) with  
22 opioid use disorder. The state of Washington recognizes as evidence-  
23 based for the management of opioid use disorder the medications  
24 approved by the federal food and drug administration for the  
25 treatment of opioid use disorder. (~~Opiate substitution~~) Medication-  
26 assisted treatment should only be used for participants who are  
27 deemed appropriate to need this level of intervention (~~and should~~  
28 ~~not be~~); providers should first consider alternatives like  
29 abstinence for the first treatment intervention (~~for all opiate~~  
30 ~~addicts~~)).

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



1 ~~addiction))~~ clinical uses of these medications in the treatment of  
2 opioid use disorder.

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

14 NEW SECTION. Sec. 13. A new section is added to chapter 71.24  
15 RCW to read as follows:

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

21 **Sec. 14.** RCW 71.24.590 and 2001 c 242 s 2 are each amended to  
22 read as follows:

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

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

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

33 (b) Certify only programs that will be sited in accordance with  
34 the appropriate county or city land use ordinances. Counties and  
35 cities may require conditional (~~or special~~) use permits with  
36 reasonable conditions for the siting of programs. Pursuant to RCW  
37 36.70A.200, no local comprehensive plan or development regulation may  
38 preclude the siting of essential public facilities;

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

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

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

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

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

19 ~~((h))~~) (g) Consider whether the applicant has, or has  
20 demonstrated in the past, the capability to provide the appropriate  
21 services to assist the persons who utilize the program in meeting  
22 goals established by the legislature(~~(, including abstinence from  
23 opiates and opiate substitutes, obtaining mental health treatment,  
24 improving economic independence, and reducing adverse consequences  
25 associated with illegal use of controlled substances))~~) in RCW  
26 71.24.585. The department shall prioritize certification to  
27 applicants who have demonstrated such capability and are able to  
28 measure their success in meeting such outcomes;

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

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

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

5       ~~((3))~~ (4) For the purpose of this chapter, ~~((opiate~~  
6 ~~substitution))~~ opioid treatment program means:

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

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

13       **Sec. 15.** RCW 71.24.590 and 2001 c 242 s 2 are each amended to  
14 read as follows:

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

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

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

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

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

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

38       (e) ~~((Demonstrate a need in the community for opiate substitution~~  
39 ~~treatment and not certify more program slots than justified by the~~

1 ~~need in that community. No program shall exceed three hundred fifty~~  
2 ~~participants unless specifically authorized by the county in which~~  
3 ~~the program is certified;~~

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

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

11 ~~((h))~~ (g) Consider whether the applicant has, or has  
12 demonstrated in the past, the capability to provide the appropriate  
13 services to assist the persons who utilize the program in meeting  
14 goals established by the legislature(~~(, including abstinence from~~  
15 ~~opiates and opiate substitutes, obtaining mental health treatment,~~  
16 ~~improving economic independence, and reducing adverse consequences~~  
17 ~~associated with illegal use of controlled substances)) in RCW  
18 71.24.585. The department shall prioritize licensing or certification  
19 to applicants who have demonstrated such capability and are able to  
20 measure their success in meeting such outcomes;~~

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

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

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

37 ~~((3))~~ (4) For the purpose of this chapter, ~~((opiate~~  
38 ~~substitution))~~ opioid treatment program means:

39 (a) Dispensing ((an opiate substitution drug)) a medication  
40 approved by the federal drug administration for the treatment of

1 (~~opiate addiction~~) opioid use disorder and dispensing medication  
2 for the reversal of opioid overdose; and

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

5 **Sec. 16.** RCW 71.24.595 and 2003 c 207 s 6 are each amended to  
6 read as follows:

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

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

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

1       **Sec. 17.** RCW 71.24.595 and 2003 c 207 s 6 are each amended to  
2 read as follows:

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

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

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

36       NEW SECTION.   **Sec. 18.** Sections 14 and 16 of this act take  
37 effect only if neither Substitute House Bill No. 1388 (including any  
38 later amendments or substitutes) nor Substitute Senate Bill No. 5259

1 (including any later amendments or substitutes) is signed into law by  
2 the governor by the effective date of this section.

3 NEW SECTION. **Sec. 19.** Sections 15 and 17 of this act take  
4 effect only if Substitute House Bill No. 1388 (including any later  
5 amendments or substitutes) or Substitute Senate Bill No. 5259  
6 (including any later amendments or substitutes) is signed into law by  
7 the governor by the effective date of this section."

**ESHB 1427 - S AMD 265**  
By Senator Miloscia

**ADOPTED 04/12/2017**

8 On page 1, line 1 of the title, after "programs;" strike the  
9 remainder of the title and insert "amending RCW 70.225.040,  
10 71.24.560, 71.24.585, 71.24.590, 71.24.590, 71.24.595, and 71.24.595;  
11 adding a new section to chapter 18.22 RCW; adding a new section to  
12 chapter 18.32 RCW; adding a new section to chapter 18.57 RCW; adding  
13 a new section to chapter 18.57A RCW; adding a new section to chapter  
14 18.71 RCW; adding a new section to chapter 18.71A RCW; adding a new  
15 section to chapter 18.79 RCW; adding a new section to chapter 70.225  
16 RCW; adding a new section to chapter 71.24 RCW; creating a new  
17 section; and providing contingent effective dates."

EFFECT: (1) Adds in requirements that the boards and commissions of the health care professions with prescriptive authority adopt rules establishing requirements for prescribing opioid drugs.

(2) Expands access to the Prescription Monitoring Program by allowing health care facilities and provider groups to receive data for quality improvement purposes.

(3) Allows local health officers access to data in the Prescription Monitoring Program in order to provide patients with follow-up care and care coordination after an overdose event.

(4) Allows electronic tracking programs to provide Prescription Monitoring Program data to provide notice to the patient's prescribing health care provider when the patient has had an overdose event.

(5) Allows health care facilities and provider groups to use Prescription Monitoring Program data for internal quality improvement feedback purposes.

(6) Provides that 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.

(7) Provides that the state recognizes as the main goal of opiate substitution treatment is total abstinence from substance use for the individuals who participate in the treatment program and recognizes

the additional goals of reduced morbidity, and restoration of the ability to lead a productive and fulfilling life.

(8) States that providers should first consider alternatives like abstinence for the first treatment intervention.

(9) Requires the Department of Social and Health Services to review applicants for certification of an opioid treatment program and prioritize those applicants that are able to measure their success in meeting the outcomes of abstinence, reduced morbidity, and restoration of the ability to lead a productive and fulfilling life.

(10) Clarifies that opioid treatment programs are able to dispense medications for the reversal of opioid overdose.

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