

ESHB 1427 - S COMM AMD
By Committee on Ways & Means

NOT ADOPTED 04/12/2017

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

3 "Sec. 1. RCW 71.24.560 and 2016 sp.s. c 29 s 506 are each
4 amended to read as follows:

5 (1) All approved ((~~opiate—substitution~~)) opioid treatment
6 programs that provide services to women who are pregnant are required
7 to disseminate up-to-date and accurate health education information
8 to all their pregnant clients concerning the possible addiction and
9 health risks that their ((~~opiate—substitution~~)) treatment may have on
10 their baby. All pregnant clients must also be advised of the risks to
11 both them and their baby associated with not remaining on the
12 ((~~opiate—substitute~~)) opioid treatment program. The information must
13 be provided to these clients both verbally and in writing. The health
14 education information provided to the pregnant clients must include
15 referral options for the ((~~addicted~~)) substance-exposed baby.

16 (2) The department shall adopt rules that require all ((~~opiate~~))
17 opioid treatment programs to educate all pregnant women in their
18 program on the benefits and risks of ((~~methadone~~)) medication-
19 assisted treatment to their fetus before they are provided these
20 medications, as part of their ((~~addiction~~)) treatment. The department
21 shall meet the requirements under this subsection within the
22 appropriations provided for ((~~opiate~~)) opioid treatment programs. The
23 department, working with treatment providers and medical experts,
24 shall develop and disseminate the educational materials to all
25 certified ((~~opiate~~)) opioid treatment programs.

26 NEW SECTION. Sec. 2. A new section is added to chapter 71.24
27 RCW to read as follows:

28 The state declares that a person lawfully possessing or using
29 lawfully prescribed medication for the treatment of opioid use
30 disorder must be treated the same in judicial and administrative

1 proceedings as a person lawfully possessing or using other lawfully
2 prescribed medications.

3 **Sec. 3.** RCW 71.24.590 and 2001 c 242 s 2 are each amended to
4 read as follows:

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

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

11 (a) Consult with the county legislative authorities in the area
12 in which an applicant proposes to locate a program and the city
13 legislative authority in any city in which an applicant proposes to
14 locate a program;

15 (b) Certify only programs that will be sited in accordance with
16 the appropriate county or city land use ordinances. Counties and
17 cities may require conditional ~~((or special))~~ use permits with
18 reasonable conditions for the siting of programs. Pursuant to RCW
19 36.70A.200, no local comprehensive plan or development regulation may
20 preclude the siting of essential public facilities;

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

23 (d) Consider the size of the population in need of treatment in
24 the area in which the program would be located and certify only
25 applicants whose programs meet the necessary treatment needs of that
26 population;

27 ~~(e) ((Demonstrate a need in the community for opiate substitution
28 treatment and not certify more program slots than justified by the
29 need in that community. No program shall exceed three hundred fifty
30 participants unless specifically authorized by the county in which
31 the program is certified;~~

32 ~~(f))~~ Consider the availability of other certified opioid
33 treatment programs near the area in which the applicant proposes to
34 locate the program;

35 ~~((g))~~ (f) Consider the transportation systems that would
36 provide service to the program and whether the systems will provide
37 reasonable opportunities to access the program for persons in need of
38 treatment;

1 ~~((h))~~ (g) Consider whether the applicant has, or has
2 demonstrated in the past, the capability to provide the appropriate
3 services to assist the persons who utilize the program in meeting
4 goals established by the legislature, including abstinence from
5 opiates and opiate substitutes, obtaining ~~((mental))~~ behavioral
6 health treatment services, improving economic independence, and
7 reducing adverse consequences associated with illegal use of
8 controlled substances. The department shall prioritize certification
9 to applicants who have demonstrated such capability;

10 ~~((i))~~ (h) Hold ~~((at least))~~ one public hearing in the
11 ~~((county))~~ community in which the facility is proposed to be located
12 ~~((and one hearing in the area in which the facility is proposed to be~~
13 ~~located))~~. The hearing shall be held at a time and location that are
14 most likely to permit the largest number of interested persons to
15 attend and present testimony. The department shall notify all
16 appropriate media outlets of the time, date, and location of the
17 hearing at least three weeks in advance of the hearing.

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

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

25 ~~((3))~~ (4) For the purpose of this chapter, ~~((opiate~~
26 ~~substitution))~~ opioid treatment program means:

27 (a) Dispensing ~~((an opiate substitution drug))~~ a medication
28 approved by the federal drug administration for the treatment of
29 ~~((opiate addiction))~~ opioid use disorder; and

30 (b) Providing a comprehensive range of medical and rehabilitative
31 services.

32 **Sec. 4.** RCW 71.24.590 and 2001 c 242 s 2 are each amended to
33 read as follows:

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

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

1 (a) Consult with the county legislative authorities in the area
2 in which an applicant proposes to locate a program and the city
3 legislative authority in any city in which an applicant proposes to
4 locate a program;

5 (b) License or certify only programs that will be sited in
6 accordance with the appropriate county or city land use ordinances.
7 Counties and cities may require conditional (~~or special~~) use
8 permits with reasonable conditions for the siting of programs.
9 Pursuant to RCW 36.70A.200, no local comprehensive plan or
10 development regulation may preclude the siting of essential public
11 facilities;

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

14 (d) Consider the size of the population in need of treatment in
15 the area in which the program would be located and license or certify
16 only applicants whose programs meet the necessary treatment needs of
17 that population;

18 ~~((Demonstrate a need in the community for opiate substitution
19 treatment and not certify more program slots than justified by the
20 need in that community. No program shall exceed three hundred fifty
21 participants unless specifically authorized by the county in which
22 the program is certified;~~

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

26 ~~((g))~~ (f) Consider the transportation systems that would
27 provide service to the program and whether the systems will provide
28 reasonable opportunities to access the program for persons in need of
29 treatment;

30 ~~((h))~~ (g) Consider whether the applicant has, or has
31 demonstrated in the past, the capability to provide the appropriate
32 services to assist the persons who utilize the program in meeting
33 goals established by the legislature, including abstinence from
34 opiates and opiate substitutes, obtaining (~~mental~~) behavioral
35 health treatment services, improving economic independence, and
36 reducing adverse consequences associated with illegal use of
37 controlled substances. The department shall prioritize licensing or
38 certification to applicants who have demonstrated such capability;

39 ~~((i))~~ (h) Hold ~~((at least))~~ one public hearing in the
40 ~~((county))~~ community in which the facility is proposed to be located

1 ((and one hearing in the area in which the facility is proposed to be
2 located)). The hearing shall be held at a time and location that are
3 most likely to permit the largest number of interested persons to
4 attend and present testimony. The department shall notify all
5 appropriate media outlets of the time, date, and location of the
6 hearing at least three weeks in advance of the hearing.

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

10 (3) A program applying for licensing or certification from the
11 department and a program applying for a contract from a state agency
12 that has been denied the licensing or certification or contract shall
13 be provided with a written notice specifying the rationale and
14 reasons for the denial.

15 ((+3)) (4) For the purpose of this chapter, ((opiate
16 substitution)) opioid treatment program means:

17 (a) Dispensing ((an opiate substitution drug)) a medication
18 approved by the federal drug administration for the treatment of
19 ((opiate addiction)) opioid use disorder; and

20 (b) Providing a comprehensive range of medical and rehabilitative
21 services.

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

24 (1) The department, in consultation with ((opiate substitution))
25 opioid treatment program service providers and counties and cities,
26 shall establish statewide treatment standards for certified ((opiate
27 substitution)) opioid treatment programs. The department shall
28 enforce these treatment standards. The treatment standards shall
29 include, but not be limited to, reasonable provisions for all
30 appropriate and necessary medical procedures, counseling
31 requirements, urinalysis, and other suitable tests as needed to
32 ensure compliance with this chapter.

33 (2) The department, in consultation with ((opiate substitution))
34 opioid treatment programs and counties, shall establish statewide
35 operating standards for certified ((opiate substitution)) opioid
36 treatment programs. The department shall enforce these operating
37 standards. The operating standards shall include, but not be limited
38 to, reasonable provisions necessary to enable the department and
39 counties to monitor certified and licensed ((opiate substitution))

1 opioid treatment programs for compliance with this chapter and the
2 treatment standards authorized by this chapter and to minimize the
3 impact of the (~~opiate substitution~~) opioid treatment programs upon
4 the business and residential neighborhoods in which the program is
5 located.

6 (3) (~~The department shall establish criteria for evaluating the~~
7 ~~compliance of opiate substitution treatment programs with the goals~~
8 ~~and standards established under this chapter. As a condition of~~
9 ~~certification, opiate substitution programs shall submit an annual~~
10 ~~report to the department and county legislative authority, including~~
11 ~~data as specified by the department necessary for outcome analysis.~~)
12 The department shall analyze and evaluate the data submitted by each
13 treatment program and take corrective action where necessary to
14 ensure compliance with the goals and standards enumerated under this
15 chapter. Opioid treatment programs are subject to the oversight
16 required for other substance use disorder treatment programs, as
17 described in this chapter.

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

20 (1) The department, in consultation with (~~opiate substitution~~)
21 opioid treatment program service providers and counties and cities,
22 shall establish statewide treatment standards for licensed or
23 certified (~~opiate substitution~~) opioid treatment programs. The
24 department shall enforce these treatment standards. The treatment
25 standards shall include, but not be limited to, reasonable provisions
26 for all appropriate and necessary medical procedures, counseling
27 requirements, urinalysis, and other suitable tests as needed to
28 ensure compliance with this chapter.

29 (2) The department, in consultation with (~~opiate substitution~~)
30 opioid treatment programs and counties, shall establish statewide
31 operating standards for certified (~~opiate substitution~~) opioid
32 treatment programs. The department shall enforce these operating
33 standards. The operating standards shall include, but not be limited
34 to, reasonable provisions necessary to enable the department and
35 counties to monitor certified (~~and~~) or licensed (~~opiate~~
36 ~~substitution~~) opioid treatment programs for compliance with this
37 chapter and the treatment standards authorized by this chapter and to
38 minimize the impact of the (~~opiate substitution~~) opioid treatment

1 programs upon the business and residential neighborhoods in which the
2 program is located.

3 ~~(3) ((The department shall establish criteria for evaluating the~~
4 ~~compliance of opiate substitution treatment programs with the goals~~
5 ~~and standards established under this chapter. As a condition of~~
6 ~~certification, opiate substitution programs shall submit an annual~~
7 ~~report to the department and county legislative authority, including~~
8 ~~data as specified by the department necessary for outcome analysis.))~~
9 The department shall analyze and evaluate the data submitted by each
10 treatment program and take corrective action where necessary to
11 ensure compliance with the goals and standards enumerated under this
12 chapter. Opioid treatment programs are subject to the oversight
13 required for other substance use disorder treatment programs, as
14 described in this chapter.

15 NEW SECTION. Sec. 7. Sections 3 and 5 of this act take effect
16 only if neither Substitute House Bill No. 1388 (including any later
17 amendments or substitutes) nor Substitute Senate Bill No. 5259
18 (including any later amendments or substitutes) is signed into law by
19 the governor by the effective date of this section.

20 NEW SECTION. Sec. 8. Sections 4 and 6 of this act take effect
21 only if Substitute House Bill No. 1388 (including any later
22 amendments or substitutes) or Substitute Senate Bill No. 5259
23 (including any later amendments or substitutes) is signed into law by
24 the governor by the effective date of this section."

ESHB 1427 - S COMM AMD
By Committee on Ways & Means

NOT ADOPTED 04/12/2017

25 On page 1, line 1 of the title, after "programs;" strike the
26 remainder of the title and insert "amending RCW 71.24.560, 71.24.590,
27 71.24.590, 71.24.595, and 71.24.595; adding a new section to chapter
28 71.24 RCW; and providing contingent effective dates."

EFFECT: (1) Reinstates the existing declarations and goals
relating to opiate substitution treatment:

(a) That opiate substitution treatment should only be used for
participants who are deemed appropriate to meet this level of

intervention and should not be the first treatment intervention for all opiate addicts.

(b) That the primary goal of treatment is total abstinence from substance use.

(2) Removes the recognition by the state of treatment approaches acknowledged by the University of Washington alcohol and drug abuse institute as evidence-based treatment for the management of opioid use disorders. Removes recognition of FDA-approved medications for the treatment of opioid use disorder.

(3) Removes the declaration that the choices on treatment of opioid use disorder should be determined by shared decision making between patients and their health care providers.

(4) Removes that the goal of treatment is the cessation of unprescribed opioid use, reduced morbidity, and restoration of the ability to lead a productive and fulfilling life.

(5) Restores abstinence as a primary goal of opiate substitution treatment.

(6) Declares that a person who lawfully possesses or uses lawfully prescribed medication for the treatment of opioid use disorder must be treated the same in judicial and administrative proceedings as other persons who lawfully use medication.

(7) Requires the Department of Social and Health Services to analyze and evaluate data submitted by each treatment program and take corrective action where necessary to ensure compliance with the goal of opiate substitution treatment.

--- END ---