

# SENATE BILL REPORT

## ESHB 1427

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As of March 22, 2017

**Title:** An act relating to opioid treatment programs.

**Brief Description:** Concerning opioid treatment programs.

**Sponsors:** House Committee on Health Care & Wellness (originally sponsored by Representatives Cody, Jinkins, Peterson and Pollet).

**Brief History:** Passed House: 3/03/17, 82-15.

**Committee Activity:** Health Care: 3/21/17.

### Brief Summary of Bill

- Provides for shared decision making and patient-centered opioid use disorder treatment options.
- Provides that the primary goals of treatment for persons with opioid use disorder are the cessation of unprescribed opioid use, reduced morbidity, and restoration of the ability to lead a productive and fulfilling life.

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### SENATE COMMITTEE ON HEALTH CARE

**Staff:** Kathleen Buchli (786-7488)

**Background:** The Community Mental Health Services Act (Act) addresses opiate substitution programs and makes a series of declarations relating to these programs, including that there is no fundamental right to opiate substitution treatment, that this treatment should only be used for participants who are deemed appropriate to need this level of intervention, and that this treatment should not be the first treatment intervention. The primary goal of opiate substitution treatment is total abstinence from substance use.

The Department of Social and Health Services (DSHS) certifies opiate substitution treatment programs to dispense opiate substitution drugs for the treatment of opiate addiction and to provide a comprehensive range of medical and rehabilitative services. In determining whether a program should be certified, DSHS must:

- consult with the legislative authorities in the counties and cities where the program is proposed to be located;

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- ensure that programs are sited in accordance with county or city land use ordinances, which may include reasonable conditions on their siting but may not preclude the siting of essential public facilities;
- demonstrate a need in the community for opiate substitution treatment and not certify more program slots than justified by the need in the community—no program may exceed 350 participants unless authorized by the county;
- consider whether the program is able to provide the appropriate services to assist the persons who utilize the program in meeting the goals of the Act, including abstinence from opiates and opiate substitutes; and
- hold at least one public hearing in the county in which the facility is to be located and one hearing in the area in which the facility is to be located.

DSHS must also establish criteria for evaluating the compliance of opiate substitution treatment programs. The programs must submit annual reports to DSHS and the county. DSHS must analyze the reports and take corrective action to ensure compliance with the with Act's goals and standards.

**Summary of Bill:** References to opiate substitution treatment programs, opiate addiction, methadone treatment, and addicted babies are changed to opioid treatment programs, opioid use disorder, methadone treatment, and substance-exposed baby, respectively.

The declaration that opioid substitution treatment should not be the first treatment invention for persons with opioid use disorder is removed. Instead, the Act provides that the state recognizes the treatment approaches acknowledged by the University of Washington alcohol and drug abuse institute, as well as Food and Drug Administration-approved medications for the treatment of and management of opioid use disorders. The state also declares that choices between recognized treatment options for opioid use disorder should be patient-centered and determined by shared decision making between patients and their health care providers. Persons who lawfully possess or use medication for the treatment of opioid use disorder must be treated the same in judicial and administrative proceedings as a person lawfully possessing and using other lawfully prescribed medications.

The requirement that the primary goal of treatment is total abstinence is removed. Instead, the primary goals of treatment for persons with opioid use disorder is the cessation of unprescribed opioid use, reduced morbidity, and restoration of the ability to lead a productive and fulfilling life.

Medication assisted treatment is not an entitlement.

The limitation on program size is removed. Counties may impose a maximum capacity for a program of not less than 350 participants if necessary to address specific local conditions. The requirement that a public hearing be held in the area in which the proposed facility is to be located is removed.

Opioid treatment programs are subject to the oversight required for other substance use disorder treatment programs. DSHS is not required to establish criteria for evaluating the compliance of opiate substitution treatment programs and the requirement that programs annually report to DSHS is removed.

**Appropriation:** None.

**Fiscal Note:** Available.

**Creates Committee/Commission/Task Force that includes Legislative members:** No.

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

**Staff Summary of Public Testimony:** PRO: The bill relates to the siting of opiate substitution treatment programs and provides that there will be one hearing in the county that the program will be located in—this has been worked out with the counties and cities. This also addresses the issues relating to using the word abstinence in statute. There is concern that medication assisted treatment does not fit into the definition of abstinence and the bill contains language that declares that a person possessing lawfully prescribed medication for the treatment of opioid use disorder must be treated the same in judicial and administrative proceedings as a person possessing other lawfully prescribed medications. This will make it easier to site facilities and this addresses the opioid epidemic. Medication assisted treatment is the gold standard of care and helps people transition to society. Siting challenges make it difficult to provide these programs and the changes in the bill will expand access to treatment. This bill puts into statute what is the standard of care for opioid use disorder. It will increase access to care. We need to remove the stigma associated with these programs. This does not preclude abstinence.

**Persons Testifying:** PRO: Representative Eileen Cody, Prime Sponsor; Brad Finegood, King County; Susie Tracy, Evergreen Treatment Services.

**Persons Signed In To Testify But Not Testifying:** No one.