

SSB 5380 - H AMD TO APP COMM AMD (H-2881.1/19) **686**
By Representative Cody

ADOPTED 04/16/2019

1 Beginning on page 32, line 7, strike all of section 28 and insert
2 the following:

3 **"Sec. 28.** RCW 71.24.585 and 2017 c 297 s 12 are each amended to
4 read as follows:

5 ~~((The state of Washington declares that there is no fundamental
6 right to medication-assisted treatment for opioid use disorder.))~~
7 (1)(a) The state of Washington ((further)) declares that ((while
8 medications used in the treatment of opioid use disorder are
9 addictive substances, that they nevertheless have several legal,
10 important, and justified uses and that one of their appropriate and
11 legal uses is, in conjunction with other required therapeutic
12 procedures, in the treatment of persons with opioid use disorder. The
13 state of Washington recognizes as evidence-based for the management
14 of opioid use disorder the medications approved by the federal food
15 and drug administration for the treatment of opioid use disorder.
16 Medication-assisted treatment should only be used for participants
17 who are deemed appropriate to need this level of intervention.
18 Providers must inform patients of all treatment options available.
19 The provider and the patient shall consider alternative treatment
20 options, like abstinence, when developing the treatment plan. If
21 medications are prescribed, follow up must be included in the
22 treatment plan in order to work towards the goal of abstinence.))
23 substance use disorders are medical conditions. Substance use
24 disorders should be treated in a manner similar to other medical
25 conditions by using interventions that are supported by evidence,
26 including medications approved by the federal food and drug
27 administration for the treatment of opioid use disorder. It is also
28 recognized that many individuals have multiple substance use
29 disorders, as well as histories of trauma, developmental
30 disabilities, or mental health conditions. As such, all individuals
31 experiencing opioid use disorder should be offered evidence-supported
32 treatments to include federal food and drug administration approved

1 medications for the treatment of opioid use disorders and behavioral
2 counseling and social supports to address them. For behavioral health
3 agencies, an effective plan of treatment for most persons with opioid
4 use disorder integrates access to medications and psychosocial
5 counseling and should be consistent with the American society of
6 addiction medicine patient placement criteria. Providers must inform
7 patients with opioid use disorder or substance use disorder of
8 options to access federal food and drug administration approved
9 medications for the treatment of opioid use disorder or substance use
10 disorder. Because some such medications are controlled substances in
11 chapter 69.50 RCW, the state of Washington maintains the legal
12 obligation and right to regulate the ((clinical)) uses of these
13 medications in the treatment of opioid use disorder.

14 ((Further,)) (b) The authority must work with other state
15 agencies and stakeholders to develop value-based payment strategies
16 to better support the ongoing care of persons with opioid and other
17 substance use disorders.

18 (c) The department of corrections shall develop policies to
19 prioritize services based on available grant funding and funds
20 appropriated specifically for opioid use disorder treatment.

21 (2) The authority must promote the use of medication therapies
22 and other evidence-based strategies to address the opioid epidemic in
23 Washington state. Additionally, by January 1, 2020, the authority
24 must prioritize state resources for the provision of treatment and
25 recovery support services to inpatient and outpatient treatment
26 settings that allow patients to start or maintain their use of
27 medications for opioid use disorder while engaging in services.

28 (3) The state declares that the main goals of ((opiate
29 substitution treatment is total abstinence from substance use for the
30 individuals who participate in the treatment program, but recognizes
31 the additional goals of reduced morbidity, and restoration of the
32 ability to lead a productive and fulfilling life. The state
33 recognizes that a small percentage of persons who participate in
34 opioid treatment programs require treatment for an extended period of
35 time. Opioid treatment programs shall provide a comprehensive
36 transition program to eliminate substance use, including opioid use
37 of program participants)) treatment for persons with opioid use
38 disorder are the cessation of unprescribed opioid use, reduced
39 morbidity, and restoration of the ability to lead a productive and
40 fulfilling life.

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

7 (5) The authority must partner with the department of social and
8 health services, the department of corrections, the department of
9 health, the department of children, youth, and families, and any
10 other agencies or entities the authority deems appropriate to develop
11 a statewide approach to leveraging medicaid funding to treat opioid
12 use disorder and provide emergency overdose treatment. Such
13 alternative sources of funding may include:

14 (a) Seeking a section 1115 demonstration waiver from the federal
15 centers for medicare and medicaid services to fund opioid treatment
16 medications for persons eligible for medicaid at or during the time
17 of incarceration and juvenile detention facilities; and

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

20 (6) (a) The authority shall work with the department of health to
21 promote coordination between medication-assisted treatment
22 prescribers, federally accredited opioid treatment programs,
23 substance use disorder treatment facilities, and state-certified
24 substance use disorder treatment agencies to:

25 (i) Increase patient choice in receiving medication and
26 counseling;

27 (ii) Strengthen relationships between opioid use disorder
28 providers;

29 (iii) Acknowledge and address the challenges presented for
30 individuals needing treatment for multiple substance use disorders
31 simultaneously; and

32 (iv) Study and review effective methods to identify and reach out
33 to individuals with opioid use disorder who are at high risk of
34 overdose and not involved in traditional systems of care, such as
35 homeless individuals using syringe service programs, and connect such
36 individuals to appropriate treatment.

37 (b) The authority must work with stakeholders to develop a set of
38 recommendations to the governor and the legislature that:

39 (i) Propose, in addition to those required by federal law, a
40 standard set of services needed to support the complex treatment

1 needs of persons with opioid use disorder treated in opioid treatment
2 programs;

3 (ii) Outline the components of and strategies needed to develop
4 opioid treatment program centers of excellence that provide fully
5 integrated care for persons with opioid use disorder;

6 (iii) Estimate the costs needed to support these models and
7 recommendations for funding strategies that must be included in the
8 report;

9 (iv) Outline strategies to increase the number of waived health
10 care providers approved for prescribing buprenorphine by the
11 substance abuse and mental health services administration; and

12 (v) Outline strategies to lower the cost of federal food and drug
13 administration approved products for the treatment of opioid use
14 disorder.

15 (7) State agencies shall review and promote positive outcomes
16 associated with the accountable communities of health funded opioid
17 projects and local law enforcement and human services opioid
18 collaborations as set forth in the Washington state interagency
19 opioid working plan.

20 (8) The authority must partner with the department and other
21 state agencies to replicate effective approaches for linking
22 individuals who have had a nonfatal overdose with treatment
23 opportunities, with a goal to connect certified peer counselors with
24 individuals who have had a nonfatal overdose.

25 (9) State agencies must work together to increase outreach and
26 education about opioid overdoses to non-English-speaking communities
27 by developing a plan to conduct outreach and education to non-
28 English-speaking communities. The department must submit a report on
29 the outreach and education plan with recommendations for
30 implementation to the appropriate legislative committees by July 1,
31 2020."

EFFECT: (1) Requires the Health Care Authority (HCA) to work with stakeholders to develop a set of recommendations to the Governor and the Legislature that outline strategies to increase the number of waived health care providers approved for prescribing buprenorphine by the Substance Abuse and Mental Health Services Administration, and to lower the cost of federal Food and Drug Administration approved products for the treatment of opioid use disorder.

(2) Removes statements and intent language related to evidence for opioid use disorder medications that patients be provided with a well-coordinated plan of interventions while preserving the patient voice in treatment.

(3) Removes duplicative intent language.

(4) Removes provisions that state that the HCA must comply with applicable federal law regarding its section 1115 demonstration waiver application.

(5) Removes specific permission for the HCA to replicate particular treatment approaches, such as hub and spoke treatment networks.

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