

SENATE BILL REPORT

SB 6311

As of February 3, 2020

Title: An act relating to persons with substance use disorders.

Brief Description: Concerning persons with substance use disorders.

Sponsors: Senators Zeiger, O'Ban, Dhingra and Wagoner.

Brief History:

Committee Activity: Behavioral Health Subcommittee to Health & Long Term Care: 1/31/20.

Brief Summary of Bill

- Requires a health facility or emergency room that admits a patient who has an indication of a substance use disorder to provide a substance use disorder evaluation, treatment, and referral.
- Requires all persons who begin a course of substance use disorder treatment to be referred to recovery coach services.

SENATE COMMITTEE ON BEHAVIORAL HEALTH SUBCOMMITTEE TO HEALTH & LONG TERM CARE

Staff: Kevin Black (786-7747)

Background: A substance use disorder occurs when a person's recurrent use of alcohol or drugs, or both, leads to clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home. The Health Care Authority (HCA) is the state behavioral health authority and provides access to substance use disorder treatment to citizens of Washington through the Medicaid program and other programs in collaboration with other state agencies.

A recovery coach is a peer service in which a person with lived experience of substance use disorder provides guidance, mentorship, and support to another person who seeks to enter into treatment or sustain long-term recovery. In 2019, state law was amended to include coverage for substance use disorder peer services in the state Medicaid program. Professional substance use disorder evaluation and treatment services may be provided in

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Washington by certified substance use disorder professionals, certified substance use disorder peers, and licensed co-occurring disorder specialists.

Summary of Bill: Effective January 1, 2024, a patient who presents to a hospital, health care clinic, emergency room, evaluation and treatment center, or crisis diversion facility with an indication of a substance use disorder, opioid overdose, or chronic addiction must receive, with patient consent, prior to discharge:

- a substance use disorder evaluation;
- medically necessary services for treatment of a substance use disorder, if any, until care can be transferred to an appropriate inpatient or outpatient substance use disorder facility, including medication for the purpose of relieving acute opioid withdrawal symptoms;
- information about the availability of substance use disorder treatment services, including recovery coach services;
- recovery planning tools; and
- notification of discharge to the person's emergency contacts and recovery coach, unless the patient refuses to consent to notification.

Every patient who begins a course of substance use disorder treatment must be referred, with patient consent, to receive recovery coach services from a certified peer counselor. The services described in this act may be provided through telemedicine or other innovative service models.

HCA must develop and disseminate best practice protocols for the use of facilities for client screening, referral, evaluation, transfer, and provision of medically necessary temporary treatment services, including medication assisted therapy, for persons under this act. HCA must develop rules to assure prompt, voluntary access to clinically appropriate substance use disorder services.

HCA must develop a system to make information about the availability of substance use disorder treatment services available to facilities and develop a strategy to update this information in real time.

HCA must prepare a gap analysis and implementation plan for delivery to the Governor and Legislature by December 1, 2021, including an analysis of workforce needs and proposals to provide the needed level of services.

Appropriation: None.

Fiscal Note: Requested on January 30, 2020.

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: We are all well aware of the gaps in our system, especially relating to substance use disorder. I lost a cousin to this disease. This bill makes assurances to people who enter public facilities that we will look out for them. People

will be able to receive information about treatment options and receive medication assisted treatment. A number of things have to fall into place for this to work. We are decades behind when it comes to the needs of our behavioral health system. I set up a four-year implementation date so we can develop the workforce and resources we need. We should not settle for small goals when it comes to recovery. I am working on amendments. We should do everything we can to be there for people on their path to recovery.

CON: We understand the need for access to treatment. The circumstances we find will not allow this bill to be implemented as assumed. We cannot provide substance use disorder care if there is not a medically necessary reason for the person to be in the hospital. This would make the hospital a holding area for patients until a network of substance use disorder services can emerge. We support funding for developing resources, but until we have them we will not be able to get there.

OTHER: We appreciate the time and effort put into this bill. I wish this were the world we lived in. There are logistic concerns in certain clinic and specialty settings. An ear nose and throat specialist or dermatologist is not likely to be equipped to do this work. There are severe boarding issues in emergency rooms and hospitals and there are not enough places to go. We see promise in the referral provisions of the bill.

Persons Testifying: PRO: Senator Hans Zeiger, Prime Sponsor.

CON: Len McComb, Washington State Hospital Association.

OTHER: Katie Kolan, Washington State Medical Association.

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