

SENATE BILL REPORT

SB 6134

As of February 2, 2024

Title: An act relating to preventing overdose and illicit use of opioids in Washington state.

Brief Description: Preventing overdose and illicit use of opioids in Washington state.

Sponsors: Senators Gildon and Wilson, L..

Brief History:

Committee Activity: Health & Long Term Care: 1/19/24, 1/30/24 [DPS-WM].
Ways & Means: 2/03/24.

Brief Summary of First Substitute Bill

- Directs the Department of Health (DOH) to create a system for mapping reported incidents of fatal and nonfatal overdoses and synthetic opioid poisonings.
- Directs DOH to establish a Washington State Opioid Trends Review Committee to make recommendations concerning preventable overdose-related deaths.
- Appropriates \$7 million to the Criminal Justice Training Commission for the Washington Association of Sheriffs and Police Chiefs to administer grants for multijurisdictional task forces.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Majority Report: That Substitute Senate Bill No. 6134 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Cleveland, Chair; Robinson, Vice Chair; Rivers, Ranking Member; Muzzall, Assistant Ranking Member; Conway, Dhingra, Holy, Padden, Randall and Van De Wege.

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

Staff: Kevin Black (786-7747)

SENATE COMMITTEE ON WAYS & MEANS

Staff: Monica Fontaine (786-7341)

Background: Department of Health. The Department of Health (DOH) provides an amalgam of programs and services to promote and protect public health in Washington. It works with local health agencies, Tribal partners, and state healthcare systems to provide technical assistance and strategic planning related to public health. Prominent programs at DOH related to opioids include the Prescription Monitoring Program and publication of information related to overdose prevention, appropriate use of Naloxone, and guidance for obtaining treatment resources, crisis counseling, and family support.

Opioid Epidemic Response. A cross-section of health agencies in Washington, in concert with the Governor's Office, issued an update to the Washington State Opioid and Overdose Response Plan in 2021-2022 describing coordinated efforts in Washington to prevent, detect, and treat opioid misuse and support individuals in recovery. The Health Care Authority convenes regular meetings of a Washington State Opioid Response Learning Community.

Edward Byrne Memorial Justice Assistance Grant Program. The Edward Byrne Memorial Justice Assistance Grant (JAG) is a primary source of federal funding to state and local jurisdictions supporting a range of criminal legal system improvement and community advancement programs. JAG funds are intended to assist states, tribes, and local jurisdictions in leveraging additional dollars from other funding sources to support and maximize statewide efforts.

Summary of Bill (First Substitute): DOH must work with local health jurisdictions, emergency medical service providers, emergency departments, state and local law enforcement agencies, sheriff's offices, medical examiners, and coroners to create a system or use an existing system for mapping reported incidents of fatal and nonfatal drug overdoses and synthetic opioid poisonings in Washington State. Emergency departments, law enforcement, and coroners are encouraged to report data not more than 24 hours after the incident or after receiving the incident toxicology report. DOH must examine the extent existing data reporting systems may be used to avoid unnecessarily increasing data reporting requirements or causing duplication of work.

DOH must convene stakeholders to develop recommendations for establishing a Washington State Opioid Trends Review Committee. This committee must identify and review fatal and nonfatal drug overdoses in Washington, identify causes, and conduct a review of other factors including but not limited to housing status, mental health status, and criminal justice system involvement. The committee must develop recommendations to address preventable overdose-related deaths, establish a process for data sharing between

relevant entities to access overdose data, and coordinate with the state's Opioid Response Learning Community. DOH is directed to invite a variety of interested stakeholders including public health experts, physicians, law enforcement, coroners, and persons who have experienced an overdose. DOH must submit a report by November 1, 2025, and establish the committee by September 1, 2026.

The sum of \$7 million is appropriated to the Criminal Justice Training Commission from the general fund for fiscal year 2025 for the purpose of having the Washington Association of Sheriffs and Police Chiefs (WASPC) administer a grant program for multijurisdictional task forces. Grant recipients must adhere to the same peer review and reporting requirements that existed for recipients of the JAG funds. WASPC may retain up to 5 percent of the funds, or \$350,000, for administration.

EFFECT OF CHANGES MADE BY HEALTH & LONG TERM CARE COMMITTEE (First Substitute):

- Directs DOH to use an existing data system or systems to the extent possible for mapping opioid deaths and directs to avoid increasing data reporting requirements or duplication of work.
- Adds local health jurisdictions and medical examiners to the entities DOH must collaborate with in mapping fatal and nonfatal drug overdoses and synthetic opioid poisonings.
- Amends instructions to the Washington State Opioid Overdose Trends Review Committee.
- Redirects appropriated funds to the Criminal Justice Training Commission for the purpose of allowing WASPC to administer the multijurisdictional task force grant program.

Appropriation: The bill contains an appropriation totaling \$7,000,000 from the General Fund.

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 on Original Bill (Health & Long Term Care): *The committee recommended a different version of the bill than what was heard.* PRO: Let's figure out where overdoses are occurring so we can know where to send scarce resources. I don't want efforts to be duplicative. We need to bring people together to review what is happening. This summer the Department of Commerce adopted a strategic plan that essentially stripped multijurisdictional drug task forces of their funding. The appropriation for the task forces more than doubles the \$2.7 million the Governor funded in his budget.

We need to go after traffickers to interdict the supply side. Gathering overdose information will allow DOH to provide recommendations to the Legislature which will help our citizens.

OTHER: I have spent half of my life breaking laws, doing the wrong thing, and hurting the people who love me. I have worked very hard to build a life for myself and my family. Drug treatment centers are underfunded, understaffed, and under equipped to handle the trauma underlying addiction. Let's build housing to incentivize recovery. It's been 10 years and too many deaths for us to be figuring this out now. We appreciate the intent of the bill but are concerned the reporting requirement for emergency departments may be duplicative. Hospitals report death incidents to DOH which can view information by substance use diagnostic codes. They do not track the final cause of death, which comes from the coroner.

Persons Testifying (Health & Long Term Care): PRO: Senator Chris Gildon, Prime Sponsor; Mary Long, Conservative Ladies of Washington; James McMahan, Washington Association of Sheriffs & Police Chiefs.

OTHER: Robert Emerson, citizen; Cameron Long, Washington State Hospital Association.

Persons Signed In To Testify But Not Testifying (Health & Long Term Care): No one.