**1713-S3 AMS WM S5096.2 - NOT FOR FLOOR USE**

**3SHB 1713** - S COMM AMD

By Committee on Ways & Means

Strike everything after the enacting clause and insert the following:

"NEW SECTION. **Sec.**  (1) In 2014, the legislature required the integration of the treatment systems for chemical dependency and mental health into behavioral health organizations beginning April 1, 2016. There currently exists involuntary treatment for mental health and limited involuntary treatment for chemical dependency. With the integration of mental health and chemical dependency into a behavioral health treatment system, it is the intention of the legislature to determine the best course of action for integration of the two involuntary treatment systems into one integrated system.

(2) The Washington state institute for public policy shall complete an evaluation of involuntary treatment systems for chemical dependency and shall submit a report to the appropriate committees of the legislature by December 15, 2016. To the extent it is not duplicative of other studies, the report must study how other states have implemented involuntary chemical dependency treatment with respect to emergency and nonemergency detentions. The study must include, but not be limited to:

(a) Court processes for referral for involuntary chemical dependency treatment;

(b) Statutory lengths of stay;

(c) Types of professionals providing evaluation and referral for treatment;

(d) Required qualifications of professionals providing evaluation and referral for treatment;

(e) Number of beds per one thousand residents;

(f) Less restrictive alternatives to detention; and

(g) Integration of involuntary mental health and chemical dependency treatment processes.

(3) The Washington state institute for public policy shall update its analyses of Washington's integrated crisis response pilots published in 2007, 2008, and 2011 using the institute's most recent cost benefit analysis methodology.

NEW SECTION. **Sec.**  (1) This section is the tax preference performance statement for the tax preference contained in section 3 of this act. This performance statement is only intended to be used for subsequent evaluation of the tax preference. It is not intended to create a private right of action by any party or be used to determine eligibility for preferential tax treatment.

(2) The legislature categorizes this tax preference as one intended to reduce structural inefficiencies in the tax structure as indicated in RCW 82.32.808(2)(d).

(3) It is the legislature's specific public policy objective to increase the funds available for community treatment of mental health and chemical dependency disorders under a government-funded program. It is the legislature's intent to provide tax relief to behavioral health organizations and health or social welfare organizations in order to increase the funds available for community treatment.

(4) It is not intended for this tax preference to extend beyond January 1, 2020, because on that date the community behavioral health program must be fully integrated in a managed care health system under RCW 71.24.850(2).

**Sec.**  RCW 82.04.4277 and 2014 c 225 s 104 are each amended to read as follows:

(1) A health or social welfare organization may deduct from the measure of tax amounts received as compensation for providing mental health services or chemical dependency services under a government-funded program.

(2) A behavioral health organization may deduct from the measure of tax amounts received from the state of Washington for distribution to a health or social welfare organization that is eligible to deduct the distribution under subsection (1) of this section.

(3) A person claiming a deduction under this section must file a complete annual report with the department under RCW 82.32.534.

(4) The definitions in this subsection apply ((~~to this section~~)) throughout this section unless the context clearly requires otherwise.

(a) "Chemical dependency" has the same meaning as provided in RCW 70.96A.020.

(b) "Health or social welfare organization" has the meaning provided in RCW 82.04.431.

((~~(b)~~)) (c) "Mental health services" and "behavioral health organization" have the meanings provided in RCW 71.24.025.

(5) This section expires ((~~August 1, 2016~~)) January 1, 2020.

**Sec.**  RCW 70.96A.097 and 1998 c 296 s 28 are each amended to read as follows:

(1) The department shall ensure that, for any minor admitted to inpatient treatment under RCW 70.96A.245, a review is conducted by a physician or ((~~chemical dependency~~)) substance use disorder counselor, as defined in rule by the department, who is employed by the department or an agency under contract with the department and who neither has a financial interest in continued inpatient treatment of the minor nor is affiliated with the program providing the treatment. The physician or ((~~chemical dependency~~)) substance use disorder counselor shall conduct the review not less than seven nor more than fourteen days following the date the minor was brought to the facility under RCW 70.96A.245(1) to determine whether it is a medical necessity to continue the minor's treatment on an inpatient basis.

(2) In making a determination under subsection (1) of this section whether it is a medical necessity to release the minor from inpatient treatment, the department shall consider the opinion of the treatment provider, the safety of the minor, the likelihood the minor's ((~~chemical dependency~~)) substance use disorder recovery will deteriorate if released from inpatient treatment, and the wishes of the parent or guardian.

(3) If, after any review conducted by the department under this section, the department determines it is no longer a medical necessity for a minor to receive inpatient treatment, the department shall immediately notify the parents or guardian and the professional person in charge. The professional person in charge shall release the minor to the parents or guardian within twenty-four hours of receiving notice. If the professional person in charge and the parent or guardian believe that it is a medical necessity for the minor to remain in inpatient treatment, the minor shall be released to the parent or guardian on the second judicial day following the department's determination in order to allow the parent or guardian time to file an at-risk youth petition under chapter 13.32A RCW. If the department determines it is a medical necessity for the minor to receive outpatient treatment and the minor declines to obtain such treatment, such refusal shall be grounds for the parent or guardian to file an at-risk youth petition.

(4) The department may, subject to available funds, contract with other governmental agencies for the conduct of the reviews conducted under this section and may seek reimbursement from the parents, the guardian, their insurance, or medicaid for the expense of any review conducted by an agency under contract.

(5) In addition to the review required under this section, the department may periodically determine and redetermine the medical necessity of treatment for purposes of payment with public funds.

**Sec.**  RCW 70.96A.230 and 1998 c 296 s 24 are each amended to read as follows:

Any provider of outpatient treatment who provides outpatient treatment to a minor thirteen years of age or older shall provide notice of the minor's request for treatment to the minor's parents ((~~if: (1) The minor signs a written consent authorizing the disclosure; or (2) the treatment program director determines that the minor lacks capacity to make a rational choice regarding consenting to disclosure~~)) or guardian. The notice shall be made within seven days of the request for treatment, excluding Saturdays, Sundays, and holidays, and shall contain the name, location, and telephone number of the facility providing treatment, and the name of a professional person on the staff of the facility providing treatment who is designated to discuss the minor's need for treatment with the parent or guardian.

**Sec.**  RCW 70.96A.235 and 1998 c 296 s 25 are each amended to read as follows:

Parental or guardian consent is required for inpatient ((~~chemical dependency~~)) substance use disorder treatment of a minor, unless the child meets the definition of a child in need of services in RCW 13.32A.030((~~(4)~~)) (5)(c) as determined by the department((~~: PROVIDED, That~~)). Parental or guardian consent is required for any treatment of a minor under the age of thirteen.

This section does not apply to petitions filed under this chapter.

**Sec.**  RCW 70.96A.240 and 1998 c 296 s 26 are each amended to read as follows:

(1) The parent or guardian of a minor is not liable for payment of inpatient or outpatient ((~~chemical dependency~~)) substance use disorder treatment unless the parent or guardian has joined in the consent to the treatment.

(2) The ability of a parent or guardian to apply to a certified treatment program for the admission of his or her minor child does not create a right to obtain or benefit from any funds or resources of the state. However, the state may provide services for indigent minors to the extent that funds are available ((~~therefor~~)).

**Sec.**  RCW 70.96A.245 and 1998 c 296 s 27 are each amended to read as follows:

(1) A parent or guardian may bring, or authorize the bringing of, his or her minor child to a certified treatment program and request that a ((~~chemical dependency~~)) substance use disorder assessment be conducted by a professional person to determine whether the minor ((~~is chemically dependent and~~)) has a substance use disorder and is in need of inpatient treatment.

(2) The consent of the minor is not required for admission, evaluation, and treatment if the parent or guardian brings the minor to the program.

(3) An appropriately trained professional person may evaluate whether the minor ((~~is chemically dependent~~)) has a substance use disorder. The evaluation shall be completed within twenty-four hours of the time the minor was brought to the program, unless the professional person determines that the condition of the minor necessitates additional time for evaluation. In no event shall a minor be held longer than seventy-two hours for evaluation. If, in the judgment of the professional person, it is determined it is a medical necessity for the minor to receive inpatient treatment, the minor may be held for treatment. The facility shall limit treatment to that which the professional person determines is medically necessary to stabilize the minor's condition until the evaluation has been completed. Within twenty-four hours of completion of the evaluation, the professional person shall notify the department if the child is held for treatment and of the date of admission.

(4) No provider is obligated to provide treatment to a minor under the provisions of this section. No provider may admit a minor to treatment under this section unless it is medically necessary.

(5) No minor receiving inpatient treatment under this section may be discharged from the program based solely on his or her request.

**Sec.**  RCW 70.96A.250 and 1998 c 296 s 29 are each amended to read as follows:

(1) A parent or guardian may bring, or authorize the bringing of, his or her minor child to a provider of outpatient ((~~chemical dependency~~)) substance use disorder treatment and request that an appropriately trained professional person examine the minor to determine whether the minor has a ((~~chemical dependency~~)) substance use disorder and is in need of outpatient treatment.

(2) The consent of the minor is not required for evaluation if the parent or guardian brings the minor to the provider.

(3) The professional person in charge of the program may evaluate whether the minor has a ((~~chemical dependency~~)) substance use disorder and is in need of outpatient treatment.

(4) Any minor admitted to inpatient treatment under RCW 70.96A.245 shall be discharged immediately from inpatient treatment upon written request of the parent or guardian.

**Sec.**  RCW 70.96A.255 and 1998 c 296 s 30 are each amended to read as follows:

Following the review conducted under RCW 70.96A.097, a minor child may petition the superior court for his or her release from the facility. The petition may be filed not sooner than fourteen days after the minor is admitted to the facility, or five days following the review, whichever is later. The court shall release the minor unless it finds, upon a preponderance of the evidence, that it is a medical necessity for the minor to remain at the facility."

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On page 1, line 2 of the title, after "dependency;" strike the remainder of the title and insert "amending RCW 82.04.4277, 70.96A.097, 70.96A.230, 70.96A.235, 70.96A.240, 70.96A.245, 70.96A.250, and 70.96A.255; creating new sections; and providing an expiration date."

EFFECT: (1) Creates a study of states' processes and requirements for involuntary chemical dependency treatment and updates the analyses of Washington's integrated crisis response pilots.

(2) Extends a tax exemption to Behavioral Health Organizations from August 1, 2016, through December 31, 2019, and expands the exemption to include funds provided to the Behavioral Health Organizations for chemical dependency services.

(3) A guardian of a minor child, in addition to a parent, may initiate parent-initiated substance use disorder treatment on behalf of the minor and participate in associated decisions.

(4) A treatment provider that provides outpatient substance use disorder treatment to a minor thirteen years of age or older at the request of the minor must notify the parents or guardian of the minor.

(5) A minor child may file a petition in superior court to be released from a course of parent or guardian-initiated substance use disorder inpatient treatment not sooner than fourteen days after the minor's admission to the facility.