

CERTIFICATION OF ENROLLMENT
ENGROSSED SUBSTITUTE HOUSE BILL 1427

Chapter 297, Laws of 2017

65th Legislature
2017 Regular Session

OPIOIDS--PRESCRIBING--MONITORING--TREATMENT

EFFECTIVE DATE: 7/23/2017 -- Except for sections 14 through 17,
which are contingent.

Passed by the House April 20, 2017
Yeas 88 Nays 8

FRANK CHOPP

Speaker of the House of Representatives

Passed by the Senate April 19, 2017
Yeas 49 Nays 0

CYRUS HABIB

President of the Senate

Approved May 16, 2017 10:25 AM

JAY INSLEE

Governor of the State of Washington

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE HOUSE BILL 1427** as passed by House of Representatives and the Senate on the dates hereon set forth.

BERNARD DEAN

Chief Clerk

FILED

May 16, 2017

**Secretary of State
State of Washington**

ENGROSSED SUBSTITUTE HOUSE BILL 1427

AS AMENDED BY THE SENATE

Passed Legislature - 2017 Regular Session

State of Washington 65th Legislature 2017 Regular Session

By House Health Care & Wellness (originally sponsored by
Representatives Cody, Jinkins, Peterson, and Pollet)

READ FIRST TIME 02/17/17.

1 AN ACT Relating to opioid treatment programs; amending RCW
2 70.225.040, 71.24.560, 71.24.585, 71.24.590, 71.24.590, 71.24.595,
3 and 71.24.595; adding a new section to chapter 18.22 RCW; adding a
4 new section to chapter 18.32 RCW; adding a new section to chapter
5 18.57 RCW; adding a new section to chapter 18.57A RCW; adding a new
6 section to chapter 18.71 RCW; adding a new section to chapter 18.71A
7 RCW; adding a new section to chapter 18.79 RCW; adding a new section
8 to chapter 70.225 RCW; adding a new section to chapter 71.24 RCW;
9 creating a new section; and providing contingent effective dates.

10 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

11 NEW SECTION. **Sec. 1.** The legislature finds that in 2015 an
12 average of two Washington residents died per day in this state from
13 opioid overdose and that opioid overdose deaths have more than
14 doubled between 2010 and 2015.

15 The legislature further finds that medically prescribed opioids
16 intended to treat pain have contributed to the opioid epidemic and
17 although Washington has done much to address the prescribing and
18 tracking of opioid prescriptions, more needs to be done to ensure
19 proper prescribing and use of opioids and access to treatment. This
20 includes allowing local health officers to access the prescription
21 monitoring program in order to provide patient follow-up and care

1 coordination, including directing care to opioid treatment programs
2 in the area as appropriate to the patient following an overdose
3 event.

4 The legislature intends to streamline its already comprehensive
5 system of tracking and treating opioid abuse by: Reducing barriers to
6 the siting of opioid treatment programs; ensuring ease of access for
7 prescribers, including those prescribers who provide services in
8 opioid treatment programs, to the prescription monitoring program;
9 allowing facilities and practitioners to use the information received
10 under the prescription monitoring program for the purpose of
11 providing individual prescriber quality improvement feedback; and
12 requiring the boards and commissions of the health care professions
13 with prescriptive authority to adopt rules establishing requirements
14 for prescribing opioid drugs with the goal of reducing the number of
15 people who inadvertently become addicted to opioids and,
16 consequently, reducing the burden on opioid treatment programs.

17 NEW SECTION. **Sec. 2.** A new section is added to chapter 18.22
18 RCW to read as follows:

19 (1) By January 1, 2019, the board must adopt rules establishing
20 requirements for prescribing opioid drugs. The rules may contain
21 exemptions based on education, training, amount of opioids
22 prescribed, patient panel, and practice environment.

23 (2) In developing the rules, the board must consider the agency
24 medical directors' group and centers for disease control guidelines,
25 and may consult with the department of health, the University of
26 Washington, and the largest professional association of podiatric
27 physicians and surgeons in the state.

28 NEW SECTION. **Sec. 3.** A new section is added to chapter 18.32
29 RCW to read as follows:

30 (1) By January 1, 2019, the commission must adopt rules
31 establishing requirements for prescribing opioid drugs. The rules may
32 contain exemptions based on education, training, amount of opioids
33 prescribed, patient panel, and practice environment.

34 (2) In developing the rules, the commission must consider the
35 agency medical directors' group and centers for disease control
36 guidelines, and may consult with the department of health, the
37 University of Washington, and the largest professional association of
38 dentists in the state.

1 NEW SECTION. **Sec. 4.** A new section is added to chapter 18.57
2 RCW to read as follows:

3 (1) By January 1, 2019, the board must adopt rules establishing
4 requirements for prescribing opioid drugs. The rules may contain
5 exemptions based on education, training, amount of opioids
6 prescribed, patient panel, and practice environment.

7 (2) In developing the rules, the board must consider the agency
8 medical directors' group and centers for disease control guidelines,
9 and may consult with the department of health, the University of
10 Washington, and the largest professional association of osteopathic
11 physicians and surgeons in the state.

12 NEW SECTION. **Sec. 5.** A new section is added to chapter 18.57A
13 RCW to read as follows:

14 (1) By January 1, 2019, the board must adopt rules establishing
15 requirements for prescribing opioid drugs. The rules may contain
16 exemptions based on education, training, amount of opioids
17 prescribed, patient panel, and practice environment.

18 (2) In developing the rules, the board must consider the agency
19 medical directors' group and centers for disease control guidelines,
20 and may consult with the department of health, the University of
21 Washington, and the largest professional association of osteopathic
22 physician assistants in the state.

23 NEW SECTION. **Sec. 6.** A new section is added to chapter 18.71
24 RCW to read as follows:

25 (1) By January 1, 2019, the commission must adopt rules
26 establishing requirements for prescribing opioid drugs. The rules may
27 contain exemptions based on education, training, amount of opioids
28 prescribed, patient panel, and practice environment.

29 (2) In developing the rules, the commission must consider the
30 agency medical directors' group and centers for disease control
31 guidelines, and may consult with the department of health, the
32 University of Washington, and the largest professional association of
33 physicians in the state.

34 NEW SECTION. **Sec. 7.** A new section is added to chapter 18.71A
35 RCW to read as follows:

36 (1) By January 1, 2019, the commission must adopt rules
37 establishing requirements for prescribing opioid drugs. The rules may

1 contain exemptions based on education, training, amount of opioids
2 prescribed, patient panel, and practice environment.

3 (2) In developing the rules, the commission must consider the
4 agency medical directors' group and centers for disease control
5 guidelines, and may consult with the department of health, the
6 University of Washington, and the largest professional association of
7 physician assistants in the state.

8 NEW SECTION. **Sec. 8.** A new section is added to chapter 18.79
9 RCW to read as follows:

10 (1) By January 1, 2019, the commission must adopt rules
11 establishing requirements for prescribing opioid drugs. The rules may
12 contain exemptions based on education, training, amount of opioids
13 prescribed, patient panel, and practice environment.

14 (2) In developing the rules, the commission must consider the
15 agency medical directors' group and centers for disease control
16 guidelines, and may consult with the department of health, the
17 University of Washington, and the largest professional associations
18 for advanced registered nurse practitioners and certified registered
19 nurse anesthetists in the state.

20 **Sec. 9.** RCW 70.225.040 and 2016 c 104 s 1 are each amended to
21 read as follows:

22 (1) Prescription information submitted to the department must be
23 confidential, in compliance with chapter 70.02 RCW and federal health
24 care information privacy requirements and not subject to disclosure,
25 except as provided in subsections (3) (~~and~~), (4), and (5) of this
26 section.

27 (2) The department must maintain procedures to ensure that the
28 privacy and confidentiality of patients and patient information
29 collected, recorded, transmitted, and maintained is not disclosed to
30 persons except as in subsections (3) (~~and~~), (4), and (5) of this
31 section.

32 (3) The department may provide data in the prescription
33 monitoring program to the following persons:

34 (a) Persons authorized to prescribe or dispense controlled
35 substances or legend drugs, for the purpose of providing medical or
36 pharmaceutical care for their patients;

37 (b) An individual who requests the individual's own prescription
38 monitoring information;

1 (c) Health professional licensing, certification, or regulatory
2 agency or entity;

3 (d) Appropriate law enforcement or prosecutorial officials,
4 including local, state, and federal officials and officials of
5 federally recognized tribes, who are engaged in a bona fide specific
6 investigation involving a designated person;

7 (e) Authorized practitioners of the department of social and
8 health services and the health care authority regarding medicaid
9 program recipients;

10 (f) The director or the director's designee within the health
11 care authority regarding medicaid clients for the purposes of quality
12 improvement, patient safety, and care coordination. The information
13 may not be used for contracting or value-based purchasing decisions;

14 (g) The director or director's designee within the department of
15 labor and industries regarding workers' compensation claimants;

16 (~~(g)~~) (h) The director or the director's designee within the
17 department of corrections regarding offenders committed to the
18 department of corrections;

19 (~~(h)~~) (i) Other entities under grand jury subpoena or court
20 order;

21 (~~(i)~~) (j) Personnel of the department for purposes of:

22 (i) Assessing prescribing practices, including controlled
23 substances related to mortality and morbidity;

24 (ii) Providing quality improvement feedback to providers,
25 including comparison of their respective data to aggregate data for
26 providers with the same type of license and same specialty; and

27 (iii) Administration and enforcement of this chapter or chapter
28 69.50 RCW;

29 (~~(j)~~) (k) Personnel of a test site that meet the standards
30 under RCW 70.225.070 pursuant to an agreement between the test site
31 and a person identified in (a) of this subsection to provide
32 assistance in determining which medications are being used by an
33 identified patient who is under the care of that person;

34 (~~(k)~~) (l) A health care facility or entity for the purpose of
35 providing medical or pharmaceutical care to the patients of the
36 facility or entity, or for quality improvement purposes if:

37 (i) The facility or entity is licensed by the department or is
38 operated by the federal government or a federally recognized Indian
39 tribe; and

1 (ii) The facility or entity is a trading partner with the state's
2 health information exchange; (~~and~~

3 ~~(l))~~ (m) A health care provider group of five or more providers
4 for purposes of providing medical or pharmaceutical care to the
5 patients of the provider group, or for quality improvement purposes
6 if:

7 (i) All the providers in the provider group are licensed by the
8 department or the provider group is operated by the federal
9 government or a federally recognized Indian tribe; and

10 (ii) The provider group is a trading partner with the state's
11 health information exchange;

12 (n) The local health officer of a local health jurisdiction for
13 the purposes of patient follow-up and care coordination following a
14 controlled substance overdose event. For the purposes of this
15 subsection "local health officer" has the same meaning as in RCW
16 70.05.010; and

17 (o) The coordinated care electronic tracking program developed in
18 response to section 213, chapter 7, Laws of 2012 2nd sp. sess.,
19 commonly referred to as the seven best practices in emergency
20 medicine, for the purposes of providing:

21 (i) Prescription monitoring program data to emergency department
22 personnel when the patient registers in the emergency department; and

23 (ii) Notice to providers, appropriate care coordination staff,
24 and prescribers listed in the patient's prescription monitoring
25 program record that the patient has experienced a controlled
26 substance overdose event. The department shall determine the content
27 and format of the notice in consultation with the Washington state
28 hospital association, Washington state medical association, and
29 Washington state health care authority, and the notice may be
30 modified as necessary to reflect current needs and best practices.

31 (4) The department shall, on at least a quarterly basis, and
32 pursuant to a schedule determined by the department, provide a
33 facility or entity identified under subsection (3)(l) of this section
34 or a provider group identified under subsection (3)(m) of this
35 section with facility or entity and individual prescriber information
36 if the facility, entity, or provider group:

37 (a) Uses the information only for internal quality improvement
38 and individual prescriber quality improvement feedback purposes and
39 does not use the information as the sole basis for any medical staff
40 sanction or adverse employment action; and

1 (b) Provides to the department a standardized list of current
2 prescribers of the facility, entity, or provider group. The specific
3 facility, entity, or provider group information provided pursuant to
4 this subsection and the requirements under this subsection must be
5 determined by the department in consultation with the Washington
6 state hospital association, Washington state medical association, and
7 Washington state health care authority, and may be modified as
8 necessary to reflect current needs and best practices.

9 (5)(a) The department may provide data to public or private
10 entities for statistical, research, or educational purposes after
11 removing information that could be used to identify individual
12 patients, dispensers, prescribers, and persons who received
13 prescriptions from dispensers.

14 (b)(i) The department may provide dispenser and prescriber data
15 and data that includes indirect patient identifiers to the Washington
16 state hospital association for use solely in connection with its
17 coordinated quality improvement program maintained under RCW
18 43.70.510 after entering into a data use agreement as specified in
19 RCW 43.70.052(8) with the association.

20 (ii) For the purposes of this subsection, "indirect patient
21 identifiers" means data that may include: Hospital or provider
22 identifiers, a five-digit zip code, county, state, and country of
23 resident; dates that include month and year; age in years; and race
24 and ethnicity; but does not include the patient's first name; middle
25 name; last name; social security number; control or medical record
26 number; zip code plus four digits; dates that include day, month, and
27 year; or admission and discharge date in combination.

28 ~~((5) A dispenser or practitioner))~~ (6) Persons authorized in
29 subsections (3), (4), and (5) of this section to receive data in the
30 prescription monitoring program from the department, acting in good
31 faith ((is)), are immune from any civil, criminal, disciplinary, or
32 administrative liability that might otherwise be incurred or imposed
33 for ((requesting, receiving, or using information from the program))
34 acting under this chapter.

35 NEW SECTION. Sec. 10. A new section is added to chapter 70.225
36 RCW to read as follows:

37 Beginning November 15, 2017, the department shall annually report
38 to the governor and the appropriate committees of the legislature on
39 the number of facilities, entities, or provider groups identified in

1 RCW 70.225.040(3) (1) and (m) that have integrated their federally
2 certified electronic health records with the prescription monitoring
3 program utilizing the state health information exchange.

4 **Sec. 11.** RCW 71.24.560 and 2016 sp.s. c 29 s 506 are each
5 amended to read as follows:

6 (1) All approved (~~(opiate substitution)~~) opioid treatment
7 programs that provide services to women who are pregnant are required
8 to disseminate up-to-date and accurate health education information
9 to all their pregnant clients concerning the possible addiction and
10 health risks that their (~~(opiate substitution)~~) treatment may have on
11 their baby. All pregnant clients must also be advised of the risks to
12 both them and their baby associated with not remaining on the
13 (~~(opiate substitute)~~) opioid treatment program. The information must
14 be provided to these clients both verbally and in writing. The health
15 education information provided to the pregnant clients must include
16 referral options for the (~~(addicted)~~) substance-exposed baby.

17 (2) The department shall adopt rules that require all (~~(opiate)~~)
18 opioid treatment programs to educate all pregnant women in their
19 program on the benefits and risks of (~~(methadone)~~) medication-
20 assisted treatment to their fetus before they are provided these
21 medications, as part of their (~~(addiction)~~) treatment. The department
22 shall meet the requirements under this subsection within the
23 appropriations provided for (~~(opiate)~~) opioid treatment programs. The
24 department, working with treatment providers and medical experts,
25 shall develop and disseminate the educational materials to all
26 certified (~~(opiate)~~) opioid treatment programs.

27 **Sec. 12.** RCW 71.24.585 and 2016 sp.s. c 29 s 519 are each
28 amended to read as follows:

29 The state of Washington declares that there is no fundamental
30 right to (~~(opiate substitution)~~) medication-assisted treatment for
31 opioid use disorder. The state of Washington further declares that
32 while (~~(opiate substitution drugs)~~) medications used in the treatment
33 of (~~(opiate dependency)~~) opioid use disorder are addictive
34 substances, that they nevertheless have several legal, important, and
35 justified uses and that one of their appropriate and legal uses is,
36 in conjunction with other required therapeutic procedures, in the
37 treatment of persons (~~(addicted to or habituated to opioids)~~) with
38 opioid use disorder. The state of Washington recognizes as evidence-

1 based for the management of opioid use disorder the medications
2 approved by the federal food and drug administration for the
3 treatment of opioid use disorder. ((Opiate substitution)) Medication-
4 assisted treatment should only be used for participants who are
5 deemed appropriate to need this level of intervention ((and should
6 not be the first treatment intervention for all opiate addicts)).
7 Providers must inform patients of all treatment options available.
8 The provider and the patient shall consider alternative treatment
9 options, like abstinence, when developing the treatment plan. If
10 medications are prescribed, follow up must be included in the
11 treatment plan in order to work towards the goal of abstinence.

12 Because ((opiate substitution drugs, used in the treatment of
13 opiate dependency are addictive and are listed as a schedule II))
14 some such medications are controlled substances in chapter 69.50 RCW,
15 the state of Washington ((has)) maintains the legal obligation and
16 right to regulate the ((use of opiate substitution treatment. The
17 state of Washington declares its authority to control and regulate
18 carefully, in consultation with counties and cities, all clinical
19 uses of opiate substitution drugs used in the treatment of opiate
20 addiction)) clinical uses of these medications in the treatment of
21 opioid use disorder.

22 Further, the state declares that the ((primary)) main goal of
23 opiate substitution treatment is total abstinence from substance use
24 for the individuals who participate in the treatment program, but
25 recognizes the additional goals of reduced morbidity, and restoration
26 of the ability to lead a productive and fulfilling life. The state
27 recognizes that a small percentage of persons who participate in
28 ((opiate substitution)) opioid treatment programs require treatment
29 for an extended period of time. ((Opiate substitution)) Opioid
30 treatment programs shall provide a comprehensive transition program
31 to eliminate substance use, including ((opiate and opiate substitute
32 addiction)) opioid use of program participants.

33 NEW SECTION. Sec. 13. A new section is added to chapter 71.24
34 RCW to read as follows:

35 The state declares that a person lawfully possessing or using
36 lawfully prescribed medication for the treatment of opioid use
37 disorder must be treated the same in judicial and administrative
38 proceedings as a person lawfully possessing or using other lawfully
39 prescribed medications.

1 **Sec. 14.** RCW 71.24.590 and 2001 c 242 s 2 are each amended to
2 read as follows:

3 (1) ~~((For purposes of this section, "area" means the county in
4 which an applicant proposes to locate a certified program and
5 counties adjacent, or near to, the county in which the program is
6 proposed to be located.))~~

7 When making a decision on an application for certification of a
8 program, the department shall:

9 (a) Consult with the county legislative authorities in the area
10 in which an applicant proposes to locate a program and the city
11 legislative authority in any city in which an applicant proposes to
12 locate a program;

13 (b) Certify only programs that will be sited in accordance with
14 the appropriate county or city land use ordinances. Counties and
15 cities may require conditional ~~((or special))~~ use permits with
16 reasonable conditions for the siting of programs. Pursuant to RCW
17 36.70A.200, no local comprehensive plan or development regulation may
18 preclude the siting of essential public facilities;

19 (c) Not discriminate in its certification decision on the basis
20 of the corporate structure of the applicant;

21 (d) Consider the size of the population in need of treatment in
22 the area in which the program would be located and certify only
23 applicants whose programs meet the necessary treatment needs of that
24 population;

25 ~~((Demonstrate a need in the community for opiate substitution
26 treatment and not certify more program slots than justified by the
27 need in that community. No program shall exceed three hundred fifty
28 participants unless specifically authorized by the county in which
29 the program is certified;~~

30 ~~((f))~~ Consider the availability of other certified opioid
31 treatment programs near the area in which the applicant proposes to
32 locate the program;

33 ~~((g))~~ (f) Consider the transportation systems that would
34 provide service to the program and whether the systems will provide
35 reasonable opportunities to access the program for persons in need of
36 treatment;

37 ~~((h))~~ (g) Consider whether the applicant has, or has
38 demonstrated in the past, the capability to provide the appropriate
39 services to assist the persons who utilize the program in meeting
40 goals established by the legislature~~((, including abstinence from~~

1 ~~opiates and opiate substitutes, obtaining mental health treatment,~~
2 ~~improving economic independence, and reducing adverse consequences~~
3 ~~associated with illegal use of controlled substances)) in RCW~~
4 71.24.585. The department shall prioritize certification to
5 applicants who have demonstrated such capability and are able to
6 measure their success in meeting such outcomes;

7 ~~((i))~~ (h) Hold ~~((at least))~~ one public hearing in the
8 ~~((county))~~ community in which the facility is proposed to be located
9 ~~((and one hearing in the area in which the facility is proposed to be~~
10 ~~located)).~~ The hearing shall be held at a time and location that are
11 most likely to permit the largest number of interested persons to
12 attend and present testimony. The department shall notify all
13 appropriate media outlets of the time, date, and location of the
14 hearing at least three weeks in advance of the hearing.

15 (2) A county may impose a maximum capacity for a program of not
16 less than three hundred fifty participants if necessary to address
17 specific local conditions cited by the county.

18 (3) A program applying for certification from the department and
19 a program applying for a contract from a state agency that has been
20 denied the certification or contract shall be provided with a written
21 notice specifying the rationale and reasons for the denial.

22 ~~((3))~~ (4) For the purpose of this chapter, ~~((opiate~~
23 ~~substitution))~~ opioid treatment program means:

24 (a) Dispensing ~~((an opiate substitution drug))~~ a medication
25 approved by the federal drug administration for the treatment of
26 ~~((opiate addiction))~~ opioid use disorder and dispensing medication
27 for the reversal of opioid overdose; and

28 (b) Providing a comprehensive range of medical and rehabilitative
29 services.

30 **Sec. 15.** RCW 71.24.590 and 2001 c 242 s 2 are each amended to
31 read as follows:

32 ~~((For purposes of this section, "area" means the county in~~
33 ~~which an applicant proposes to locate a certified program and~~
34 ~~counties adjacent, or near to, the county in which the program is~~
35 ~~proposed to be located.))~~

36 When making a decision on an application for licensing or
37 certification of a program, the department shall:

38 (a) Consult with the county legislative authorities in the area
39 in which an applicant proposes to locate a program and the city

1 legislative authority in any city in which an applicant proposes to
2 locate a program;

3 (b) License or certify only programs that will be sited in
4 accordance with the appropriate county or city land use ordinances.
5 Counties and cities may require conditional (~~(or special)~~) use
6 permits with reasonable conditions for the siting of programs.
7 Pursuant to RCW 36.70A.200, no local comprehensive plan or
8 development regulation may preclude the siting of essential public
9 facilities;

10 (c) Not discriminate in its licensing or certification decision
11 on the basis of the corporate structure of the applicant;

12 (d) Consider the size of the population in need of treatment in
13 the area in which the program would be located and license or certify
14 only applicants whose programs meet the necessary treatment needs of
15 that population;

16 ~~(e) ((Demonstrate a need in the community for opiate substitution
17 treatment and not certify more program slots than justified by the
18 need in that community. No program shall exceed three hundred fifty
19 participants unless specifically authorized by the county in which
20 the program is certified;~~

21 ~~(f))~~ Consider the availability of other licensed or certified
22 opioid treatment programs near the area in which the applicant
23 proposes to locate the program;

24 ~~((g))~~ (f) Consider the transportation systems that would
25 provide service to the program and whether the systems will provide
26 reasonable opportunities to access the program for persons in need of
27 treatment;

28 ~~((h))~~ (g) Consider whether the applicant has, or has
29 demonstrated in the past, the capability to provide the appropriate
30 services to assist the persons who utilize the program in meeting
31 goals established by the legislature(~~(, including abstinence from
32 opiates and opiate substitutes, obtaining mental health treatment,
33 improving economic independence, and reducing adverse consequences
34 associated with illegal use of controlled substances))~~ in RCW
35 71.24.585. The department shall prioritize licensing or certification
36 to applicants who have demonstrated such capability and are able to
37 measure their success in meeting such outcomes;

38 ~~((i))~~ (h) Hold ~~((at least))~~ one public hearing in the
39 ~~((county))~~ community in which the facility is proposed to be located
40 ~~((and one hearing in the area in which the facility is proposed to be~~

1 located)). The hearing shall be held at a time and location that are
2 most likely to permit the largest number of interested persons to
3 attend and present testimony. The department shall notify all
4 appropriate media outlets of the time, date, and location of the
5 hearing at least three weeks in advance of the hearing.

6 (2) A county may impose a maximum capacity for a program of not
7 less than three hundred fifty participants if necessary to address
8 specific local conditions cited by the county.

9 (3) A program applying for licensing or certification from the
10 department and a program applying for a contract from a state agency
11 that has been denied the licensing or certification or contract shall
12 be provided with a written notice specifying the rationale and
13 reasons for the denial.

14 (~~(3)~~) (4) For the purpose of this chapter, (~~opiate~~
15 ~~substitution~~) opioid treatment program means:

16 (a) Dispensing (~~(an opiate substitution drug)~~) a medication
17 approved by the federal drug administration for the treatment of
18 (~~(opiate addiction)~~) opioid use disorder and dispensing medication
19 for the reversal of opioid overdose; and

20 (b) Providing a comprehensive range of medical and rehabilitative
21 services.

22 **Sec. 16.** RCW 71.24.595 and 2003 c 207 s 6 are each amended to
23 read as follows:

24 (1) The department, in consultation with (~~(opiate substitution)~~)
25 opioid treatment program service providers and counties and cities,
26 shall establish statewide treatment standards for certified (~~(opiate~~
27 ~~substitution)~~) opioid treatment programs. The department shall
28 enforce these treatment standards. The treatment standards shall
29 include, but not be limited to, reasonable provisions for all
30 appropriate and necessary medical procedures, counseling
31 requirements, urinalysis, and other suitable tests as needed to
32 ensure compliance with this chapter.

33 (2) The department, in consultation with (~~(opiate substitution)~~)
34 opioid treatment programs and counties, shall establish statewide
35 operating standards for certified (~~(opiate substitution)~~) opioid
36 treatment programs. The department shall enforce these operating
37 standards. The operating standards shall include, but not be limited
38 to, reasonable provisions necessary to enable the department and
39 counties to monitor certified and licensed (~~(opiate substitution)~~)

1 opioid treatment programs for compliance with this chapter and the
2 treatment standards authorized by this chapter and to minimize the
3 impact of the ~~((opiate substitution))~~ opioid treatment programs upon
4 the business and residential neighborhoods in which the program is
5 located.

6 (3) ~~((The department shall establish criteria for evaluating the
7 compliance of opiate substitution treatment programs with the goals
8 and standards established under this chapter. As a condition of
9 certification, opiate substitution programs shall submit an annual
10 report to the department and county legislative authority, including
11 data as specified by the department necessary for outcome analysis.))~~
12 The department shall analyze and evaluate the data submitted by each
13 treatment program and take corrective action where necessary to
14 ensure compliance with the goals and standards enumerated under this
15 chapter. Opioid treatment programs are subject to the oversight
16 required for other substance use disorder treatment programs, as
17 described in this chapter.

18 **Sec. 17.** RCW 71.24.595 and 2003 c 207 s 6 are each amended to
19 read as follows:

20 (1) The department, in consultation with ~~((opiate substitution))~~
21 opioid treatment program service providers and counties and cities,
22 shall establish statewide treatment standards for licensed or
23 certified ~~((opiate substitution))~~ opioid treatment programs. The
24 department shall enforce these treatment standards. The treatment
25 standards shall include, but not be limited to, reasonable provisions
26 for all appropriate and necessary medical procedures, counseling
27 requirements, urinalysis, and other suitable tests as needed to
28 ensure compliance with this chapter.

29 (2) The department, in consultation with ~~((opiate substitution))~~
30 opioid treatment programs and counties, shall establish statewide
31 operating standards for certified ~~((opiate substitution))~~ opioid
32 treatment programs. The department shall enforce these operating
33 standards. The operating standards shall include, but not be limited
34 to, reasonable provisions necessary to enable the department and
35 counties to monitor certified ~~((and))~~ or licensed ~~((opiate
36 substitution))~~ opioid treatment programs for compliance with this
37 chapter and the treatment standards authorized by this chapter and to
38 minimize the impact of the ~~((opiate substitution))~~ opioid treatment

1 programs upon the business and residential neighborhoods in which the
2 program is located.

3 ~~(3) ((The department shall establish criteria for evaluating the~~
4 ~~compliance of opiate substitution treatment programs with the goals~~
5 ~~and standards established under this chapter. As a condition of~~
6 ~~certification, opiate substitution programs shall submit an annual~~
7 ~~report to the department and county legislative authority, including~~
8 ~~data as specified by the department necessary for outcome analysis.))~~
9 The department shall analyze and evaluate the data submitted by each
10 treatment program and take corrective action where necessary to
11 ensure compliance with the goals and standards enumerated under this
12 chapter. Opioid treatment programs are subject to the oversight
13 required for other substance use disorder treatment programs, as
14 described in this chapter.

15 NEW SECTION. **Sec. 18.** Sections 14 and 16 of this act take
16 effect only if neither Substitute House Bill No. 1388 (including any
17 later amendments or substitutes) nor Substitute Senate Bill No. 5259
18 (including any later amendments or substitutes) is signed into law by
19 the governor by the effective date of this section.

20 NEW SECTION. **Sec. 19.** Sections 15 and 17 of this act take
21 effect only if Substitute House Bill No. 1388 (including any later
22 amendments or substitutes) or Substitute Senate Bill No. 5259
23 (including any later amendments or substitutes) is signed into law by
24 the governor by the effective date of this section.

Passed by the House April 20, 2017.
Passed by the Senate April 19, 2017.
Approved by the Governor May 16, 2017.
Filed in Office of Secretary of State May 16, 2017.

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