S-6460.1

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**SECOND SUBSTITUTE SENATE BILL 6311**

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**State of Washington 66th Legislature 2020 Regular Session**

**By** Senate Ways & Means (originally sponsored by Senators Zeiger, O'Ban, Dhingra, and Wagoner)

AN ACT Relating to persons with substance use disorders; adding a new section to chapter 71.24 RCW; and providing an expiration date.

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

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

(1) The authority shall prepare a gap analysis for delivery to the governor and appropriate committees of the legislature by December 1, 2020, including an analysis of workforce needs that would need to be met in order to provide the following policy requirements:

(a) Every person who presents to an emergency room, evaluation and treatment center, crisis triage facility, or crisis stabilization unit with an indication of a substance use disorder, opioid overdose, or chronic addiction, in the professional opinion of the medical staff, must receive, with patient consent, prior to discharge:

(i) A screening for the need for substance use disorder services using a validated screening tool;

(ii) If the screening indicates a need for substance use disorder services, a referral for a substance use disorder evaluation and appropriate services;

(iii) If the screening indicates a need for substance use disorder services, and the patient consents, a referral to a certified substance use disorder peer counselor, including transmittal of patient information to the certified substance use disorder peer counselor or agency providing certified substance use disorder peer counselor services so that outreach can be made to the patient; and

(iv) Access to information about available substance use disorder treatment services.

(b) The fact of the screening or patient refusal and any other action taken under this section must be noted in the patient's medical record.

(c) The requirements of this section may be satisfied through the use of telemedicine or other innovative service models.

(d) The requirements of this section may not be used to extend the length of stay of a patient in an emergency room, evaluation and treatment center, crisis triage facility, or crisis stabilization unit.

(e) For the purpose of the gap analysis, the authority may assume that it would:

(i) Develop best practice protocols including guidance for identifying clients who present with an indication of a substance use disorder, opioid overdose, or chronic addiction, and for referring them for an evaluation and appropriate services; and

(ii) Develop a system to make accurate information about clinically appropriate substance use disorder services available to facilities under (a) of this subsection and develop a strategy to update this information.

(2) This section expires January 1, 2023.

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