Behavioral Health Policy Legislation Update for King County BHRD Partners – 1/23/18

This summary is not exhaustive. It is a living document that will be revised throughout the legislative session.
Questions? Contact Chris Verschuyl at chris.verschuyl@kingcounty.gov.

Bill # / Title	Brief Description	Status
HB 2289 (Kilduff prime) **release and commitment of persons involuntarily committed after the dismissal of a felony**	This bill concerns procedures relating to the release from involuntary treatment of people who have committed acts constituting a felony but are determined to be incompetent to stand trial and for whom criminal charges have been dismissed, and present a substantial likelihood of repeating similar acts as a result of their mental disorder. It expands who needs to be notified to include other local law enforcement; allows prosecutors to file petitions for new commitments when previous ones are not extended; and creates an an avenue to extend public safety review board (PSRB) review of commitment status changes to encompass such patients.	House Judiciary hearing 1/11, exec action 1/24
HB 2401 **SB 6365** (Jinkins/O'Ban prime) **suspension of the evaluation, detention, and commitment of persons with a SUD when secure detoxification facility beds are not available**	Revises no-bed report provisions from the ITA to distinguish mental health disorders (for which single bed certifications or SBCs can be used to detain a person) from SUDs (for which SBCs cannot be used). No-bed reports, which are used when a person meets detention criteria but no legal bed or less restrictive alternative is available, would now further identify whether the person met mental health detention criteria or SUD detention criteria. When 60 SUD no-bed reports are received by DSHS within any 3-month period, all integrated ITA provisions pertaining to SUD-related evaluations, detentions, and commitments are suspended. The suspension would go into effect on the 10th business day after notice is provided to BHOs, designated crisis responders (DCRs), secure detoxification facilities, and hospitals, and would remain in effect until 45 days after 48 additional secure detoxification beds, including at least one 16-bed secure detoxification facility in Eastern Washington, are operational. During the period of suspension, certified secure detoxification facilities may opt to continue to treat voluntary patients, and payment must be provided for voluntary services by HCA, BHOs, or MCOs.	2401: Referred to Judiciary 6365: Referred to HS&C
HB 2489 **SB 6150** (Cody & Cleveland prime) **Opioid use disorder treatment, prevention, and related services**	**Section 2:** Makes various revisions to RCW 71.24.585 regarding goals and approved approaches for medication-assisted treatment (MAT) programs for opioid use disorder (OUD), in alignment with progressive changes that had been sought by King County in earlier versions of 2017's ESHB 1427, including recognition of the role of medication and elimination of references to abstinence. Directs DSHS to promote the use of medication therapies and other evidence-based strategies to address the opioid epidemic, prioritizing state resources for the provision of treatment and recovery support services to entities which allow patients to maintain their use of MAT while engaging in services, and entities which allow patients to start on MAT while enrolled in services. Directs HCA to seek and use alternative sources of funding to address the opioid crisis. Directs DSHS to replicate effective approaches to broaden outreach and patient navigation with allied OUD community partners. Directs DOH and HCA to promote coordination between various types of agencies and to promote positive outcomes associated with ACH-funded opioid projects and law enforcement/human services opioid collaborations. **Section 3:** Directs DSHS to work with DOH, HCA, and managed care organizations (MCOs) to eliminate barriers and promote access to all effective medications to address OUD at state-certified opioid treatment programs (OTPs). **Section 4:** DSHS will develop a plan for the coordinated purchasing of opioid overdose reversal medication *(2489/6150 continued next page)*	2489: House HC&W 1/19 6150: Senate Health & Long-Term Care 1/15

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	statewide. **Section 5:** DSHS will develop a strategy to support deployment of rapid response teams to communities that have a high number overdoses, and to promote MAT in emergency departments and same-day referrals to SUD treatment facilities and community-based MAT prescribers for individuals experiencing an overdose. **Section 6:** Clarifies OTP health education information requirements for pregnant clients. **Section 7:** Removes and clarifies outdated language relating to educating pregnant mothers and caring for their babies. **Section 9:** Clarifies language regarding opioid overdose reversal medication to ensure consistent references to prescriptions, collaborative drug therapy agreements, standing orders, and protocols. Permits DOH or its designee to issue a standing order to any person at risk of experiencing an opioid-related overdose or any person or entity in a position to assist the person. Establishes procedures for dispensation, patient education, and training related to these standing orders; protects those involved from liability; and exempts overdose reversal drugs from labeling requirements. **Section 11:** Clarifies privacy and disclosure rules related to the prescription monitoring program (PMP). Newly permits the provision of data from the PMP to HCA regarding members of self-funded or self-insured health plans, and to licensed practitioners of health carriers. **Section 12:** Requires vendors selling electronic health records systems (EHRs) in Washington to ensure the system can integrate with the PMP by 12/1/18. Requires EHRs to fully integrate PMP data by 1/1/19 (or 1/1/20 if vendor is not compliant with 12/1/18 deadline). **Section 13:** Requires DOH to establish a statewide electronic emergency medical service (EMS) data system to include data on fatal and nonfatal drug overdoses and drug poisoning must be included. **Section 14:** Requires HCA to develop and recommend for coverage nonpharmacologic treatments for chronic noncancer pain and report to the legislature and the governor by 10/2018.	
HB 2496 **SB 6141** (Santos/McCoy prime) **Strengthening school district plans for recognition, screening, and response to emotional or behavioral distress in students**	Subject to available funding, requires OSPI to develop an online 1-hour training for school staff on recognition, screening, and response to emotional or behavioral distress in students. ESDs must identify a regional mental health coordinator to develop and maintain training capacity in recognition, screening, and response to emotional or behavioral distress in students, including youth suicide, substance abuse, and violence, provide technical assistance and training to help school districts with work on their required plans in this area; tracking of plan completion; and reporting to OSPI annually.	2496: House Education 1/16 6141: Senate Early Learning & K-12 1/16
HB 2501 (McBride prime) **Facilitating access to the prescription monitoring program**	This bill revises prescription monitoring program (PMP) provisions to require that the PMP database be compatible with all federally certified electronic health record (EHR) technologies, and requires DOH to provide technical assistance to providers and facilities attempting to access the PMP by 1/1/20. Closely related to section 12 of 2489/6150.	House HC&W 1/19

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HB 2572 (Cody prime) **Removing health coverage barriers to accessing SUD treatment services**	Prohibits prior authorization of SUD treatment. Requires 14 days of coverage for medically necessary acute treatment services (24-hour medically supervised, such as detoxification) and medically necessary clinical stabilization services (24-hour post-detoxification services) for any health plan offered through HCA or a private insurer, or to behavioral health organization (BHO) enrollees. Allows utilization management to begin on the seventh day after admission.	House HC&W 1/19
SHB 2779 **SB 6485** (Senn prime) **Improving access to mental health services for children and youth**	Renews the Children's MH Workgroup established in 2016, expands its membership, and provides multiple new mandates including policy changes and reporting requirements. Most notably for community BH services, incorporates family support as a component of outpatient services, permits BHO reimbursement for services in partial hospitalization or intensive outpatient programs, and mandates BHO reimbursement for supervising people working toward MH professional licenses. Among other provisions, mandates the institution of mental health curricula in high schools as part of an ESD-based pilot program in two communities.	2779: Passed House EL&HS 1/19 6485: Referred to Senate HS&C
HB 2799 (Kagi prime) **Providing that certain local sales and use taxes may be used for prevention and outreach programs**	Provides that dedicated behavioral health/therapeutic court sales taxes authorized under RCW 82.14.460, such as King County's MIDD, may be used for "prevention and outreach programs specifically targeted towards individuals who show signs or high risk factors associated with mental health or chemical dependency disorders," along with currently authorized purposes.	Referred to Finance
SB 5441 (Kuderer prime) **Certain procedures upon initial detention under the ITA**	Suspends firearm rights for 6 months upon initial detention under the ITA. (Current law removes firearm rights indefinitely for individuals committed under the ITA for 14 days, but firearm rights are unaffected for those only detained for the first 72 hours.) Creates new reporting duties for DMHP agencies to law enforcement upon discharge from the hospital.	Senate L&J 1/23
SSB 6025 (Dhingra prime) **Increasing success in therapeutic courts**	This bill would expand the criminal justice treatment account (CJTA) definition of "treatment" to all programmatic elements of therapeutic courts, including but not limited to recovery supports. Previous prohibitions on the use of CJTA for housing, vocational training, and mental health counseling are removed. CJTA's definition of "treatment support" is also changed, from strictly transportation and child care to a permissive definition that includes such services but is not explicitly limited to them. References to administrative and overhead costs for drug courts are removed. Requires $8.25M/year to be transferred to from the state general fund to the CJTA account in 4 payments.	Passed L&J 1/18 Referred to W&M 1/19
SB 6048 (Kuderer prime) **age at which sale or distribution of tobacco and vapor products may be made**	Raises the purchase age for tobacco and vapor products from 18 to 21 effective 1/1/19 and includes related regulatory and enforcement changes.	Senate Health & Long-Term Care 1/19

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SB 6124 (Dhingra prime) **Clarifying that court hearings under the ITA may be conducted by video**	Adds a definition of "hearing" for the purpose of all civil involuntary treatment proceedings under RCW 71.05 that allows for individuals to participate in hearings either in person or by video, or by any equivalent technology. Requires all parties to participate in the hearing in person rather than by video if determined by the court.	Senate HS&C 1/15
SB 6259 (Ranker prime) **Creating the social work professional loan repayment program**	Creates the social work professional loan repayment fund, and targets it to social workers in state service, who have been employed for at least two years by Children's Administration (CA) and the new Department of Children, Youth, and Families (DCYF), who have an Licensed Advanced (LASW) or Licensed Independent Clinical Social Worker (LICSW) license, or who have a Bachelor of SW (BSW) degree.	Senate Higher Ed & Workforce 1/18
SB 6468 (Kuderer prime) **Expanding community-based BH facilities through the issuance of state bonds**	This bill permits the issuance of $500M in general obligation bonds for capital improvements to increase behavioral health services, creating the community behavioral health bond account and the community behavioral health taxable bond account, if adopted by a vote of the people. Proceeds may be spent on "community-based MH facilities," including but not limited to evaluation and treatment (E&T) centers, crisis triage and stabilization centers, less restrictive alternative step-down beds, enhanced service facilities (ESFs), detoxification centers, transitional and long-term housing, and residential treatment centers.	Referred to W&M
6491 (O'Ban prime) **Increasing the availability of assisted outpatient behavioral health treatment**	Reprises AOT provisions of 2017's 5894. Broadens assisted outpatient treatment (AOT) eligibility significantly by removing consideration of prior hospitalizations and inability to remain safely in community, and eliminates intermediate evaluation, meaning DMHP evaluation can lead directly to 90-day AOT commitment. Allows revocation of AOT under existing less restrictive (LR) criteria, effectively lowering the standard for initial inpatient detention for someone on an AOT order. Medication management is made an optional service rather than mandatory. Also expands AOT to substance abuse, not just MH.	Referred to HS&C