

Multiple Agency Fiscal Note Summary

Bill Number: 2319 S HB	Title: Substance use treatment
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Estimated Cash Receipts

Agency Name	2023-25			2025-27			2027-29		
	GF-State	NGF-Outlook	Total	GF-State	NGF-Outlook	Total	GF-State	NGF-Outlook	Total
Washington State Health Care Authority	Non-zero but indeterminate cost and/or savings. Please see discussion.								
Total \$	0	0	0	0	0	0	0	0	0

Estimated Operating Expenditures

Agency Name	2023-25				2025-27				2027-29			
	FTEs	GF-State	NGF-Outlook	Total	FTEs	GF-State	NGF-Outlook	Total	FTEs	GF-State	NGF-Outlook	Total
Washington State Health Care Authority	.0	923,000	923,000	923,000	.0	0	0	0	.0	0	0	0
Washington State Health Care Authority	In addition to the estimate above, there are additional indeterminate costs and/or savings. Please see individual fiscal note.											
Office of Insurance Commissioner	Fiscal note not available											
Department of Health	.1	22,000	22,000	44,000	.6	82,000	82,000	164,000	.6	82,000	82,000	164,000
University of Washington	.9	214,427	214,427	214,427	1.3	345,994	345,994	345,994	1.3	345,994	345,994	345,994
Total \$	1.0	1,159,427	1,159,427	1,181,427	1.9	427,994	427,994	509,994	1.9	427,994	427,994	509,994

Estimated Capital Budget Expenditures

Agency Name	2023-25			2025-27			2027-29		
	FTEs	Bonds	Total	FTEs	Bonds	Total	FTEs	Bonds	Total
Washington State Health Care Authority	.0	0	0	.0	0	0	.0	0	0
Office of Insurance Commissioner	Fiscal note not available								
Department of Health	.0	0	0	.0	0	0	.0	0	0
University of Washington	.0	0	0	.0	0	0	.0	0	0
Total \$	0.0	0	0	0.0	0	0	0.0	0	0

Estimated Capital Budget Breakout

NONE

Prepared by: Breann Boggs, OFM	Phone: (360) 485-5716	Date Published: Preliminary 2/9/2024
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Individual State Agency Fiscal Note

Bill Number: 2319 S HB	Title: Substance use treatment	Agency: 107-Washington State Health Care Authority
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Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

Non-zero but indeterminate cost and/or savings. Please see discussion.

Estimated Operating Expenditures from:

	FY 2024	FY 2025	2023-25	2025-27	2027-29
Account					
General Fund-State 001-1	0	923,000	923,000	0	0
Total \$	0	923,000	923,000	0	0

In addition to the estimates above, there are additional indeterminate costs and/or savings. Please see discussion.

Estimated Capital Budget Impact:

NONE

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

Check applicable boxes and follow corresponding instructions:

- If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.
- If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
- Capital budget impact, complete Part IV.
- Requires new rule making, complete Part V.

Legislative Contact: Chris Blake	Phone: 360-786-7392	Date: 02/02/2024
Agency Preparation: Joseph Cushman	Phone: 360-725-5714	Date: 02/09/2024
Agency Approval: Catrina Lucero	Phone: 360-725-7192	Date: 02/09/2024
OFM Review: Arnel Blancas	Phone: (360) 000-0000	Date: 02/09/2024

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Significant provisions of the bill and any related workload or policy assumptions that have revenue or expenditure impact on the responding agency by section number.

Please see attached.

II. B - Cash receipts Impact

Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguished between one time and ongoing functions.

Please see attached.

II. C - Expenditures

Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguished between one time and ongoing functions.

Please see attached.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

Account	Account Title	Type	FY 2024	FY 2025	2023-25	2025-27	2027-29
001-1	General Fund	State	0	923,000	923,000	0	0
Total \$			0	923,000	923,000	0	0

In addition to the estimates above, there are additional indeterminate costs and/or savings. Please see discussion.

III. B - Expenditures by Object Or Purpose

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years					
A-Salaries and Wages					
B-Employee Benefits					
C-Professional Service Contracts		923,000	923,000		
E-Goods and Other Services					
G-Travel					
J-Capital Outlays					
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services					
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements					
9-					
Total \$	0	923,000	923,000	0	0

In addition to the estimates above, there are additional indeterminate costs and/or savings. Please see discussion.

III. C - Operating FTE Detail: FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part I and Part IIIA.

NONE

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.

NONE

IV. D - Capital FTE Detail: *FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part IVB.*

NONE

Part V: New Rule Making Required

Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.

HCA Fiscal Note

Bill Number: 2319 SHB

HCA Request #: 24-127

Title: Substance Use Treatment

Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

Indeterminate

Estimated Operating Expenditures from:

Indeterminate, but known costs for training are displayed below.

	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
FTE Staff Years	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
ACCOUNT									
General Fund-State 001-1	-	923,000	-	-	-	-	923,000	-	-
ACCOUNT - TOTAL \$	\$ -	\$ 923,000	\$ -	\$ -	\$ -	\$ -	\$ 923,000	\$ -	\$ -

Estimated Capital Budget Impact:

NONE

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

Check applicable boxes and follow corresponding instructions:

- If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.
- If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
- Capital budget impact, complete Part IV.
- Requires new rule making, complete Part V.

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Significant provisions of the bill and any related workload or policy assumptions that have revenue or expenditure impact on the responding agency by section number.

HCA Fiscal Note

Bill Number: 2319 SHB

HCA Request #: 24-127

Title: Substance Use Treatment

Section 4(20) requires licensed or certified behavioral health agencies providing voluntary inpatient or residential substance use disorder treatment must comply with new reporting requirements regarding involuntary discharge or transfer to the Department of Health.

Section 6(2)(b)(ii)(B) amends RCW 41.05.526 (withdrawal management services), sets requirements that health plans issued or renewed after January 1, 2025 cannot issue utilization review procedures prior to twenty-eight days following admission to an inpatient or residential substance use disorder treatment services except to initiate the initial medical necessity review process or to assist with a transfer, as permitted under subsection (2)(b)(ii).

Section 6(2)(c)(iii) does not allow health plans to consider a patient's length of abstinence when determining whether services are medically necessary when reviewing for inpatient or residential substance use disorder treatment services.

Section 6(3)(b) does not allow health plans to consider a patient's length of stay at a behavioral health agency when making decisions regarding the authorization to continue care at a inpatient or residential substance use disorder treatment services.

‘*****’

Section 4 (20)(a) states that a Licensed or certified behavioral health agencies providing voluntary inpatient or residential substance use disorder treatment services or withdrawal management services (ii) may not prohibit a person from receiving services at or being admitted to the agency based solely on prior instances of the person releasing the person's self from the facility prior to a clinical determination that the person had completed treatment.

Section 6(2)(b)(ii)(B)(i) New subsection changes the requirement that if a health plan issued or renewed after Jan 1, 2025, authorizes services pursuant to the initial medical necessity review process, the length of the initial authorization may not be less than 14 days from the date the patient was admitted to the behavioral health agency.

II. B - Cash Receipts Impact

Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguish between one time and ongoing functions.

Indeterminate

II. C – Expenditures

Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguish between one time and ongoing functions.

HCA Fiscal Note

Bill Number: 2319 SHB

HCA Request #: 24-127

Title: Substance Use Treatment

HCA currently has \$160,000 for training to transition to the new American Society of Addiction Medicine (ASAM) criteria updates. An additional \$923,000 is needed to for training per a three-tiered training system outlined below:

- 1. Tier 1 – This series would be tailored towards professionals that are already familiar with ASAM criteria. The training will offer a broad sweep of what is new in the ASAM Criteria 4th edition.
 - 80 virtual trainings to be offered, up to 60 participants in each course, for a total of 4,800 participants.
 - Title, “The Evolution of The ASAM Criteria: What’s New in the Fourth Edition”
 - Projected Cost: (\$6,880. Per class), total cost \$550,000.
 - 2. Tier 2 – This series would be tailored towards professionals newer to the field, such as HCA’s Substance Use Disorder Professional/Trainee (SUDPTs). The training will offer beginners and staff who are newer to the field with a more in-depth understanding of ASAM criteria, inclusive of the upcoming changes.
 - 30 virtual 2-day trainings, up to 40 participants in each course, for a total of 1200 participants
 - Title, “Two-day ASAM Criteria 4th Edition Skill Building Training”
 - Projected Cost: (\$9,240. Per two-day session), total cost \$277,200.
 - 3. Tier 3 – This series would be tailored towards clinical supervisors, clinical directors, and lead clinical staff.
 - 20 virtual trainings, up to 25 participants, for a total of 500 participants
 - Five 2-hr Weekly Sessions
 - Title, “Implementation, Improvement, Sustainability and Coaching of the ASAM Criteria, A “How To,” Science Based Approach”
 - Projected Cost: (\$12,800. Per five weekly sessions), total cost, Cost: \$256,000
 - 4. In person training will be offered at the annual Co-occurring Conference in October 2024. HCA will work with the planning committee for this conference and the training contractor to determine details for this option.

Total projected costs: \$1,083,200.

HCA current funding: \$160,000 (HCA has ability to leverage existing dollars).

Gap identified: \$923,200

The minimum 14-day authorization period could create some impact on stays that are currently less than 14 days. However, the impact is unlikely to be substantial as all five of the Medicaid Manage Care

HCA Fiscal Note

Bill Number: 2319 SHB

HCA Request #: 24-127

Title: Substance Use Treatment

Organizations currently use an initial authorization standard that is very similar to the 14-day standard in SHB 2319. The overall impact will also depend on how much capacity providers have today:

- a. If providers are already at capacity, it is possible that moving to the 14-day requirement may lead to some longer stays for individuals not on 14-day initial authorizations who currently stay for less than 14 days with slightly fewer people being serviced. Overall utilization would stay about the same.
- b. If providers have some additional capacity, it is possible that moving to the 14-day requirement may lead to longer stays for individuals not on 14-day initial authorizations who currently stay for less than 14 days. Overall utilization could increase slightly.

Employee and Retiree Benefits also considers this bill indeterminate. Regence, the benefit plan administrator, indicates the likely potential for an increase in length of stay at inpatient or residential treatment facilities. While the Uniform Medical Plan could experience increased claims liability resulting from an increase in average length of stay for inpatient substance use disorder treatment, the extent of any possible increase in liability is unclear.

Part III: Expenditure Detail

III. A - Operating Budget Expenditure

Indeterminate, except known training costs.

ACCOUNT	ACCOUNT TITLE	TYPE	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
001-1	General Fund	State	-	923,000	-	-	-	-	923,000	-	-
ACCOUNT - TOTAL			\$ -	\$ 923,000	\$ -	\$ -	\$ -	\$ -	\$ 923,000	\$ -	\$ -

III. B - Expenditures by Object Or Purpose

Indeterminate, except known training costs.

OBJECT	OBJECT TITLE	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
C	Professional Service Contracts	-	923,000	-	-	-	-	923,000	-	-
OBJECT - TOTAL		\$ -	\$ 923,000	\$ -	\$ -	\$ -	\$ -	\$ 923,000	\$ -	\$ -

III. C - Operating FTE Detail: FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part I and Part IIIA.

NONE

III. D - Expenditures By Program (optional)

HCA Fiscal Note

Bill Number: 2319 SHB

HCA Request #: 24-127

Title: Substance Use Treatment

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout: Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.

NONE

IV. D - Capital FTE Detail: FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part IVB.

NONE

Part V: New Rule Making Required

Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.

NONE

Individual State Agency Fiscal Note

Bill Number: 2319 S HB	Title: Substance use treatment	Agency: 303-Department of Health
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Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

NONE

Estimated Operating Expenditures from:

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	0.0	0.2	0.1	0.6	0.6
Account					
General Fund-State 001-1	0	22,000	22,000	82,000	82,000
General Fund-Private/Local 001-7	0	22,000	22,000	82,000	82,000
Total \$	0	44,000	44,000	164,000	164,000

Estimated Capital Budget Impact:

NONE

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

Check applicable boxes and follow corresponding instructions:

- If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.
- If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
- Capital budget impact, complete Part IV.
- Requires new rule making, complete Part V.

Legislative Contact: Chris Blake	Phone: 360-786-7392	Date: 02/02/2024
Agency Preparation: Donna Compton	Phone: 360-236-4538	Date: 02/05/2024
Agency Approval: Amy Burkel	Phone: 3602363000	Date: 02/05/2024
OFM Review: Breann Boggs	Phone: (360) 485-5716	Date: 02/07/2024

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Significant provisions of the bill and any related workload or policy assumptions that have revenue or expenditure impact on the responding agency by section number.

The fiscal impact has not changed from the previous fiscal note on house bill 2319. The substitute changes the mandatory reporting requirement date from April 1, 2025, to July 1, 2025, and it changes the word counseling to education in reference to treatment options.

This bill supports individuals in accessing and completing substance use disorder (SUD) treatment by preventing providers from forcing individuals to leave treatment early and removing barriers to insurance authorization.

Section 2(1)(b): Adds a new section to chapter 71.24 RCW (Community Behavioral Health Services Act) stating that by April 1, 2025, the department of health (department) shall adopt a model policy for licensed and certified behavioral health agencies (BHA) providing voluntary inpatient or residential SUD treatment services or withdrawal management services.

Section 2(2)(a): Adds a new section to chapter 71.24 RCW (Community Behavioral Health Services Act) stating that beginning July 1, 2025, every licensed or certified BHA providing inpatient or residential SUD treatment services must submit a report to the department for each instance a person was transferred or discharged from the facility without their consent, or each time a person was released prior to a clinical determination that they completed treatment.

Section 4(21)(a): Amends RCW 71.24.037 (Licensed or certified behavioral health agencies—Minimum standards—Investigations and enforcement actions—Inspections) requiring a licensed BHA to provide education related to treatment options specific to the patient’s diagnosed condition.

Section 4(21)(b): Amends RCW 71.24.037 (Licensed or certified behavioral health agencies—Minimum standards—Investigations and enforcement actions—Inspections) stating a licensed BHA shall not treat or advertise that it treats opioid use disorder or alcohol use disorder unless it meets the requirements of (a).

Section 4(21)(c): Amends RCW 71.24.037 (Licensed or certified behavioral health agencies—Minimum standards—Investigations and enforcement actions—Inspections) stating failure to meet the education and facilitation requirements of (a) may be the basis of a disciplinary action.

II. B - Cash receipts Impact

Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguished between one time and ongoing functions.

Current law, RCW 43.70.250 (License fees for professions, occupations, and businesses) requires that a business-licensing program be self-supporting and sufficient revenue be collected through fees to fund expenditures. Currently, 50% of program expenditures for Behavioral Health Agencies are funded by general fund state (GF-S). As of July 1, 2023, Behavioral Health Agencies had a GF-L balance of \$0. This fund balance is below the required reserve of \$475,000, which is 25% of yearly expenditures. The department is currently in the process of conducting a fee study for Behavioral Health Agencies and if this bill is passed as written the department will adjust the fee as needed to account for GF-L costs.

II. C - Expenditures

Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguished between one time and ongoing functions.

Rulemaking

Section 2(2)(b): The department will develop and adopt rules to Chapter 246-341 WAC (Behavioral Health Services

Administrative Requirements). The department anticipates utilizing a team of subject matter experts to implement this bill. This team will consist of the program manager and a community engagement specialist to identify underreached communities and engage them in the rulemaking process. This process will include two meetings with interested parties as well as one formal rules hearing, all held virtually, and will take approximately 12 months to complete. The department anticipates providing the rules hearing announcement and materials in both English and Spanish and providing ASL and Spanish interpretation services at the rules hearing.

Costs include staff, associated expenses (including goods and services, travel, intra-agency, and indirect charges), and Office of Attorney General support in the amount of \$4,000.

FY 2025 one-time costs will be 0.2 FTE and \$14,000 (GF-S) and \$15,000 (GF-L)

Model Policy and Report Collection

Section 2(1)(b) and Section 2(2)(a): The department will develop a model policy for licensed and certified BHA's and will collect the required reports from each BHA. The department estimates the development of the model policy and report collection will include staff time from multiple positions which include a Health Services Consultant, an Administrative Assistant, a Nursing Consultation Advisor, and a WMS2. The work will include scheduling meetings and agenda development, taking notes during the meetings, attending meetings with partners, internal meetings, research, policy drafting and review, developing and testing the reporting tool, updating all relevant webpages, and sending out communications and final policy to all interested parties.

Costs include staff, associated expenses (including goods and services, travel, intra-agency, and indirect charges), and Office of Attorney General support.

FY 2025 one-time costs will be 0.1 FTE and \$8,000 (GF-S) and \$7,000 (GF-L)

Inspection & Investigation

Section 2(1)(a): Adds a new section to RCW 71.24 (Licensed or certified behavioral health agencies), requiring BHAs to submit to the department any policies regarding the transfer or discharge of a patient without their consent. For BHAs that fail to follow the reporting requirements, the department estimates 5 additional complaints that will result in an investigation.

Section 4(21): With the additions to RCW 71.24.037 (Licensed or certified behavioral health agencies), requiring BHAs to provide education services to patients, the department estimates 1 additional hour of policy and procedure reviews during routine inspections and 10 additional complaints to investigate each year.

Inspection - The department conducts behavioral health facility inspections once within a three-year period for compliance with the minimum operating and patient care standards. The department estimates one additional hour of policy and procedure reviews during routine inspections.

Investigations - Based on experiences with behavioral health facilities, the department estimates 15 additional investigations per year. Since the department has begun the regulation of behavioral health agencies, the department has learned that the investigations of these facilities can easily become complicated with many safety risks. The investigations need to be conscientious to the safety of patients, facility staff, and the department's staff conducting the investigation.?

The complaint response process includes five steps: 1) intake, 2) assessment, 3) investigation, 4) case disposition, and 5) adjudication. Staff review the complaint, identify the history of the facility complained about, and help assess whether an investigation is needed. The investigator obtains information about the complaint and the respondent, then prepares a report detailing the findings. After investigation, the disciplining authority decides whether to pursue legal action. Staff attorneys, paralegals, assistant attorney general, and other staff work to develop the legal documents and charge the violation. Most

cases are settled, and the staff attorney manages that process. If the respondent asks for a hearing, staff must schedule the hearing, and the health law judge considers all legal motions, presides over the hearing, and drafts the final order. Also, the Office of the Attorney General will represent the department at hearings and may provide advice throughout the enforcement process.

FY 2026 costs and ongoing will be 0.6 FTE and \$41,000 (GF-S) and \$41,000 (GF-L)

Total Costs to Implement this bill:

FY 2025 costs will be 0.2 FTE and \$22,000 (GF-S) and \$22,000 (GF-L)

FY 2026 and ongoing costs will be 0.6 FTE and \$41,000 (GF-S) and \$41,000 (GF-L)

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

Account	Account Title	Type	FY 2024	FY 2025	2023-25	2025-27	2027-29
001-1	General Fund	State	0	22,000	22,000	82,000	82,000
001-7	General Fund	Private/Local	0	22,000	22,000	82,000	82,000
Total \$			0	44,000	44,000	164,000	164,000

III. B - Expenditures by Object Or Purpose

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years		0.2	0.1	0.6	0.6
A-Salaries and Wages		20,000	20,000	98,000	98,000
B-Employee Benefits		8,000	8,000	36,000	36,000
C-Professional Service Contracts		1,000	1,000		
E-Goods and Other Services		13,000	13,000	20,000	20,000
T-Intra-Agency Reimbursements		2,000	2,000	10,000	10,000
9-					
Total \$	0	44,000	44,000	164,000	164,000

III. C - Operating FTE Detail: *List FTEs by classification and corresponding annual compensation. Totals need to agree with total FTEs in Part I and Part IIIA*

Job Classification	Salary	FY 2024	FY 2025	2023-25	2025-27	2027-29
Fiscal Analyst 2	53,000				0.1	0.1
HEALTH SERVICES CONSULTANT 4	86,208		0.1	0.1	0.5	0.5
MANAGEMENT ANALYST 4	86,208		0.1	0.1		
Total FTEs			0.2	0.1	0.6	0.6

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.

NONE

IV. D - Capital FTE Detail: *FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part IVB.*

NONE

Part V: New Rule Making Required

Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.

Section 2(2)(b): The department will develop and adopt rules to Chapter 246-341 WAC (Behavioral Health Services Administrative Requirements) as needed to implement this bill.

Individual State Agency Fiscal Note

Bill Number: 2319 S HB	Title: Substance use treatment	Agency: 360-University of Washington
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Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

NONE

Estimated Operating Expenditures from:

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	0.0	1.8	0.9	1.3	1.3
Account					
General Fund-State 001-1	0	214,427	214,427	345,994	345,994
Total \$	0	214,427	214,427	345,994	345,994

Estimated Capital Budget Impact:

NONE

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

Check applicable boxes and follow corresponding instructions:

- If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.
- If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
- Capital budget impact, complete Part IV.
- Requires new rule making, complete Part V.

Legislative Contact: Chris Blake	Phone: 360-786-7392	Date: 02/02/2024
Agency Preparation: Michael Lantz	Phone: 2065437466	Date: 02/07/2024
Agency Approval: Jed Bradley	Phone: 2066164684	Date: 02/07/2024
OFM Review: Ramona Nabors	Phone: (360) 742-8948	Date: 02/08/2024

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Significant provisions of the bill and any related workload or policy assumptions that have revenue or expenditure impact on the responding agency by section number.

Substitute House Bill 2319 relates to substance use disorder treatment.

The substitute makes several changes to the measure, including exempting hospitals and psychiatric hospitals from requirements in Section 2 to submit involuntary transfer and discharge policies and to report instances of involuntary transfer or discharge or preliminary self-release from treatment (See Section 4(20)(b)). Previously, UW Medicine had evaluated the costs of complying with this section as “indeterminate.” However, with hospitals and psychiatric hospitals exempt from the reporting requirements, there will no longer be a fiscal impact to UW Medicine from Section 2.

Meanwhile, the substitute maintains Section 3, which directs the Addictions, Drug, and Alcohol Institute (ADAI) at the University of Washington (UW) to create a patient shared decision-making tool to assist behavioral health providers when discussing medication treatment options for patients with alcohol use disorder. This section also directs ADAI to distribute the tool to behavioral health providers and instruct them on ways to incorporate the use of the tool into their practices. In addition, ADAI is directed to conduct regular evaluations of the tool and update the tool as necessary.

The costs related to Section 3 remain the same as for the original bill and are discussed in the Expenditures section below.

II. B - Cash receipts Impact

Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguished between one time and ongoing functions.

II. C - Expenditures

Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguished between one time and ongoing functions.

The following deliverables and costs are associated with Section 3 of the substitute bill and remain unchanged from the original version.

DELIVERABLES:

UW ADAI proposes the following deliverables and timeline to meet the requirements in Section 3:

- Develop and validate shared decision-making tool for alcohol use disorder (FY25).
- Develop implementation toolkit (FY25).
- Provide training, technical assistance, and ongoing implementation support to providers (FY25 and ongoing).
- Conduct ongoing implementation evaluation to document reach, adoption, implementation, and maintenance of new shared decision-making process (FY25 and ongoing).
- Where possible, coordinate with treatment agencies and Washington State Health Care Authority to assess effectiveness of alcohol use disorder shared decision making on treatment retention, treatment care trajectories, and improved social and health outcomes (FY26 and ongoing).
- Disseminate the shared decision-making tool and implementation toolkit in person, via webinars, and online via ADAI webpages (FY25 and ongoing).

FUNDING REQUIREMENTS:

STAFF:

1.0 FTE for a Project Coordinator (salary: \$84,000; benefits rate: 30 percent). This person will manage all day-to-day activities associated with the project. Position will be ongoing starting in FY25.

0.2 FTE for an Assistant Professor (salary: \$109,464; benefits rate 22.6 percent). This person will provide overall management of the project and supervise the project coordinator. They will provide clinical expertise on alcohol use disorder and oversee the implementation evaluation. Position will be ongoing starting in FY25.

0.1 FTE for a Professor (salary: \$179,088; benefits rate 22.6%). This person will provide expertise on the shared decision-making tool development and implementation. They will help design implementation evaluation and analyze results. Position will be ongoing starting in FY25.

0.5 FTE for a Research Assistant (Salary \$60,000, benefits rate 38.1%). This person will conduct validation activities for the shared decision-making tool development. Position will be for FY25 only. (FY25)

TRAVEL:

\$5,000 in FY25 and \$10,000 ongoing starting in FY26 for travel to provide onsite training, implementation support, and ongoing evaluation.

GOODS AND SERVICES:

\$10,000 in FY25 and \$5,000 ongoing starting in FY26 for online and print material development and production related to the project.

The total cost for UW ADAI to implement Section 3 of SHB 2319 is expected to be approximately \$214,000 in FY25 and \$173,000 ongoing starting in FY26.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

Account	Account Title	Type	FY 2024	FY 2025	2023-25	2025-27	2027-29
001-1	General Fund	State	0	214,427	214,427	345,994	345,994
Total \$			0	214,427	214,427	345,994	345,994

III. B - Expenditures by Object Or Purpose

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years		1.8	0.9	1.3	1.3
A-Salaries and Wages		153,802	153,802	247,604	247,604
B-Employee Benefits		45,625	45,625	68,390	68,390
C-Professional Service Contracts					
E-Goods and Other Services		10,000	10,000	10,000	10,000
G-Travel		5,000	5,000	20,000	20,000
J-Capital Outlays					
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services					
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements					
9-					
Total \$	0	214,427	214,427	345,994	345,994

III. C - Operating FTE Detail: *List FTEs by classification and corresponding annual compensation. Totals need to agree with total FTEs in Part I and Part IIIA*

Job Classification	Salary	FY 2024	FY 2025	2023-25	2025-27	2027-29
Assistant Professor	109,464		0.2	0.1	0.2	0.2
Professor	179,088		0.1	0.1	0.1	0.1
Project Coordinator	84,000		1.0	0.5	1.0	1.0
Research Assistant	60,000		0.5	0.3		
Total FTEs			1.8	0.9	1.3	1.3

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.

NONE

IV. D - Capital FTE Detail: *FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part IVB.*

NONE

Part V: New Rule Making Required

Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.