

The director of the Washington sea grant program may issue periodic reports to the governor and the legislature.

Passed the Senate April 21, 1987.

Passed the House April 15, 1987.

Approved by the Governor May 18, 1987.

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CHAPTER 409

[Second Substitute Senate Bill No. 5453]

RESPIRE CARE

AN ACT Relating to long-term care services; amending section 2, chapter 158, Laws of 1984 (uncodified); amending section 3, chapter 158, Laws of 1984 (uncodified); amending section 4, chapter 158, Laws of 1984 (uncodified); amending section 5, chapter 158, Laws of 1984 (uncodified); amending section 7, chapter 158, Laws of 1984 (uncodified); creating a new chapter in Title 74 RCW; and declaring an emergency.

Be it enacted by the Legislature of the State of Washington:

Sec. 1. Section 2, chapter 158, Laws of 1984 (uncodified) is amended to read as follows:

It is the intent of the legislature to provide for ~~((a demonstration of the possible cost-effectiveness of))~~ both in-home and out-of-home respite care services which are provided by a range of service providers. The respite care services shall:

(1) Provide relief and support to family or other unpaid caregivers of disabled adults;

(2) Encourage individuals to provide care for disabled adults at home, and thus offer a viable alternative to institutionalization;

(3) Ensure that respite care is made generally available on a sliding-fee basis to eligible participants ~~((and caregivers))~~ in the program according to priorities established by the department; ((and))

(4) Be provided in the least restrictive setting available consistent with the individually assessed needs of the functionally disabled adult; and

(5) Include services appropriate to the needs of persons caring for individuals with dementing illnesses.

Sec. 2. Section 3, chapter 158, Laws of 1984 (uncodified) is amended to read as follows:

Unless the context clearly indicates otherwise, the definitions in this section apply throughout ~~((sections 1 through 7 of))~~ this ~~((act))~~ chapter.

(1) "Respite care services" means relief care for families or other caregivers of disabled adults, ~~((not exceeding five hundred seventy-six hours in not more than twenty-four days in any twelve-month period for each household))~~ eligibility for which shall be determined by the department by rule. The services provide temporary care or supervision of disabled adults in substitution for the caregiver. The term includes social day care.

(2) "Eligible participant" means an adult (a) who needs substantially continuous care or supervision by reason of his or her functional disability, and (b) who is assessed as requiring institutionalization in the absence of a caregiver assisted by home and community support services, including respite care.

(3) "Caregiver" means a spouse, relative, or friend who has primary responsibility for the care of a functionally disabled adult, who does not receive financial compensation for the care, and who is assessed as being at risk of placing the eligible participant in a long-term care facility if respite care is not available.

(4) "Institutionalization" means placement in a long-term care facility.

(5) "Social day care" means nonmedical services to persons who live with their families, cannot be left unsupervised, and are at risk of being placed in a twenty-four-hour care facility if their families do not receive some relief from constant care.

(6) "Department" means the department of social and health services.

Sec. 3. Section 4, chapter 158, Laws of 1984 (uncodified) is amended to read as follows:

The department shall administer (~~(sections 1 through 8 of)~~) this ~~((act))~~ chapter and shall establish such rules and standards as the department deems necessary in carrying out (~~(sections 1 through 8 of)~~) this ~~((act))~~ chapter. The department shall not require the development of plans of care or discharge plans by nursing homes providing respite care service under this chapter.

The department shall develop (~~(program)~~) standards for the (~~(demonstration projects)~~) respite program in conjunction with the selected area agencies on aging. The program standards shall serve as the basis for soliciting bids, entering into subcontracts, and developing sliding fee scales to be used in determining the ability of eligible participants (~~(and caregivers)~~) to participate in paying for respite care.

Sec. 4. Section 5, chapter 158, Laws of 1984 (uncodified) is amended to read as follows:

The department shall (~~(select at least two but not more than three area agencies on aging to conduct one-year respite care demonstration projects ending June 30, 1985. One of the selected area agencies on aging shall be east of the crest of the Cascade range and one shall be west of the crest of the Cascade range)~~) select area agencies on aging to conduct respite care projects. The responsibilities of the selected area agencies on aging (~~(will be responsible for)~~) shall include but not be limited to: Negotiating rates of payment (~~(and developing)~~), administering sliding-fee scales to enable eligible participants (~~(and caregivers)~~) to participate in paying for respite care, and arranging for respite care services. Rates of payment to respite care service providers shall not exceed, and may be less than, rates paid by

the department to ~~((the same))~~ providers for ~~((other than respite care))~~ the same level of service.

Sec. 5. Section 7, chapter 158, Laws of 1984 (uncodified) is amended to read as follows:

(1) The area agencies administering respite care ~~((demonstration projects))~~ programs shall~~((:~~

~~((a))~~ maintain data which indicates demand for respite care, and which includes information on in-home and out-of-home day care and in-home and out-of-home overnight care demand~~((, and~~

~~((b) Make a comparison of the relative cost-effectiveness of the several types of respite care with all other programs and services which are intended to forestall institutionalization)).~~

(2) ~~((The department shall conduct a survey of all public assistance patients accepted by long-term care facilities in each participating planning and service area to determine the extent to which each of them availed themselves of services designed to defer institutionalization.~~

~~((3))~~ The department shall provide a progress report to the legislature on the respite care ~~((demonstration projects))~~ programs authorized in this ~~((act, not later than January 1, 1985))~~ chapter. The report shall at least include a comparison of the relative cost-effectiveness of the services provided under this chapter with all other programs and services which are intended to forestall institutionalization. In addition, the report shall include a similar comparison between in-home and out-of-home respite care services. The department shall make recommendations on the inclusion of respite care services under the senior citizens act for delivery and funding of respite care services described in this chapter. The ~~((department))~~ report shall ~~((report the results of the data collection, cost comparison, and survey as required in this section))~~ be provided to the legislature not later than thirty days prior to the ~~((1986))~~ 1989 legislative session.

NEW SECTION. Sec. 6. Nothing in this chapter creates or provides any individual with an entitlement to services or benefits. It is the intent of the legislature that services under this chapter shall be made available only to the extent of the availability and level of appropriation made by the legislature.

NEW SECTION. Sec. 7. Sections 1 through 6 of this act, and sections 1, 6, and 8, chapter 158, Laws of 1984, shall constitute a new chapter in Title 74 RCW.

NEW SECTION. Sec. 8. This act is necessary for the immediate preservation of the public peace, health, and safety, the support of the state

government and its existing public institutions, and shall take effect immediately.

Passed the Senate April 26, 1987.

Passed the House April 26, 1987.

Approved by the Governor May 18, 1987.

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CHAPTER 410

[Substitute House Bill No. 876]

METHADONE TREATMENT

AN ACT Relating to methadone treatment; amending RCW 69.54.010, 69.54.030, and 69.54.035; adding a new section to chapter 69.54 RCW; and declaring an emergency.

Be it enacted by the Legislature of the State of Washington:

Sec. 1. Section 1, chapter 304, Laws of 1971 ex. sess. as amended by section 13, chapter 193, Laws of 1982 and RCW 69.54.010 are each amended to read as follows:

It is the purpose of this chapter to provide the financial assistance necessary to enable the department of social and health services to offer a meaningful program of rehabilitation for those persons suffering problems related to narcotic drugs, dangerous drugs, and alcohol and to develop a ~~((community educational))~~ program ~~((as to those))~~ to educate the citizens of the state about these problems ~~((for the benefit of the state's population generally))~~. Such programs can develop in the people of this state a knowledge of the problems caused by alcohol and drug abuse, an acceptance of responsibility for alcohol and drug related problems, an understanding of the causes and consequences of the use and abuse of alcohol and drugs, and thus may prevent many problems from occurring.

It is the further purpose of this chapter to provide for qualified drug treatment centers approved by the department of social and health services.

The state of Washington declares that there is no fundamental right to methadone treatment. The state of Washington further declares that methadone is an addictive substance, that it nevertheless has several legal, important, and justified uses and that one of its appropriate and legal uses is, in conjunction with other required therapeutic procedures, in the drug treatment of persons addicted to or habituated to opioids.

Because methadone is addictive and listed as a schedule II controlled substance in chapter 69.50 RCW, the state of Washington and authorizing counties on behalf of their citizens have the legal obligation and right to regulate the use of methadone. The state of Washington hereby declares its authority to control and regulate carefully, in cooperation with the authorizing counties, all clinical uses of methadone in the treatment of opioid addiction. Further, the state declares that the goal of methadone treatment is