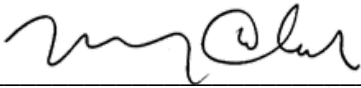


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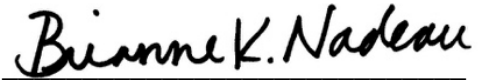
2 Councilmember Mary M. Cheh



Councilmember Vincent C. Gray

4 

7 Councilmember Charles Allen



Councilmember Brianne K. Nadeau

9 

12 Councilmember Robert C. White, Jr.



Councilmember Kenyan R. McDuffie



Councilmember Brooke Pinto

22 A BILL

25 IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

29 To amend the Opioid Overdose Treatment and Prevention Omnibus Act of 2018 to require the
30 Department of Behavioral Health to mandate the expansion of assessment and referral
31 services by authorizing mental health and primary care providers to conduct assessment
32 and referral services, to require the Department of Health Care Finance to pay for
33 assessment and referral services under the District's Medicaid State Plan, to mandate the
34 Department of Behavioral Health and Department of Health Care Finance to jointly
35 develop a plan to provide care coordination for individuals experiencing substance use
36 disorders, and to establish minimum criteria for care coordination plans; to amend An Act
37 To relief physicians of liability for negligent medical treatment at the scene of an accident
38 in the District of Columbia to expand naloxone distribution; to amend the District of
39 Columbia Substance Abuse Treatment and Prevention Act of 1989 to expand use of Food
40 and Drug Administration-approved opioid use medication, to permit the use of mobile
41 methadone, and to authorize the use of the Opioid Treatment Exception Request.
42

43 BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this
44 act may be cited as the “Substance Use Prevention and Treatment Omnibus Amendment Act of
45 2021”.

46 Sec. 2. Title I of the Opioid Overdose Treatment and Prevention Omnibus Act of 2018,
47 effective April 11, 2019 (D.C. Law 22-288; D.C. Official Code § 7-3201 *et seq.*) is amended as
48 follows:

49 (a) Section 102 (D.C. Official Code § 7-3202) is amended by adding new subsections
50 (c), (d), and (e) as follows:

51 “(c) By October 1, 2022, the Department of Behavioral Health shall require all
52 substance use disorder treatment facilities that contract with the Department of Behavioral
53 Health to provide assessment and referral services for substance use disorder treatment.

54 “(d) By October 1, 2022, all licensed mental health and primary care providers shall be
55 permitted to conduct assessment and referral services for substance use disorder treatment.

56 “(1) The Department of Behavioral Health shall establish an online referral
57 system that allows a mental health, primary care, or non-substance use disorder provider to refer
58 an individual with a substance use disorder for treatment.

59 “(2) The online referral system shall provide the following information in real
60 time:

61 “(A) all substance use disorder treatment sites;

62 “(B) all available substance use disorder providers;

63 “(C) services offered by each substance use disorder provider and substance
64 use disorder treatment site; and

65 “(D) availability of treatment slots.

66 “(e) The Department of Health Care Finance shall include assessment and referral
67 services provided by primary care and licensed mental health providers in the Medicaid state
68 plan.”.

69 (b) A new section 106 is added to read as follows:

70 “Sec. 106. Joint Medicaid Health Home Coordination Care Plan.

71 “(a) The Department of Behavioral Health and the Department of Health Care Finance
72 shall develop a joint plan to provide care coordination for individuals with an opioid use disorder
73 or substance use disorder diagnosis enrolled in either the Medicaid My DC Health Home or My
74 Health GPS health home programs.

75 “(b) The joint care coordination plan shall be developed with input from providers and
76 individuals with substance use disorder.

77 “(c) The joint care coordination plan shall include the following components:

78 “(1) Patient enrollment strategies;

79 “(2) Defined processes and responsibilities for care transitions from inpatient and
80 residential substance use treatment to health homes and outpatient substance use disorder
81 providers or health homes to substance use disorder treatment providers and from health homes
82 to inpatient and residential substance use treatment;

83 “(3) Trained and certified peer counselors as service providers;

84 “(4) Personalized treatment plans including treatment for substance use disorders

85 “(5) Recommendations to address administrative burdens faced by health home
86 providers participating in My Health GPS program,

87 “(6) Provider capacity building;

88 “(7) A review of the appropriateness of existing health home rates and rate

89 structures for patients with substance use disorders;

90 “(8) Measurements to determine the effectiveness of health homes in serving
91 patients with opioid used disorder or substance use disorder;

92 “(9) A timeline for the implementation of coordinated care plan;

93 “(10) A Medicaid State Plan Amendment, if required; and

94 “(11) A description of how the agencies engaged providers and Medicaid
95 enrollees with substance use disorders.

96 “(d) The joint care coordination plan shall be due no later than October 1, 2021, and the
97 plan shall be implemented by the Department of Behavioral Health no later than October 1,
98 2022.”.

99 Sec. 3. Section 4(d)(1) of An Act To relief physicians of liability for negligent medical
100 treatment at the scene of an accident in the District of Columbia, approved November 8, 1965
101 (79 Stat. 1302; D.C. Official Code § 7-404(d)(1)) is amended as follows:

102 (a) Sub-paragraph (B) is amended to read as follows:

103 “(B) Any employee or volunteer of a community-based organization shall
104 be allowed to dispense or distribute an opioid antagonist under this section if the community-
105 based organization is certified by the Department of Health to dispense or distribute an opioid
106 antagonist.”.

107 (b) A new sub-paragraph (B-1) is added to read as follows:

108 “(B-1) The Department of Health shall certify a community-based
109 organization to dispense or distribute an opioid antagonist if at least one employee of the
110 community-based organization completes training conducted by the Department of Healthy as
111 prescribed by subsection (d)(3) of this section.”.

112 Sec. 4. The District of Columbia Substance Abuse Treatment and Prevention Act of
113 1989, effective March 15, 1990 (D.C. Law 8-80; D.C. Official Code § 44-1201 *et seq.*) is
114 amended as follows:

115 (a) Section 5 (D. C. Official Code § 44-1204) is amended by adding a new subsection (c-
116 1) to read as follows:

117 “(c-1)(1) In addition to the requirements set forth in subsection (b) of this section, a
118 substance abuse treatment facility that offers or proposes to offer nonhospital residential
119 treatment shall provide all of the following:

120 “(A) Onsite access to at least one form of Food and Drug Administration
121 (“FDA”)-approved opioid antagonist treatment;

122 “(B) Onsite access to at least one form of FDA-approved partial opioid
123 agonist Treatment; and

124 “(C) Onsite access or facilitation of off-site access to at least one form of
125 FDA-approved full opioid agonist treatment.

126 “(2) For purposes of this subsection, the term:

127 “(A) “Onsite access” shall mean delivery of the treatment to the patient at
128 the location of the residential substance use disorder facility, but not mean that the residential
129 substance use disorder facility is required to maintain stock of the medication-assisted treatment
130 at the facility.

131 “(B) “Facilitation of off-site access” shall mean:

132 “(i) Providing transportation to a licensed opioid treatment
133 program; or

134 “(ii) Other forms of facilitation as deemed appropriate by the
135 Department of Behavioral Health.

136 “(3) The Department of Behavioral Health shall facilitate the use of an Opioid
137 Treatment Exception Request from 42 Code of Federal Regulations 8 by licensed opioid
138 treatment programs as a method for a residential substance use disorder facility to comply with
139 this subsection. Under this method, a residential substance use disorder facility is required to ask
140 consent from the patient to contact an opioid treatment program to prompt the submission of an
141 Opioid Treatment Exception Request.

142 “(4) Nothing in this section shall prohibit a residential substance use disorder
143 facility from utilizing a mobile methadone program or any other type of delivery approved by the
144 Department of Behavioral Health.”.

145 (b) New sections 5a and 5b are added to read as follows:

146 “Sec. 5a. Mental Health and Substance Use Treatment Certifications.

147 “(a) The Department of Behavioral Health, Department of Health, Board of Professional
148 Counseling, and the Board of Psychology shall make recommendations to the mental health care
149 provider certification and substance use disorder provider certification programs to create
150 separate add-on certifications that allow a facility to be licensed to provide both mental health
151 and substance use disorder treatment. These recommendations shall include:

152 “(1) Guidance on the appropriate treatment settings based on the severity of a
153 patient’s mental illness and substance use disorder;

154 “(2) Quality standards for co-occurring services; and

155 “(3) Recommendations for minimizing the administrative burden to facilities
156 while maintaining quality standards.

157 “(b) The recommendations from the Department of Behavioral Health, Department of
158 Health, Board of Professional Counseling, and Board of Psychology to the mental health care
159 provider certification and substance use disorder provider certification programs shall be due no
160 later than October 1, 2021.

161 “(c) The add-on certifications shall be implemented by the mental health care provider
162 certification and substance use disorder provider certification programs no later than October 1,
163 2022.

164 “Sec. 5b. Opioid Treatment Exception Request.

165 “The Department of Behavioral Health shall promulgate rules to allow licensed opioid
166 treatment programs to use the Opioid Treatment Exception Request from 42 Code of Federal
167 Regulations in coordination with residential substance use disorder facilities.”.

168 Sec. 5. Fiscal impact statement.

169 The Council adopts the fiscal impact statement in the committee report as the fiscal
170 impact statement required by section 4a of the General Legislative Procedures Act of 1975,
171 approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a)..

172 Sec. 6. Effective date.

173 This act shall take effect following approval by the Mayor (or in the event of veto by the
174 Mayor, action by the Council to override the veto), a 30-day period of congressional review as
175 provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December
176 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of
177 Columbia Register.

178