

SURSAC Recommendation #15- 2026 Update

Increase Access to Opioid
Treatment Programs (OTP)
services in rural areas

Definitions

Opioid Treatment Program (OTP)

- ▶ An OTP is a behavioral health treatment agency which is licensed by the state and federal government, and in accordance with RCW 71.24.590 and 42 CFR § 8.11.
- ▶ OTPs offers both counseling services and medical services to all clients who attend. To provide this array of services, OTPs have multidisciplinary treatment teams that include:
 - ▶ Prescribing practitioners (i.e., medical doctors, doctors of osteopathy, advanced registered nurse practitioners, physician assistants); Nurses (i.e., licensed practical nurses and registered nurses); and Counselors (SUD professionals); etc.
- ▶ It is the only type of outpatient treatment setting, where an individual can receive all three types of medication for the treatment of an Opioid Use Disorder: Methadone, Buprenorphine products (Suboxone, Subutex), and Naltrexone (Vivitrol).
- ▶ A client who attends an OTP receives their MOUD medication and doses to take home directly from the OTP site, instead of a pharmacy. There are no prescriptions.

OTP Medication Unit

- ▶ According to 42 CFR § 8.11(i)(1), a certified OTP may establish a medication unit or units to administer or dispense medication therapy. The state and federal licensed OTP assumes all responsibilities for any medication units associated with it. Such a unit is intended to facilitate access to MOUD for patients who would otherwise have to travel great distances.
- ▶ These medication units under federal law can be:
 - ▶ (1) Located as a free-standing facility;
 - ▶ (2) Co-located within in a variety of community settings such as but not limited to hospitals/medical primary care systems/pharmacies/FQHCs etc.; and
 - ▶ (3) Located as a mobile medication vehicle.

2023 Recommendations

&

How It's Going in 2026

Recommendation 15

Sub-Recommendation 1

Sub-Recommendation 1

- ▶ “Require the Dept. of Health to create a regulatory workshop with OTP provider stakeholders in 2023 to:
- ▶ Create state rules/regulatory process for OTP that want to establish offsite medication units
 - ▶ (1) located as a free-standing facility;
 - ▶ (2) co-located within in a variety of community settings such as but not limited to hospitals/medical primary care systems/pharmacies/FQHCs, as well as correctional health settings, etc.”

How It's Going

- ▶ **As of January 31, 2025-** The Washington State Department of Health (DOH) revised chapter 246-341 WAC to allow opioid treatment programs (OTPs) to establish a fixed-site medication unit as part of, but geographically separate from, an existing licensed OTP.
- ▶ OTPs that plan to operate a fixed-site medication unit must also comply with:
 - ▶ [Title 21 of the Code of Federal Regulations](#) (C.F.R.) Parts [1300](#), [1301](#), and [1304](#).
 - ▶ [Title 42 of the Code of Federal Regulations](#) (C.F.R.) Part 8.
 - ▶ *Notes: The fixed-site medication unit may only provide services for which the OTP is currently certified to provide. If the medication unit plans to provide additional services those must be added to the BHA license before the unit is approved.
- ▶ There are currently 4 applications in the queue at DOH for OTP fixed site MMUs-none are in "rural" locations currently, but there are many other OTP providers asking about it.

How It's Going

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Opioid Treatment Program (OTP) Accreditation

Opioid Treatment Program (OTP) Mobile Units

Opioid Treatment Program Fixed-Site Medication Units

Opioid Treatment Program Licensing and Certification

Opioid Treatment Program Fixed-Site Medication Units

The Department of Health (DOH) revised chapter 246-341 WAC to allow opioid treatment programs (OTPs) to establish a fixed-site medication unit as part of, but geographically separate from, an existing licensed OTP. OTPs that plan to operate a fixed-site medication unit must also comply with:

[Title 21 of the Code of Federal Regulations \(C.F.R.\) Parts 1300, 1301, and 1304.](#)

[Title 42 of the Code of Federal Regulations \(C.F.R.\) Part 8.](#)

*Notes: The fixed-site medication unit may only provide services for which the OTP is currently certified to provide. If the medication unit plans to provide additional services those must be added to the BHA license before the unit is approved.

[Expand all](#)

OTP Fixed-site Medication Unit Approval Process



Frequently Asked Questions



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Laws and Regulations



Resources



Recommendation 15

Sub-Recommendation 2

Recommendation 2

- ▶ “Change RCW 36.70A.200 and WAC 365-196-550 to ensure that OTP branch sites of all kinds (including mobile, and fixed, site medication units) are clearly seen as “essential public facilities” and that they cannot be zoned out or stalled by moratoriums by City and/or County legislative authorities.”

How it's going

- ▶ **2E2SSB 5536 Sec 12** established that Opioid Treatment Programs (OTPs) and their satellite mobile and fixed site medication units are considered essential public facilities in regard to a comprehensive plan of each county and city under **RCW 36.70A.200**.
 - ▶ Part of the requirement include a process for a city and county to identify and site essential public facilities, such as OTPs and their medication unit satellite sites.

How it's going

PDF RCW 36.70A.200

Siting of essential public facilities—Limitation on liability. *(Effective until January 1, 2026.)*

(1)(a) The comprehensive plan of each county and city that is planning under RCW 36.70A.040 shall include a process for identifying and siting essential public facilities. Essential public facilities include those facilities that are typically difficult to site, such as airports, state education facilities and state or regional transportation facilities as defined in RCW 47.06.140, regional transit authority facilities as defined in RCW 81.112.020, improvements to high capacity transportation systems as defined in RCW 81.104.015, bus rapid transit routes and stops or improvements to such routes and stops, state and local correctional facilities, solid waste handling facilities, opioid treatment programs including both mobile and fixed-site medication units, recovery residences, harm reduction programs excluding safe injection sites, and inpatient facilities including substance use disorder treatment facilities, mental health facilities, group homes, community facilities as defined in RCW 72.05.020, and secure community transition facilities as defined in RCW 71.09.020.

How it's going

- ▶ HCA staff in the Washington State Opioid Treatment Authority office (WA-SOTA) have been meeting with representatives from the Washington State Attorney General's Office (AGO) monthly to discuss instances of alleged MOUD patient and OTP patient discrimination.
- ▶ The WA SOTA team also report to the AGO any awareness of WA State city and/or county legislative authorities that have been reported to the WA SOTA team as having potential improper zoning requirements or zoning moratoriums specifically for OTP provider sites, in conflict with the changes to the above RCW, which may result in prohibition or pausing the creation of OTP provider sites.

How it's going

- ▶ The HCA WA SOTA team also does outreach to provide information and education directly to any City or County legislative authority and their respective Planning Dept. staff on the topics of MOUD treatment, Opioid Treatment Programs, RCW [RCW 36.70A.200](#); RCW 71.24.590 and the Washington Law Against Discrimination (WLAD).
- ▶ The WA SOTA team makes City and County legislative authorities aware that they may be in violation of the aforementioned WA State laws, in terms of possibly limiting access to Opioid Treatment Program provider expansion efforts; and possibly limiting access to both Opioid Treatment Program patients in a community and limiting methadone medication access for patients with an opioid use disorder in a community.

Quality Improvement Opportunity

- ▶ Even with the changes to [RCW 36.70A.200](#) to include Opioid Treatment Programs and their mobile medication unit satellite sites, as well as all of the interagency work noted above between the WA AGO and WA HCA regarding this topic, there continues to be instances throughout WA State of City and County legislative authorities seeking to zone out Opioid Treatment Programs and their medication unit sites, in violation of existing state laws.
- ▶ **This is a specific area to highlight for possible renewed attention and consideration by the WA SURSAC committee.**

How it's going

- ▶ 44 licensed OTP currently in WA- **51%+ growth since 2018!**
- ▶ Including 12 tribally owned and/or operated OTP- **Most in the US**
- ▶ 16 mobile satellite OTP sites- **#1 in the nation!** This number of 16, is in addition to the 44 sites referenced above.
- ▶ Already 4 proposed OTP fixed site medication units being reviewed by WA DOH.
- ▶ OTP provider network in WA went from serving around 14,000 patients back in 2023, to **currently serving over 19,500+ Washingtonians and growing!**

Recommendation 15

Sub-Recommendation 3

Recommendation 3

- ▶ “Update RCW 71.24.590 to remove requirements for the citation of OTPs that stigmatize the treatment setting type and treat it in ways that other SUD behavioral health agencies and health care facilities settings are not.
- ▶ This would include removing the largely symbolic RCW requirement in RCW 71.24.590(2) that allows a county legislative authority to cap the patient census of an OTP specific setting, at no less the 350 individuals.
- ▶ This would include removing all OTP public hearing requirements in this RCW, that describe how DOH must facilitate a public hearing in the community which an OTP will be cited in, before a new OTP can open to operate.”
- ▶ Allocate resources to support public education and community engagement opportunities that center and protect OTP patients and prospective OTP patients, reduce stigma around substance use, MOUD and OTP settings, and help to share evidence-based outcomes related to OTPs.

How it's going

- ▶ [2E2SSB 5536 Sec 14](#) revised RCW [71.24.590](#) to outline the licensing and certification requirements for opioid treatment programs.
 - ▶ **“Opioid treatment—Program licensing or certification by department, department duties—Use of medications by program—Definition....(2) No city or county legislative authority may impose a maximum capacity for an opioid treatment program.”**

How it's going

- ▶ **2E2SSB 5536 Sec 14** revised RCW [71.24.590](#) to outline the licensing and certification requirements for OTPs. Specifically, RCW 71.24.590(1)(h) has been updated to include:
 - ▶ *"The Department [of Health] shall ...Provide public notice to all appropriate media outlets in the community in which the facility is proposed to be located that states the applicant is proposing a facility in that community."*
- ▶ As of 2024, DOH has now created their own procedures for how DOH provides public notice to all appropriate media outlets in the community where new OTP facilities are proposed.
- ▶ All proposed OTP applicants are now informed of this process by DOH and this information can now also be found publicly posted on DOH's technical assistance materials for proposed OTP applicants:
 - ▶ DOH Proposed OTP webpage for info: [Proposed Opioid Treatment Programs | Washington State Department of Health](#)
 - ▶ DOH Proposed OTPs Licensing and Public Notice Frequently Asked Questions (FAQ): [Opioid Treatment Programs \(doh.wa.gov\)](#)

Quality Improvement Opportunity

- ▶ Local city and county legislative authorities and local community partners still struggle with lack of knowledge about Opioid Treatment Programs, MOUD treatment and state requirements for zoning these facilities.
- ▶ This lack of knowledge makes the existing state requirements less effective.
- ▶ No funding or directives were ever issues to any state agency by the Legislature to allocate resources to support public education and community engagement opportunities that center and protect OTP patients and prospective OTP patients, reduce stigma around substance use, MOUD and OTP settings, and help to share evidence-based outcomes related to OTPs.
- ▶ **This is a specific area to highlight for possible renewed attention and consideration by the WA SURSAC committee.**

Recommendation 15

Sub-Recommendation 4

Recommendation 4

- ▶ “Funding for capital construction costs to help start up OTP in Central and Eastern- WA
- ▶ A model of funding already exists where Dept. of Commerce has been given funds by the WA Legislature to help with capital construction costs to build recovery housing/transitional housing stock- Perhaps a similar model should be offered to help cover capital construction costs to build new OTP”

How it's going

- ▶ **2E2SSB 5536 Sec 33(5)** provides currently ongoing funding to increase the number of mobile methadone units operated by existing OTPs and to expand OTPs, with prioritization in rural areas with funding allocated from the opioid abatement settlement account for the fiscal biennium which ended June 30, 2025, to increase mobile methadone units, fixed medication units, and expand OTPs, focusing on rural areas.
- ▶ HCA staff worked with Department of Commerce (Commerce) and released RFA bid opportunity in September 2024.

How it's going

- ▶ HCA awarded the contract to Acadia Healthcare to build an OTP in Wenatchee, WA. Acadia Healthcare did not request the full amount of funding available to them, so a second RFA (2025HCA3) was released by HCA in March 2025.
- ▶ HCA then awarded the second contract to ORTC, LLC, to build an OTP in Walla Walla, WA.
- ▶ Department of Commerce had their own funds and awarded a contract to the Suquamish Tribe of WA, to build an OTP in Poulsbo, WA

How it's going

- ▶ **We are overjoyed to confirm we will have an OTP opening in Wenatchee, Walla Walla by 2026 and in Poulsbo by 2027!**
- ▶ Should also represent cost savings to the state in terms of an anticipated reduction of state NEMT (non-emergency Medicaid transportation) costs for OTP patients in central and eastern WA, who have historically been needing to be transported to Yakima, Spokane or the Western side of the state.

Recommendation 15

Sub-Recommendation 5

Recommendation 5

- ▶ The Governor's Office and/or Legislature should provide funding to a State Agency such as WA Health Care Authority to provide an RFI/RFP to resource established OTP in WA State to operate an increased number of OTP medication units to expand their geographic reach
- ▶ These medication units could be established in a variety of forms.
 - ▶ (1) Located as a free-standing facility;
 - ▶ (2) co-located within in a variety of community settings such as but not limited to hospitals/medical primary care systems/pharmacies/FQHCs etc.; and
 - ▶ (3) located as mobile medication vehicles.
- ▶ This could be done to extend the geographic reach of OTP and bring medications for opioid use disorder, counseling, and other recovery support/SUD treatment services to greater geographic areas and to literally meet novel patient patients where they are at

How it's going

- ▶ Again- [2E2SSB 5536 Sec 33\(5\)](#) provided a currently ongoing funding source to help increase OTP services statewide with prioritization in rural areas with funding, allocated from opioid abatement settlement account funds, ongoing within the current fiscal biennium which started July 1, 2025.
- ▶ However, during the 2025 Legislative session, the budget proviso language for this workflow, within the current biennium's funding, changed from the previous biennium's funding.
- ▶ This change in language ended up having an impact on the workflow.

How it's going

Current Proviso Language

3 (72) \$3,768,000 of the opioid abatement settlement account—state
4 appropriation is provided solely for the authority to provide opioid
5 treatment services through new opioid treatment providers that were
6 funded through grants pursuant to chapter 1, Laws of 2023 sp. sess.
7 (controlled substances).

Old Proviso Language

(5) The sum of \$3,768,000, or as much thereof as may be necessary, is appropriated for the fiscal biennium ending June 30, 2025, from the opioid abatement settlement account. The amount in this subsection is provided solely for the authority to increase the number of mobile methadone units operated by existing opioid treatment providers, increase the number of opioid treatment provider fixed medication units operated by existing opioid treatment providers, and to expand opioid treatment programs with a prioritization for rural areas.

How it's going

- ▶ Earlier in 2025, during conversation about the BH budget forecast and the proviso language change from 2025, fiscal analysts representing the Senate Ways and Means Committee told HCA staff that Leg. members decided funds in the 2025-25 Operating Budget that had previously been used for OTP provider expansion via capital expansion efforts were **now to be used by HCA to support the non-federal share of Medicaid services for those same OTP providers.**
- ▶ The WA SOTA office was about to sign contracts for the next round of OTP expansion funds, specifically to fund capital construction of “fixed site medication units” to be branched off the forthcoming Walla Walla and Wenatchee OTP sites coming online in 2026- but have since had to hold and end all plans subject to Senate finance staff’s clarification

How it's going

- ▶ WA HCA provided feedback that OTP services are already as a baseline, a Medicaid eligible service that is required by CMS for all US States to offer to individuals and therefore could also be covered by the state's general funds/Medicaid budget.
- ▶ WA HCA also provided feedback that the 2 OTP providers served in the prior expansion (the forthcoming Wenatchee and Walla Walla OTP site) are not yet fully operational and proposed to be opening mid way in 2026, so it may be a bit of time before the HCA could use the proviso funds to support the payment of the non-federal share of Medicaid OTP services at these 2 expansion sites and could lead to unspent OTP specific funds needing to be swept.

How it's going

- ▶ Senate Ways and Means Committee fiscal staff confirmed their position based on Leg. Members feedback and the HCA is implementing this feedback/direction at this time.
- ▶ There will no more capital based OTP expansion with these funds at this time during the current biennium.
- ▶ There are also ongoing conversations about ensuring the correct Federal match is applied to this biennium's funding, since the use of the funds has changed between last biennium and this biennium.

Rural Health Transformation Program and OTPs

What is the RHT Program?

- ▶ The Rural Health Transformation (RHT) Program is part of the [H.R.1 budget reconciliation bill](#). The RHT Program offers \$50 billion funding nationwide to improve rural health care. [The Centers for Medicare & Medicaid Services](#) (CMS) administers the program.
- ▶ So far, CMS awarded Washington state about **\$181 million** for year 1 of the program.
- ▶ These funds will support the hospitals, clinics, and providers that rural families rely on every day.

What is the RHT Program?

- ▶ The H.R.1 legislation called out OTP providers **specifically** as one provider type that could receive these funds.
- ▶ So, HCA included OTP providers as a specific provider type in the state's application to CMS for these funds.
- ▶ Once HCA receives more feedback from CMS about the requirements for spending down the funds that will be allocated to WA, the SOTA office at HCA will be developing a competitive bid process to spend down the OTP specific workforce recruitment and retention funds, among as many OTPs providers as possible.
- ▶ A goal to get funds to:
 - ▶ Any OTP provider in WA who can meet any state/federal requirements to receive the funds via a forthcoming competitive bid process , and must also be an
 - ▶ OTP provider located within rural areas of WA State and/or serving a significant majority of patients from rural areas.

What is the RHT Program?

6.4 Rural Opioid Treatment Provider recruitment and retention.

Washington proposes utilizing \$6 million per year of RHT Program funds to establish a workforce incentive program for rural opioid treatment providers (OTPs). OTPs are a specific substance use disorder behavioral health agency (SUD BHA) setting type defined in federal law under 42 CFR Part 8, and Washington state law under RCW 71.24.590. OTPs are central to supporting patients who are in need of medications for the treatment of opioid use disorder, and these funds will help stabilize and grow the provider workforce and ensure access to essential OTP services in rural Washington. The program would fund recruitment bonuses, relocation support, childcare stipends, capacity payments, and other approved incentives tied to a five-year service commitment. Rural OTP clinicians that would be eligible to apply for funding include: substance use disorder (SUD) counselors, mental health counselors, nurses, perinatal providers, medical prescribers (e.g., physicians, NPs, PAs), pharmacists, SUD peers allowed to provide Medicaid covered services in an OTP setting, and any other member of an OTP multidisciplinary medical treatment team.

OTP Information and Resources

OTP Info and Resources

- ▶ [Opioid treatment programs \(OTPs\) | Washington State Health Care Authority](#)
- ▶ [WA State Opioid Treatment Program Directory Guide- Always up to date!](#)
- ▶ [Opioid Treatment Programs | Washington State Department of Health](#)- Check out the Licensing and Certification FAQ, and special sections on OTP Mobile and Fixed Site Medication Units
- ▶ [Rural Health Transformation Program | Washington State Health Care Authority](#)
- ▶ [WA AGO- Know Your Rights – Patients with Substance Use Disorder- Patients taking an MOUD](#)


Example of OTP Directory Guide Materials


Opioid Treatment Program locations



Example of OTP Directory Guide Materials

For **normal business hours**, please call the office number and ask to speak to the dispensary. If **after-hours**, please call the after-hours number.

 **Dose verification information:** OTPs provide after-hours dose verification via phone contact service, 7 days a week, 24 hours a day.

 **Mobile Medication Units:** For the latest information on mobile treatment locations, call or visit mobile program websites.



Benton County

Tri-Cities Treatment Center

1445 Spaulding Ave.
Richland, WA 99352
 Office: **(509) 578-1492**
 After-hours: **(509) 591-8633**



Cowlitz County

Kelso Comprehensive Treatment Center Acadia Healthcare



305 Pacific Avenue S, Suite C
Kelso, WA 98626
  Office and after-hours: **(360) 425-5378**

Clallam County

BAART Programs - Port Angeles



716 South Chase St.
Port Angeles, WA 98362
 Office: **(360) 395-2976**
 After-hours: **(509) 998-8038**

Jamestown Healing Clinic



526 South 9th Ave
Sequim, WA 98382
  Office and after-hours: **(360) 681-7755**
***Tribally owned/operated**
***Program offers mobile treatment**

Grays Harbor County

Grays Harbor Comprehensive Treatment Center Acadia Healthcare



516 East 1st St.
Aberdeen, WA 98520
  Office and after-hours: **(360) 743-4610**

Quinault Wellness Center

511 Heron St.
Aberdeen, WA 98520
  Office and after-hours: **(564) 544-1950**
***Tribally owned/operated**



Clark County

Clark County Comprehensive Treatment Center

707 W 13th St
Vancouver, WA 98660
  Office and after-hours: **(360) 566-9112**
***Site is within Clark County Jail -
Serves incarcerated people only**

King County

Evergreen Treatment Services, Seattle

1700 Airport Way South
Seattle, WA 98134
  Office and after-hours: **(206) 223-3644**
***Program offers mobile treatment**

Evergreen Treatment Services, South King County



Contact Information

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