CERTIFICATION OF ENROLLMENT

**SUBSTITUTE HOUSE BILL 1879**

64th Legislature

2015 Regular Session

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| Passed by the House April 23, 2015Yeas 96 Nays 2**Speaker of the House of Representatives**Passed by the Senate April 14, 2015Yeas 44 Nays 3**President of the Senate** | CERTIFICATEI, Barbara Baker, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SUBSTITUTE HOUSE BILL 1879** as passed by House of Representatives and the Senate on the dates hereon set forth.**Chief Clerk** |
| Approved  |  |
| **Governor of the State of Washington** | **Secretary of State** **State of Washington** |

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**SUBSTITUTE HOUSE BILL 1879**

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AS AMENDED BY THE SENATE

Passed Legislature - 2015 Regular Session

**State of Washington 64th Legislature 2015 Regular Session**

**By** House Health Care & Wellness (originally sponsored by Representatives Kagi, Walsh, Cody, Harris, Orwall, Tarleton, and Ormsby)

AN ACT Relating to directing the health care authority to issue a request for proposals for integrated managed health and behavioral health services for foster children; amending RCW 74.09.490; and adding a new section to chapter 74.09 RCW.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. **Sec.**  A new section is added to chapter 74.09 RCW to read as follows:

The authority shall issue a request for proposals to provide integrated managed health and behavioral health care for foster children receiving care through the medical assistance program. Behavioral health services provided under chapters 71.24, 71.34, and 70.96A RCW must be integrated into the managed health care plan for foster children beginning October 1, 2018. The request for proposals must address the program elements described in section 110, chapter 225, Laws of 2014, including development of a service delivery system, benefit design, reimbursement mechanisms, incorporation or coordination of services currently provided by the regional support networks, and standards for contracting with health plans. The request for proposals must be issued and completed in time for services under the integrated managed care plan to begin on October 1, 2016.

**Sec.**  RCW 74.09.490 and 2011 1st sp.s. c 15 s 23 are each amended to read as follows:

(1) The authority, in consultation with the evidence-based practice institute established in RCW 71.24.061, shall develop and implement policies to improve prescribing practices for treatment of emotional or behavioral disturbances in children, improve the quality of children's mental health therapy through increased use of evidence-based and research‑based practices and reduced variation in practice, improve communication and care coordination between primary care and mental health providers, and prioritize care in the family home or care which integrates the family where out‑of‑home placement is required.

(2) The authority shall identify those children with emotional or behavioral disturbances who may be at high risk due to off‑label use of prescription medication, use of multiple medications, high medication dosage, or lack of coordination among multiple prescribing providers, and establish one or more mechanisms to evaluate the appropriateness of the medication these children are using, including but not limited to obtaining second opinions from experts in child psychiatry.

(3) The authority shall review the psychotropic medications of all children under five and establish one or more mechanisms to evaluate the appropriateness of the medication these children are using, including but not limited to obtaining second opinions from experts in child psychiatry.

(4) Within existing funds, the authority shall require a second opinion review from an expert in psychiatry for all prescriptions of one or more antipsychotic medications of all children under eighteen years of age in the foster care system. Thirty days of a prescription medication may be dispensed pending the second opinion review. The second opinion feedback must include discussion of the psychosocial interventions that have been or will be offered to the child and caretaker if appropriate in order to address the behavioral issues brought to the attention of the prescribing physician.

(5) The authority shall track prescriptive practices with respect to psychotropic medications with the goal of reducing the use of medication.

((~~(5)~~)) (6) The authority shall ((~~encourage the~~)) promote the appropriate use of cognitive behavioral therapies and other treatments which are empirically supported or evidence-based, in addition to or in the place of prescription medication where appropriate and such interventions are available.

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