

CERTIFICATION OF ENROLLMENT

**SUBSTITUTE HOUSE BILL 2728**

Chapter 291, Laws of 2020

66th Legislature  
2020 Regular Session

PARTNERSHIP ACCESS LINE AND PSYCHIATRY CONSULTATION LINE--VARIOUS  
PROVISIONS

EFFECTIVE DATE: June 11, 2020

Passed by the House March 10, 2020  
Yeas 90 Nays 7

LAURIE JINKINS

**Speaker of the House of  
Representatives**

Passed by the Senate March 6, 2020  
Yeas 49 Nays 0

CYRUS HABIB

**President of the Senate**

Approved April 2, 2020 2:38 PM

JAY INSLEE

**Governor of the State of Washington**

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SUBSTITUTE HOUSE BILL 2728** as passed by the House of Representatives and the Senate on the dates hereon set forth.

BERNARD DEAN

**Chief Clerk**

FILED

April 3, 2020

**Secretary of State  
State of Washington**

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**SUBSTITUTE HOUSE BILL 2728**

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AS AMENDED BY THE SENATE

Passed Legislature - 2020 Regular Session

**State of Washington                      66th Legislature                      2020 Regular Session**

**By** House Appropriations (originally sponsored by Representatives Slatter, Davis, Senn, Bergquist, Frame, Fey, and Pollet)

READ FIRST TIME 02/11/20.

1            AN ACT Relating to implementation of a sustainable funding model  
2 for the services provided through the children's mental health  
3 services consultation program and the telebehavioral health video  
4 call center; amending RCW 71.24.061 and 70.290.060; adding new  
5 sections to chapter 71.24 RCW; and providing an expiration date.

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

7            **Sec. 1.** RCW 71.24.061 and 2019 c 325 s 1009 are each amended to  
8 read as follows:

9            (1) The authority shall provide flexibility to encourage licensed  
10 or certified community behavioral health agencies to subcontract with  
11 an adequate, culturally competent, and qualified children's mental  
12 health provider network.

13            (2) To the extent that funds are specifically appropriated for  
14 this purpose or that nonstate funds are available, a children's  
15 mental health evidence-based practice institute shall be established  
16 at the University of Washington (~~division of public behavioral~~  
17 ~~health and justice policy~~) department of psychiatry and behavioral  
18 sciences. The institute shall closely collaborate with entities  
19 currently engaged in evaluating and promoting the use of evidence-  
20 based, research-based, promising, or consensus-based practices in  
21 children's mental health treatment, including but not limited to the

1 University of Washington department of psychiatry and behavioral  
2 sciences, Seattle children's hospital, the University of Washington  
3 school of nursing, the University of Washington school of social  
4 work, and the Washington state institute for public policy. To ensure  
5 that funds appropriated are used to the greatest extent possible for  
6 their intended purpose, the University of Washington's indirect costs  
7 of administration shall not exceed ten percent of appropriated  
8 funding. The institute shall:

9 (a) Improve the implementation of evidence-based and  
10 research-based practices by providing sustained and effective  
11 training and consultation to licensed children's mental health  
12 providers and child-serving agencies who are implementing  
13 evidence-based or researched-based practices for treatment of  
14 children's emotional or behavioral disorders, or who are interested  
15 in adapting these practices to better serve ethnically or culturally  
16 diverse children. Efforts under this subsection should include a  
17 focus on appropriate oversight of implementation of evidence-based  
18 practices to ensure fidelity to these practices and thereby achieve  
19 positive outcomes;

20 (b) Continue the successful implementation of the "partnerships  
21 for success" model by consulting with communities so they may select,  
22 implement, and continually evaluate the success of evidence-based  
23 practices that are relevant to the needs of children, youth, and  
24 families in their community;

25 (c) Partner with youth, family members, family advocacy, and  
26 culturally competent provider organizations to develop a series of  
27 information sessions, literature, and online resources for families  
28 to become informed and engaged in evidence-based and research-based  
29 practices;

30 (d) Participate in the identification of outcome-based  
31 performance measures under RCW 71.36.025(2) and partner in a  
32 statewide effort to implement statewide outcomes monitoring and  
33 quality improvement processes; and

34 (e) Serve as a statewide resource to the authority and other  
35 entities on child and adolescent evidence-based, research-based,  
36 promising, or consensus-based practices for children's mental health  
37 treatment, maintaining a working knowledge through ongoing review of  
38 academic and professional literature, and knowledge of other  
39 evidence-based practice implementation efforts in Washington and  
40 other states.

1 (3) (a) To the extent that funds are specifically appropriated for  
2 this purpose, the authority in collaboration with the University of  
3 Washington department of psychiatry and behavioral sciences and  
4 Seattle children's hospital shall:

5 (i) Implement a (~~program~~) partnership access line to support  
6 primary care providers in the assessment and provision of appropriate  
7 diagnosis and treatment of children with mental and behavioral health  
8 disorders and track outcomes of this program;

9 (ii) Beginning January 1, 2019, implement a two-year pilot  
10 program (~~called the partnership access line for moms and kids~~) to:

11 (A) (~~Support~~) Create the partnership access line for moms to  
12 support obstetricians, pediatricians, primary care providers, mental  
13 health professionals, and other health care professionals providing  
14 care to pregnant women and new mothers through same-day telephone  
15 consultations in the assessment and provision of appropriate  
16 diagnosis and treatment of depression in pregnant women and new  
17 mothers; and

18 (B) (~~Facilitate~~) Create the partnership access line for kids  
19 referral and assistance service to facilitate referrals to children's  
20 mental health services and other resources for parents and guardians  
21 with concerns related to the mental health of the parent or  
22 guardian's child. Facilitation activities include assessing the level  
23 of services needed by the child; within seven days of receiving a  
24 call from a parent or guardian, identifying mental health  
25 professionals who are in-network with the child's health care  
26 coverage who are accepting new patients and taking appointments;  
27 coordinating contact between the parent or guardian and the mental  
28 health professional; and providing postreferral reviews to determine  
29 if the child has outstanding needs. In conducting its referral  
30 activities, the program shall collaborate with existing databases and  
31 resources to identify in-network mental health professionals.

32 (b) The program activities described in (a) (i) and (a) (ii) (A) of  
33 this subsection shall be designed to promote more accurate diagnoses  
34 and treatment through timely case consultation between primary care  
35 providers and child psychiatric specialists, and focused educational  
36 learning collaboratives with primary care providers.

37 (4) The authority, in collaboration with the University of  
38 Washington department of psychiatry and behavioral sciences and  
39 Seattle children's hospital, shall report on the following:

1 (a) The number of individuals who have accessed the resources  
2 described in subsection (3) of this section;

3 (b) The number of providers, by type, who have accessed the  
4 resources described in subsection (3) of this section;

5 (c) Demographic information, as available, for the individuals  
6 described in (a) of this subsection. Demographic information may not  
7 include any personally identifiable information and must be limited  
8 to the individual's age, gender, and city and county of residence;

9 (d) A description of resources provided;

10 (e) Average time frames from receipt of call to referral for  
11 services or resources provided; and

12 (f) Systemic barriers to services, as determined and defined by  
13 the health care authority, the University of Washington department of  
14 psychiatry and behavioral sciences, and Seattle children's hospital.

15 (5) Beginning December 30, 2019, and annually thereafter, the  
16 authority must submit, in compliance with RCW 43.01.036, a report to  
17 the governor and appropriate committees of the legislature with  
18 findings and recommendations for improving services and service  
19 delivery from subsection (4) of this section.

20 (6) The authority shall enforce requirements in managed care  
21 contracts to ensure care coordination and network adequacy issues are  
22 addressed in order to remove barriers to access to mental health  
23 services identified in the report described in subsection (4) of this  
24 section.

25 (7) Subsections (4) through (6) of this section expire January 1,  
26 2021.

27 NEW SECTION. Sec. 2. A new section is added to chapter 71.24  
28 RCW to read as follows:

29 (1) To the extent that funds are specifically appropriated for  
30 this purpose or nonstate funds are available, the authority in  
31 collaboration with the University of Washington department of  
32 psychiatry and behavioral sciences shall implement a psychiatric  
33 consultation call center to provide emergency department providers,  
34 primary care providers, and county and municipal correctional  
35 facility providers with on-demand access to psychiatric and substance  
36 use disorder clinical consultation for adult patients.

37 (2) When clinically appropriate and technically feasible, the  
38 clinical consultation may occur via telemedicine.

1 (3) Beginning in fiscal year 2021, to the extent that adequate  
2 funds are appropriated, the service shall be available seven days a  
3 week, twenty-four hours a day.

4 NEW SECTION. **Sec. 3.** A new section is added to chapter 71.24  
5 RCW to read as follows:

6 (1) The University of Washington department of psychiatry and  
7 behavioral health sciences shall collect the following information  
8 for the partnership access line described in RCW 71.24.061(3)(a)(i),  
9 partnership access line for moms described in RCW  
10 71.24.061(3)(a)(ii)(A), and the psychiatric consultation line  
11 described in section 2 of this act, in coordination with any hospital  
12 that it collaborates with to administer the programs:

- 13 (a) The number of individuals served;
- 14 (b) Demographic information regarding the individuals served, as  
15 available, including the individual's age, gender, and city and  
16 county of residence. Demographic information may not include any  
17 personally identifiable information;
- 18 (c) Demographic information regarding the providers placing the  
19 calls, including type of practice, and city and county of practice;
- 20 (d) Insurance information, including health plan and carrier, as  
21 available;
- 22 (e) A description of the resources provided; and
- 23 (f) Provider satisfaction.

24 (2) The University of Washington department of psychiatry and  
25 behavioral health sciences shall collect the following information  
26 for the program called the partnership access line for kids referral  
27 and assistance service described in RCW 71.24.061(3)(a)(ii)(B), in  
28 coordination with any hospital that it collaborates with to  
29 administer the program:

- 30 (a) The number of individuals served;
- 31 (b) Demographic information regarding the individuals served, as  
32 available, including the individual's age, gender, and city and  
33 county of residence. Demographic information may not include any  
34 personally identifiable information;
- 35 (c) Demographic information regarding the parents or guardians  
36 placing the calls, including family location;
- 37 (d) Insurance information, including health plan and carrier, as  
38 available;
- 39 (e) A description of the resources provided;

1 (f) Average time frames from receipt of the call to referral for  
2 services or resources provided;

3 (g) The most frequently requested issues that parents and  
4 guardians are asking for assistance with;

5 (h) The most frequently requested issues that families are asking  
6 for referral assistance with;

7 (i) The number of individuals that receive an appointment based  
8 on referral assistance; and

9 (j) Parent or guardian satisfaction.

10 NEW SECTION. **Sec. 4.** A new section is added to chapter 71.24  
11 RCW to read as follows:

12 (1) Beginning July 1, 2021, the partnership access lines  
13 described in RCW 71.24.061(3)(a), and the psychiatric consultation  
14 line described in section 2 of this act, shall be funded as follows:

15 (a) The authority, in consultation with the University of  
16 Washington department of psychiatry and behavioral sciences and  
17 Seattle children's hospital shall determine the annual costs of  
18 operating each program, as well as the authority's costs for  
19 administering the programs.

20 (b) For each program, the authority shall calculate the  
21 proportion of clients that are covered by programs administered  
22 pursuant to chapter 74.09 RCW. The state must cover the cost for  
23 programs administered pursuant to chapter 74.09 RCW through state and  
24 federal funds, as appropriated.

25 (c)(i) The authority shall collect a proportional share of  
26 program costs from each of the following entities that are not for  
27 covered lives under contract with the authority as medicaid managed  
28 care organizations:

29 (A) Health carriers, as defined in RCW 48.43.005;

30 (B) Self-funded multiple employer welfare arrangements, as  
31 defined in RCW 48.125.010;

32 (C) Employers or other entities that provide health care in this  
33 state, including self-funding entities or employee welfare benefit  
34 plans.

35 (ii) For entities listed in (c)(i) of this subsection, a  
36 proportional share of the entity's annual program costs for each  
37 program must be calculated by determining the annual cost of  
38 operating the program not covered under (b) of this subsection and  
39 multiplying it by a fraction that in which the numerator is the

1 entity's total number of resident insured persons among the  
2 population served by the program and the denominator is the total  
3 number of residents in the state who are served by the program and  
4 not covered by programs administered pursuant to chapter 74.09 RCW.  
5 The total number of resident insured persons among the population  
6 served by the program shall be determined according to the covered  
7 lives per calendar year determined by covered person months.

8 (iii) The entities listed in (c)(i) of this subsection shall  
9 provide information needed to calculate the proportional share of  
10 program costs under this section to the authority.

11 (d) The authority's administrative costs for these programs may  
12 not be included in the assessments.

13 (2) The authority may contract with a third-party administrator  
14 to calculate and administer the assessments of the entities  
15 identified in subsection (1)(c)(i) of this section.

16 (3) The authority shall develop separate performance measures for  
17 the partnership access lines described in RCW 71.24.061(3)(a), and  
18 the psychiatric consultation line described in section 2 of this act.

19 (4) The University of Washington department of psychiatry and  
20 behavioral sciences, in coordination with any hospital that it  
21 collaborates with to administer the programs, shall provide quarterly  
22 reports to the authority on the demographic data collected by each  
23 program, as described in section 3 (1) and (2) of this act, any  
24 performance measures specified by the authority, and systemic  
25 barriers to services, as determined and defined by the authority, the  
26 University of Washington, and Seattle children's hospital.

27 NEW SECTION. **Sec. 5.** A new section is added to chapter 71.24  
28 RCW to read as follows:

29 Using data from the reports required in RCW 71.24.061(5), the  
30 legislature shall decide whether to make the partnership access line  
31 for moms and the partnership access line for kids referral and  
32 assistance programs, as described in RCW 71.24.061(3)(a)(ii),  
33 permanent programs. If the legislature decides to make the programs  
34 permanent, the programs shall be funded in the same manner as in  
35 section 2 of this act beginning July 1, 2021.

36 NEW SECTION. **Sec. 6.** A new section is added to chapter 71.24  
37 RCW to read as follows:

1 (1) The joint legislative audit and review committee shall  
2 conduct a review, in consultation with the authority, the University  
3 of Washington department of psychiatry and behavioral science and  
4 Seattle children's hospital, of the programs as described in RCW  
5 71.24.061(3)(a) and section 2 of this act, covering the period from  
6 January 1, 2019, through December 30, 2021. The review shall evaluate  
7 the programs' success at addressing patients' issues related to  
8 access to mental health and substance use disorder services.

9 (2) The joint legislative audit and review committee shall submit  
10 the review, including its findings and recommendations, to the  
11 legislature by December 1, 2022.

12 NEW SECTION. **Sec. 7.** A new section is added to chapter 71.24  
13 RCW to read as follows:

14 The telebehavioral health access account is created in the state  
15 treasury. All receipts from collections under section 4 of this act  
16 must be deposited into the account. Moneys in the account may be  
17 spent only after appropriation. Expenditures from the account may be  
18 used only for supporting telebehavioral health programs identified in  
19 RCW 71.24.061(3)(a) and section 2 of this act.

20 **Sec. 8.** RCW 70.290.060 and 2010 c 174 s 6 are each amended to  
21 read as follows:

22 In addition to the duties and powers enumerated elsewhere in this  
23 chapter:

24 (1) The association may, pursuant to either vote of its board of  
25 directors or request of the secretary, audit compliance with  
26 reporting obligations established under the association's plan of  
27 operation. Upon failure of any entity that has been audited to  
28 reimburse the costs of such audit as certified by vote of the  
29 association's board of directors within forty-five days of notice of  
30 such vote, the secretary shall assess a civil penalty of one hundred  
31 fifty percent of the amount of such costs.

32 (2) The association may establish an interest charge for late  
33 payment of any assessment under this chapter. The secretary shall  
34 assess a civil penalty against any health carrier or third-party  
35 administrator that fails to pay an assessment within three months of  
36 notification under RCW 70.290.030. The civil penalty under this  
37 subsection is one hundred fifty percent of such assessment.

1 (3) The secretary and the association are authorized to file  
2 liens and seek judgment to recover amounts in arrears and civil  
3 penalties, and recover reasonable collection costs, including  
4 reasonable attorneys' fees and costs. Civil penalties so levied must  
5 be deposited in the universal vaccine purchase account created in RCW  
6 43.70.720.

7 (4) The secretary may adopt rules under chapter 34.05 RCW as  
8 necessary to carry out the purposes of this section.

9 (5) Upon request of the health care authority, the secretary and  
10 the association must provide the health care authority with any  
11 available information maintained by the association needed to  
12 calculate the proportional share of program costs under section 4 of  
13 this act.

Passed by the House March 10, 2020.  
Passed by the Senate March 6, 2020.  
Approved by the Governor April 2, 2020.  
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