

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**

SUBSTITUTE HOUSE BILL 2728

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.

Filed in Office of Secretary of State April 3, 2020.

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