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**HOUSE BILL 2927**

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**State of Washington 64th Legislature 2016 Regular Session**

**By** Representative Short

AN ACT Relating to telemedicine and integrated behavioral health care training; amending RCW 41.05.700 and 74.09.325; adding a new section to chapter 28B.20 RCW; creating a new section; and providing an effective date.

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

NEW SECTION. **Sec.**  (1) The legislature finds that there are significant challenges accessing mental health care in rural areas, particularly for underserved populations. There is strong evidence that effective integration of behavioral health services into primary care can help achieve the triple aim of health care reform, improved access to care, better outcomes, and lower health care costs. In such evidence-based integrated care programs, providers in primary care are supported by trained consulting psychiatrists and other mental health care providers. This effectively leverages the existing psychiatry workforce to improve the reach and the effectiveness of behavioral health services at a population level. The legislature intends to address these concerns by reimbursing for psychiatric consultation with other providers, as supported by the adult behavioral health task force's final report.

(2) The legislature also finds that integrated behavioral health care training programs are critical to better educate providers entering the workforce to provide better care. The legislature intends to create centers of excellence in integrated behavioral health care to ensure better provider collaboration where there is limited access to mental health specialists.

**Sec.**  RCW 41.05.700 and 2015 c 23 s 2 are each amended to read as follows:

(1) A health plan offered to employees and their covered dependents under this chapter issued or renewed on or after January 1, 2017, shall reimburse a provider for a health care service provided to a covered person through telemedicine or store and forward technology if:

(a) The plan provides coverage of the health care service when provided in person by the provider;

(b) The health care service is medically necessary; and

(c) The health care service is a service recognized as an essential health benefit under section 1302(b) of the federal patient protection and affordable care act in effect on January 1, 2017.

(2)(a) If the service is provided through store and forward technology there must be an associated office visit between the covered person and the referring health care provider. Nothing in this section prohibits the use of telemedicine for the associated office visit.

(b) For purposes of this section, reimbursement of store and forward technology is available only for those covered services specified in the negotiated agreement between the health plan and health care provider.

(3) An originating site for a telemedicine health care service subject to subsection (1) of this section includes a:

(a) Hospital;

(b) Rural health clinic;

(c) Federally qualified health center;

(d) Physician's or other health care provider's office;

(e) Community mental health center;

(f) Skilled nursing facility; or

(g) Renal dialysis center, except an independent renal dialysis center.

(4) Any originating site under subsection (3) of this section may charge a facility fee for infrastructure and preparation of the patient. Reimbursement must be subject to a negotiated agreement between the originating site and the health plan. A distant site or any other site not identified in subsection (3) of this section may not charge a facility fee.

(5) The plan may not distinguish between originating sites that are rural and urban in providing the coverage required in subsection (1) of this section.

(6) The plan may subject coverage of a telemedicine or store and forward technology health service under subsection (1) of this section to all terms and conditions of the plan, including, but not limited to, utilization review, prior authorization, deductible, copayment, or coinsurance requirements that are applicable to coverage of a comparable health care service provided in person.

(7) This section does not require the plan to reimburse:

(a) An originating site for professional fees;

(b) A provider for a health care service that is not a covered benefit under the plan; or

(c) An originating site or health care provider when the site or provider is not a contracted provider under the plan.

((~~(9)[(8)]~~)) (8) For purposes of this section:

(a) "Distant site" means the site at which a physician or other licensed provider, delivering a professional service, is physically located at the time the service is provided through telemedicine;

(b) "Health care service" has the same meaning as in RCW 48.43.005;

(c) "Hospital" means a facility licensed under chapter 70.41, 71.12, or 72.23 RCW;

(d) "Originating site" means the physical location of a patient receiving health care services through telemedicine;

(e) "Provider" has the same meaning as in RCW 48.43.005;

(f) "Store and forward technology" means use of an asynchronous transmission of a covered person's medical information from an originating site to the health care provider at a distant site which results in medical diagnosis and management of the covered person, and does not include the use of audio-only telephone, facsimile, or email; and

(g) "Telemedicine" means the delivery of health care services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. For purposes of this section only, "telemedicine" ((~~does not include~~)) only includes the use of audio-only telephone, facsimile, or email in the instance of consultation between psychiatrists and other providers. For purposes of this section only, "telemedicine" also refers to consultation between psychiatrists and other providers, including primary care physicians, nurses, care coordinators, case managers, social workers, and psychologists to provide diagnostic and medication management evaluation and education. The consultation must be:

(i) Medically necessary;

(ii) Documented in the patient chart; and

(iii) Based on information collected by the requesting party during a patient visit, encounter, or procedure.

**Sec.**  RCW 74.09.325 and 2015 c 23 s 4 are each amended to read as follows:

(1) Upon initiation or renewal of a contract with the Washington state health care authority to administer a medicaid managed care plan, a managed health care system shall reimburse a provider for a health care service provided to a covered person through telemedicine ((~~[or]~~)) or store and forward technology if:

(a) The medicaid managed care plan in which the covered person is enrolled provides coverage of the health care service when provided in person by the provider;

(b) The health care service is medically necessary; and

(c) The health care service is a service recognized as an essential health benefit under section 1302(b) of the federal patient protection and affordable care act in effect on January 1, 2017.

(2)(a) If the service is provided through store and forward technology there must be an associated visit between the covered person and the referring health care provider. Nothing in this section prohibits the use of telemedicine for the associated office visit.

(b) For purposes of this section, reimbursement of store and forward technology is available only for those services specified in the negotiated agreement between the managed health care system and health care provider.

(3) An originating site for a telemedicine health care service subject to subsection (1) of this section includes a:

(a) Hospital;

(b) Rural health clinic;

(c) Federally qualified health center;

(d) Physician's or other health care provider's office;

(e) Community mental health center;

(f) Skilled nursing facility; or

(g) Renal dialysis center, except an independent renal dialysis center.

(4) Any originating site under subsection (3) of this section may charge a facility fee for infrastructure and preparation of the patient. Reimbursement must be subject to a negotiated agreement between the originating site and the managed health care system. A distant site or any other site not identified in subsection (3) of this section may not charge a facility fee.

(5) A managed health care system may not distinguish between originating sites that are rural and urban in providing the coverage required in subsection (1) of this section.

(6) A managed health care system may subject coverage of a telemedicine or store and forward technology health service under subsection (1) of this section to all terms and conditions of the plan in which the covered person is enrolled, including, but not limited to, utilization review, prior authorization, deductible, copayment, or coinsurance requirements that are applicable to coverage of a comparable health care service provided in person.

(7) This section does not require a managed health care system to reimburse:

(a) An originating site for professional fees;

(b) A provider for a health care service that is not a covered benefit under the plan; or

(c) An originating site or health care provider when the site or provider is not a contracted provider under the plan.

(8) For purposes of this section:

(a) "Distant site" means the site at which a physician or other licensed provider, delivering a professional service, is physically located at the time the service is provided through telemedicine;

(b) "Health care service" has the same meaning as in RCW 48.43.005;

(c) "Hospital" means a facility licensed under chapter 70.41, 71.12, or 72.23 RCW;

(d) "Managed health care system" means any health care organization, including health care providers, insurers, health care service contractors, health maintenance organizations, health insuring organizations, or any combination thereof, that provides directly or by contract health care services covered under this chapter and rendered by licensed providers, on a prepaid capitated basis and that meets the requirements of section 1903(m)(1)(A) of Title XIX of the federal social security act or federal demonstration waivers granted under section 1115(a) of Title XI of the federal social security act;

(e) "Originating site" means the physical location of a patient receiving health care services through telemedicine;

(f) "Provider" has the same meaning as in RCW 48.43.005;

(g) "Store and forward technology" means use of an asynchronous transmission of a covered person's medical information from an originating site to the health care provider at a distant site which results in medical diagnosis and management of the covered person, and does not include the use of audio-only telephone, facsimile, or email; and

(h) "Telemedicine" means the delivery of health care services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. For purposes of this section only, "telemedicine" ((~~does not include~~)) only includes the use of audio-only telephone, facsimile, or email in the instance of consultation between psychiatrists and other providers. For purposes of this section only, "telemedicine" also refers to consultation between psychiatrists and other providers, including primary care physicians, nurses, care coordinators, case managers, social workers, and psychologists to provide diagnostic and medication management evaluation and education. The consultation must be:

(i) Medically necessary;

(ii) Documented in the patient chart; and

(iii) Based on information collected by the requesting party during a patient visit, encounter, or procedure.

(9) To measure the impact on access to care for underserved communities and costs to the state and the medicaid managed health care system for reimbursement of telemedicine services, the Washington state health care authority, using existing data and resources, shall provide a report to the appropriate policy and fiscal committees of the legislature no later than December 31, 2018.

NEW SECTION. **Sec.**  A new section is added to chapter 28B.20 RCW to read as follows:

(1) The state department of health shall partner with the University of Washington to establish up to six centers of excellence in evidence-based integrated behavioral health training. The centers of excellence must focus on improving:

(a) Medical care for the severely and persistently mentally ill in community mental health centers;

(b) Behavioral health care in community health clinics and other primary care settings; and

(c) The collaboration and linkages between the two systems.

(2) Training centers must function as learning collaboratives where primary care providers, social workers, psychiatrists, and psychologists can learn interdisciplinary team work and develop standard work and clinical protocols that can be implemented in other clinical settings around the state.

(3) The University of Washington must develop a competitive process to identify community health clinics and community mental health centers best positioned to host centers of excellence. Clinics must:

(a) Develop and sustain effective partnerships and communication between mental health and primary care providers; mental health and substance use providers; and mental health, housing, and other social service providers;

(b) Define and support new roles for team members such as licensed clinical social workers employed as behavioral health specialists in primary care, primary care providers who work closely with a team of mental health professionals in a community mental health center, and peers and community health workers who can support the work of collaborative care teams in the community; and

(c) Develop and implement new clinical workflows for effective collaborations.

(4) Each center of excellence must work closely with the University of Washington psychiatry faculty to develop, implement, and test practice changes. The University of Washington must provide technical assistance for organizations to:

(a) Develop and deploy a multidisciplinary team of trainers, practice change facilitators, and data driven quality improvement experts to work with participating clinics;

(b) Implement tools that allow tracking of behavioral health and physical health outcomes and to identify patients in need;

(c) Establish new clinical workflows, partnerships, and communications;

(d) Tailor clinical programs to the specific populations served;

(e) Track the clinical and recovery-related outcomes of the patients served; and

(f) Provide sound business advice to the administrators who will have to finance and support these programs and help with the regulatory and financing challenges related to the new programs.

NEW SECTION. **Sec.**  This act takes effect January 1, 2017.

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