
SENATE BILL 5779

State of Washington

65th Legislature

2017 Regular Session

By Senators Brown and O'Ban

Read first time 02/09/17. Referred to Committee on Human Services,
Mental Health & Housing.

1 AN ACT Relating to behavioral health integration in primary care;
2 amending RCW 74.09.010 and 70.320.020; adding new sections to chapter
3 74.09 RCW; creating new sections; and repealing RCW 18.205.040.

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

5 NEW SECTION. **Sec. 1.** Health transformation in Washington state
6 requires a multifaceted approach to implement sustainable solutions
7 for the integration of behavioral and physical health. Effective
8 integration requires a holistic approach and cannot be limited to one
9 strategy or model. An important component to health care integration
10 supported both by research and experience in Washington is primary
11 care behavioral health, a model in which behavioral health providers,
12 sometimes called behavioral health consultants, are fully integrated
13 in primary care.

14 Primary care settings are a gateway for many individuals with
15 behavioral health and primary care needs. An estimated one in four
16 primary care patients have an identifiable behavioral health need. A
17 behavioral health consultant engages primary care patients and their
18 caregivers during the same health care visit, often in the same exam
19 room. This warm hand-off and collaborative approach increases access
20 to behavioral health services and reduces stigma and cultural
21 barriers in a cost-effective manner by providing solutions-focused

1 brief interventions and skills training. Patients with more severe
2 needs can be effectively engaged and referred to appropriate
3 specialized care.

4 While the benefits of primary care behavioral health are not
5 restricted to children, the primary care behavioral health also
6 provides a unique opportunity to engage children who have a strong
7 relationship with primary care, identify problems early, and assure
8 healthy development. Investment in primary care behavioral health
9 creates opportunities for prevention and early detection that pay
10 dividends throughout the life cycle.

11 Providers in Washington need guidance on how to profitably and
12 appropriately integrate behavioral health services into primary care
13 practices. Payment methodologies must be scrutinized to remove
14 nonessential restrictions and limitations that restrict the scope of
15 practice of behavioral health professionals, impede same-day billing
16 for behavioral health and primary care services, abet billing errors,
17 and stymie innovation that supports wellness and health integration.

18 NEW SECTION. **Sec. 2.** A new section is added to chapter 74.09
19 RCW to read as follows:

20 (1) By August 1, 2017, the authority must complete a review of
21 payment codes available to health plans and providers related to
22 behavioral health. The review must include adjustments to payment
23 rules if needed to facilitate integration of behavioral health with
24 primary care. The review must involve stakeholder involvement and
25 include consideration of the following principles to the extent
26 allowed by federal law:

27 (a) Payment rules must allow professionals to operate within the
28 full scope of their practice;

29 (b) Payment rules should allow medically necessary behavioral
30 health services for covered patients to be provided in any setting;

31 (c) Payment rules and provider communications related to payment
32 should facilitate integration of physical and behavioral health
33 services through multifaceted models, including primary care
34 behavioral health, collaborative care, and other models;

35 (d) Payment rules should be designed liberally to encourage
36 innovation and ease future transitions to more integrated models of
37 payment and more integrated models of care;

38 (e) Payment rules should allow health and behavior codes to be
39 reimbursed for all patients in primary care settings as provided by

1 any licensed behavioral health professional operating within their
2 scope of practice, including but not limited to psychiatrists,
3 psychologists, psychiatric advanced registered nurse professionals,
4 physician assistants working with a supervising psychiatrist,
5 psychiatric nurses, mental health counselors, social workers,
6 chemical dependency professionals, chemical dependency professional
7 trainees, and marriage and family therapists;

8 (f) Payment rules which limit same-day billing for providers
9 using the same provider number, require prior authorization for low-
10 level or routine behavioral health care, or prohibit payment when the
11 patient is not present should be deployed only when consistent with
12 national coding conventions and consonant with accepted best
13 practices in the field.

14 (2) Concurrent with the review described in subsection (1) of
15 this section, the authority must create a matrix listing all
16 behavioral health related codes available for provider payment
17 through medical assistance programs and clearly explain applicable
18 payment rules in order to increase awareness among providers,
19 standardize billing practices, and reduce common and avoidable
20 billing errors. The authority must disseminate this information in a
21 manner calculated to maximally reach all relevant plans and
22 providers. The authority must update the provider billing guide to
23 maintain consistency of information.

24 (3) The authority must inform the governor and relevant
25 committees of the legislature by letter of the steps taken pursuant
26 to this section and results achieved once the work has been
27 completed.

28 **Sec. 3.** RCW 74.09.010 and 2013 2nd sp.s. c 10 s 8 are each
29 amended to read as follows:

30 The definitions in this section apply throughout this chapter
31 unless the context clearly requires otherwise.

32 (1) "Authority" means the Washington state health care authority.

33 (2) "Children's health program" means the health care services
34 program provided to children under eighteen years of age and in
35 households with incomes at or below the federal poverty level as
36 annually defined by the federal department of health and human
37 services as adjusted for family size, and who are not otherwise
38 eligible for medical assistance or the limited casualty program for
39 the medically needy.

1 (3) "Chronic care management" means the health care management
2 within a health home of persons identified with, or at high risk for,
3 one or more chronic conditions. Effective chronic care management:

4 (a) Actively assists patients to acquire self-care skills to
5 improve functioning and health outcomes, and slow the progression of
6 disease or disability;

7 (b) Employs evidence-based clinical practices;

8 (c) Coordinates care across health care settings and providers,
9 including tracking referrals;

10 (d) Provides ready access to behavioral health services that are,
11 to the extent possible, integrated with primary care; and

12 (e) Uses appropriate community resources to support individual
13 patients and families in managing chronic conditions.

14 (4) "Chronic condition" means a prolonged condition and includes,
15 but is not limited to:

16 (a) A mental health condition;

17 (b) A substance use disorder;

18 (c) Asthma;

19 (d) Diabetes;

20 (e) Heart disease; and

21 (f) Being overweight, as evidenced by a body mass index over
22 twenty-five.

23 (5) "County" means the board of county commissioners, county
24 council, county executive, or tribal jurisdiction, or its designee.

25 (6) "Department" means the department of social and health
26 services.

27 (7) "Department of health" means the Washington state department
28 of health created pursuant to RCW 43.70.020.

29 (8) "Director" means the director of the Washington state health
30 care authority.

31 (9) "Full benefit dual eligible beneficiary" means an individual
32 who, for any month: Has coverage for the month under a medicare
33 prescription drug plan or medicare advantage plan with part D
34 coverage; and is determined eligible by the state for full medicaid
35 benefits for the month under any eligibility category in the state's
36 medicaid plan or a section 1115 demonstration waiver that provides
37 pharmacy benefits.

38 (10) "Health home" or "primary care health home" means
39 coordinated health care provided by a licensed primary care provider
40 coordinating all medical care services, and a multidisciplinary

1 health care team comprised of clinical and nonclinical staff. The
2 term "coordinating all medical care services" shall not be construed
3 to require prior authorization by a primary care provider in order
4 for a patient to receive treatment for covered services by an
5 optometrist licensed under chapter 18.53 RCW. Primary care health
6 home services shall include those services defined as health home
7 services in 42 U.S.C. Sec. 1396w-4 and, in addition, may include, but
8 are not limited to:

9 (a) Comprehensive care management including, but not limited to,
10 chronic care treatment and management;

11 (b) Extended hours of service;

12 (c) Multiple ways for patients to communicate with the team,
13 including electronically and by phone;

14 (d) Education of patients on self-care, prevention, and health
15 promotion, including the use of patient decision aids;

16 (e) Coordinating and assuring smooth transitions and follow-up
17 from inpatient to other settings;

18 (f) Individual and family support including authorized
19 representatives;

20 (g) The use of information technology to link services, track
21 tests, generate patient registries, and provide clinical data; and

22 (h) Ongoing performance reporting and quality improvement.

23 (11) "Internal management" means the administration of medical
24 assistance, medical care services, the children's health program, and
25 the limited casualty program.

26 (12) "Limited casualty program" means the medical care program
27 provided to medically needy persons as defined under Title XIX of the
28 federal social security act, and to medically indigent persons who
29 are without income or resources sufficient to secure necessary
30 medical services.

31 (13) "Medical assistance" means the federal aid medical care
32 program provided to categorically needy persons as defined under
33 Title XIX of the federal social security act.

34 (14) "Medical care services" means the limited scope of care
35 financed by state funds and provided to persons who are not eligible
36 for medicaid under RCW 74.09.510 and who are eligible for the aged,
37 blind, or disabled assistance program authorized in RCW 74.62.030 or
38 the essential needs and housing support program pursuant to RCW
39 74.04.805.

1 (15) "Multidisciplinary health care team" means an
2 interdisciplinary team of health professionals which may include, but
3 is not limited to, medical specialists, nurses, pharmacists,
4 nutritionists, dieticians, social workers, behavioral and mental
5 health providers including substance use disorder prevention and
6 treatment providers, doctors of chiropractic, physical therapists,
7 licensed complementary and alternative medicine practitioners, home
8 care and other long-term care providers, and physicians' assistants.

9 (16) "Nursing home" means nursing home as defined in RCW
10 18.51.010.

11 (17) "Poverty" means the federal poverty level determined
12 annually by the United States department of health and human
13 services, or successor agency.

14 (18) "Primary care behavioral health" means a health care
15 integration model in which behavioral health care is colocated,
16 collaborative, and integrated within a primary care setting.

17 (19) "Primary care provider" means a general practice physician,
18 family practitioner, internist, pediatrician, osteopath, naturopath,
19 physician assistant, osteopathic physician assistant, and advanced
20 registered nurse practitioner licensed under Title 18 RCW.

21 ((+19)) (20) "Secretary" means the secretary of social and
22 health services.

23 NEW SECTION. **Sec. 4.** A new section is added to chapter 74.09
24 RCW to read as follows:

25 Subject to the availability of amounts appropriated for this
26 specific purpose, in order to increase the availability of behavioral
27 health services to children and youth and incentivize adoption of the
28 primary care behavioral health model, the authority must establish a
29 methodology and rate which provides increased reimbursement to
30 providers for behavioral health services provided to patients up to
31 eighteen years of age in primary care settings.

32 **Sec. 5.** RCW 70.320.020 and 2014 c 225 s 107 are each amended to
33 read as follows:

34 (1) The authority and the department shall base contract
35 performance measures developed under RCW 70.320.030 on the following
36 outcomes when contracting with service contracting entities:
37 Improvements in client health status and wellness; increases in
38 client participation in meaningful activities; reductions in client

1 involvement with criminal justice systems; reductions in avoidable
2 costs in hospitals, emergency rooms, crisis services, and jails and
3 prisons; increases in stable housing in the community; improvements
4 in client satisfaction with quality of life; and reductions in
5 population-level health disparities.

6 (2) The performance measures must demonstrate the manner in which
7 the following principles are achieved within each of the outcomes
8 under subsection (1) of this section:

9 (a) Maximization of the use of evidence-based practices will be
10 given priority over the use of research-based and promising
11 practices, and research-based practices will be given priority over
12 the use of promising practices. The agencies will develop strategies
13 to identify programs that are effective with ethnically diverse
14 clients and to consult with tribal governments, experts within
15 ethnically diverse communities and community organizations that serve
16 diverse communities;

17 (b) The maximization of the client's independence, recovery, and
18 employment;

19 (c) The maximization of the client's participation in treatment
20 decisions; and

21 (d) The collaboration between consumer-based support programs in
22 providing services to the client.

23 (3) In developing performance measures under RCW 70.320.030, the
24 authority and the department shall consider expected outcomes
25 relevant to the general populations that each agency serves. The
26 authority and the department may adapt the outcomes to account for
27 the unique needs and characteristics of discrete subcategories of
28 populations receiving services, including ethnically diverse
29 communities.

30 (4) The authority and the department shall coordinate the
31 establishment of the expected outcomes and the performance measures
32 between each agency as well as each program to identify expected
33 outcomes and performance measures that are common to the clients
34 enrolled in multiple programs and to eliminate conflicting standards
35 among the agencies and programs.

36 (5)(a) The authority and the department shall establish timelines
37 and mechanisms for service contracting entities to report data
38 related to performance measures and outcomes, including phased
39 implementation of public reporting of outcome and performance

1 measures in a form that allows for comparison of performance measures
2 and levels of improvement between geographic regions of Washington.

3 (b) The authority and the department may not release any public
4 reports of client outcomes unless the data (~~(have-[has])~~) has been
5 deidentified and aggregated in such a way that the identity of
6 individual clients cannot be determined through directly identifiable
7 data or the combination of multiple data elements.

8 (6) The authority and department must establish a performance
9 measure to be integrated into the statewide common measure set which
10 tracks the degree of integration of behavioral health services in
11 primary care settings.

12 NEW SECTION. Sec. 6. RCW 18.205.040 (Use of title) and 2014 c
13 225 s 108, 2008 c 135 s 17, & 1998 c 243 s 4 are each repealed.

14 NEW SECTION. Sec. 7. This act may be known and cited as the
15 youth behavioral health protection act.

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