S-4361.2

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUBSTITUTE SENATE BILL 6544**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**By** Senate Human Services, Mental Health & Housing (originally sponsored by Senators O'Ban and Darneille)

AN ACT Relating to simplifying behavioral health regulations and aligning them with other health regulations to support clinical integration; adding a new section to chapter 71.24 RCW; and creating new sections.

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

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

(1) The department and the Washington state health care authority shall convene a task force including participation by a representative cross-section of behavioral health organizations and behavioral health providers to align regulations between behavioral health and primary health care settings and simplify regulations for behavioral health providers. The alignment must support clinical integration from the standpoint of standardizing practices and culture in a manner that to the extent practicable reduces barriers to access, including reducing the paperwork burden for patients and providers. Brief integrated behavioral health services must not, in general, take longer to document than to provide. Regulations should emphasize the desired outcome rather than how they should be achieved. The task force may also make recommendations to the department concerning subsections (2) and (3) of this section.

(2) The department shall collaborate with the department of health, the Washington state health care authority, and other appropriate government partners to reduce unneeded costs and burdens to health plans and providers associated with excessive audits, the licensing process, and contracting. In pursuit of this goal, the department shall consider steps such as cooperating across divisions and agencies to combine audit functions when multiple audits of an agency or site are scheduled, sharing audit information across divisions and agencies to reduce redundancy of audits, and treating organizations with multiple sites and programs as single entities instead of as multiple agencies.

(3) The department shall review its practices under RCW 71.24.035(5)(c)(i) to determine whether its practices comply with the statutory mandate to deem accreditation by recognized behavioral health accrediting bodies as equivalent to meeting licensure requirements, comport with standard practices used by other state divisions or agencies, and properly incentivize voluntary accreditation to the highest industry standards.

NEW SECTION. **Sec.**  The department of social and health services and the Washington state health care authority shall report their progress under section 1 of this act to the relevant committees of the legislature by December 15, 2016.

NEW SECTION. **Sec.**  The department of social and health services, the Washington state health care authority, and the department of health shall each develop performance management systems to guide their operations. These systems shall involve implementation of measurable, objective, outcome-based goals suitable for external assessment under the Baldrige excellence framework. These agencies must develop clear timelines for implementation within sixty days of the effective date of this section, and then shall undergo a Baldrige assessment within two years, and every two years thereafter. Each agency must annually report its progress under this section to the governor and the appropriate committees of the legislature by December 1st of each year, including the results of any external assessments.

**--- END ---**