

HOUSE BILL REPORT

HB 1140

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to primary care psychiatric consultation services.

Brief Description: Requiring the health care authority to establish a primary care psychiatric consultation services program.

Sponsors: Representatives Orwall, Moeller, Cody, Appleton, Jinkins, Gregerson, Bergquist, Senn, Ryu and Tharinger.

Brief History:

Committee Activity:

Health Care & Wellness: 2/13/15, 2/17/15 [DP].

Brief Summary of Bill

- Establishes a program that provides primary care psychiatric consultation services.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass. Signed by 15 members: Representatives Cody, Chair; Riccelli, Vice Chair; Schmick, Ranking Minority Member; Harris, Assistant Ranking Minority Member; Caldier, Clibborn, DeBolt, Jinkins, Johnson, Moeller, Robinson, Rodne, Short, Tharinger and Van De Wege.

Staff: Jim Morishima (786-7191).

Background:

The Partnership Action Line.

In 2007 the Department of Social and Health Services (DSHS) was directed to implement a pilot program to support primary care providers in the assessment and provision of appropriate diagnosis and treatment of children with mental and behavioral health disorders. The resulting program, the Partnership Action Line (PAL), provides psychiatric consultations

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by telephone to primary care providers statewide. The PAL is based out of Seattle Children's Hospital and is staffed by child psychiatrists and social workers.

Psychiatric Consultation Pilot Program.

In 2014 the DSHS and the Health Care Authority (HCA) were required to develop a plan for a pilot program to support primary care providers in the assessment and provision of appropriate diagnosis and treatment of individuals with mental or other behavioral health disorders and track outcomes of the program. The program must include two pilot sites, one in an urban setting and one in a rural setting, and must include timely case consultation between primary care providers and psychiatric specialists.

The DSHS and the HCA recommended that the plan be implemented in two phases. In phase one, the program would be implemented in one rural county and one urban county. In phase two, the program would be implemented statewide. The program recommended by the DSHS and the HCA consists of the following elements:

- telephone consultation with a psychiatrist or a psychiatric advanced registered nurse practitioner (ARNP) between the hours of 8:00 a.m. and 5:00 p.m. with the goal of a 90 percent answer rate;
- a regionally shared master's level behavioral health professional to help identify local resources, provide brief counseling when indicated, and check to see if individuals have followed up with appointments and other treatment recommendations; and
- tele-video psychiatric consultation available for primary care practitioners with a psychiatrist or a psychiatric ARNP for individuals whose diagnosis is uncertain and require visual consultation.

Summary of Bill:

By April 1, 2016, the HCA must establish a program to support primary care providers in the assessment and provision of the appropriate diagnosis and treatment of adults with behavioral health disorders through the provision of primary care and psychiatric consultation services.

The program must provide:

- timely clinical psychiatric consultation to primary care providers serving adults with a behavioral health condition;
- timely access to behavioral health care management through linkages to regional mental health and chemical dependency resources;
- essential crisis and management services, including assistance establishing diagnoses, medication management recommendations, guidance on treatment strategies, and links and access to behavioral health treatment; and
- linkages to additional treatment services and care coordination provided by behavioral health professionals.

The program must be implemented in two phases. In phase one, the program will be implemented in one urban county, one rural county, and in every behavioral health organization that becomes an early adopter of fully integrated purchasing of medical and behavioral health services. In phase two, the program must be implemented statewide.

The HCA must pursue program financing options to supplement state funds with funds from other public or private sources and enter into agreements to support such arrangements and the goals of the program.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) There is a shortage of psychiatrists, especially in rural areas of the state, which also have high rates of suicide—integrated behavioral health is critically important in these communities. Goals like zero suicide are achievable. This bill is a good first step toward leveraging resources to achieve the goal of integrated care. It is more difficult to manage behavioral health issues when patients are in crisis. Mental health needs to be moved upstream to help get the system away from a crisis model. Early intervention will help keep people out of psychiatric hospitals and emergency rooms, which makes this bill fiscally sound. This bill will help provide network adequacy, treatment, and education to patients. This model works—the state has already partially invested in it. This bill is the only way to leverage scarce psychiatric resources as the state moves toward the integration of behavioral health into primary care.

(Opposed) None.

Persons Testifying: Representative Orwall, prime sponsor; Amnon Shoenfeld and Jennifer Stuber, Forefront; Steven Clark, Valley View Health Center; Len McComb, Washington State Hospital Association; Charissa Fotinos; and Bob Cooper, Washington Association of National Association of Social Workers.

Persons Signed In To Testify But Not Testifying: None.