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HOUSE BILL 2927

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State of Washington

64th Legislature

2016 Regular Session

By Representative Short

Read first time 01/27/16. Referred to Committee on Health Care & Wellness.

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

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

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

20 (2) The legislature also finds that integrated behavioral health  
21 care training programs are critical to better educate providers

1 entering the workforce to provide better care. The legislature  
2 intends to create centers of excellence in integrated behavioral  
3 health care to ensure better provider collaboration where there is  
4 limited access to mental health specialists.

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

7 (1) A health plan offered to employees and their covered  
8 dependents under this chapter issued or renewed on or after January  
9 1, 2017, shall reimburse a provider for a health care service  
10 provided to a covered person through telemedicine or store and  
11 forward technology if:

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

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

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

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

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

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

29 (a) Hospital;

30 (b) Rural health clinic;

31 (c) Federally qualified health center;

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

33 (e) Community mental health center;

34 (f) Skilled nursing facility; or

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

37 (4) Any originating site under subsection (3) of this section may  
38 charge a facility fee for infrastructure and preparation of the  
39 patient. Reimbursement must be subject to a negotiated agreement

1 between the originating site and the health plan. A distant site or  
2 any other site not identified in subsection (3) of this section may  
3 not charge a facility fee.

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

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

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

- 14 (a) An originating site for professional fees;
- 15 (b) A provider for a health care service that is not a covered  
16 benefit under the plan; or
- 17 (c) An originating site or health care provider when the site or  
18 provider is not a contracted provider under the plan.

19 (~~((9))~~) (8) For purposes of this section:

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

23 (b) "Health care service" has the same meaning as in RCW  
24 48.43.005;

25 (c) "Hospital" means a facility licensed under chapter 70.41,  
26 71.12, or 72.23 RCW;

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

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

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

36 (g) "Telemedicine" means the delivery of health care services  
37 through the use of interactive audio and video technology, permitting  
38 real-time communication between the patient at the originating site  
39 and the provider, for the purpose of diagnosis, consultation, or  
40 treatment. For purposes of this section only, "telemedicine" (~~does~~

1 ~~not include~~) only includes the use of audio-only telephone,  
2 facsimile, or email in the instance of consultation between  
3 psychiatrists and other providers. For purposes of this section only,  
4 "telemedicine" also refers to consultation between psychiatrists and  
5 other providers, including primary care physicians, nurses, care  
6 coordinators, case managers, social workers, and psychologists to  
7 provide diagnostic and medication management evaluation and  
8 education. The consultation must be:

- 9 (i) Medically necessary;  
10 (ii) Documented in the patient chart; and  
11 (iii) Based on information collected by the requesting party  
12 during a patient visit, encounter, or procedure.

13 **Sec. 3.** RCW 74.09.325 and 2015 c 23 s 4 are each amended to read  
14 as follows:

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

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

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

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

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

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

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

38 (a) Hospital;

39 (b) Rural health clinic;

- 1 (c) Federally qualified health center;
- 2 (d) Physician's or other health care provider's office;
- 3 (e) Community mental health center;
- 4 (f) Skilled nursing facility; or
- 5 (g) Renal dialysis center, except an independent renal dialysis
- 6 center.

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

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

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

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

- 25 (a) An originating site for professional fees;
- 26 (b) A provider for a health care service that is not a covered
- 27 benefit under the plan; or
- 28 (c) An originating site or health care provider when the site or
- 29 provider is not a contracted provider under the plan.

30 (8) For purposes of this section:

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

34 (b) "Health care service" has the same meaning as in RCW  
35 48.43.005;

36 (c) "Hospital" means a facility licensed under chapter 70.41,  
37 71.12, or 72.23 RCW;

38 (d) "Managed health care system" means any health care  
39 organization, including health care providers, insurers, health care  
40 service contractors, health maintenance organizations, health

1 insuring organizations, or any combination thereof, that provides  
2 directly or by contract health care services covered under this  
3 chapter and rendered by licensed providers, on a prepaid capitated  
4 basis and that meets the requirements of section 1903(m)(1)(A) of  
5 Title XIX of the federal social security act or federal demonstration  
6 waivers granted under section 1115(a) of Title XI of the federal  
7 social security act;

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

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

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

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

30 (i) Medically necessary;

31 (ii) Documented in the patient chart; and

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

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

1        NEW SECTION.    **Sec. 4.**    A new section is added to chapter 28B.20  
2    RCW to read as follows:

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

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

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

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

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

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

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

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

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

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

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

1 (b) Implement tools that allow tracking of behavioral health and  
2 physical health outcomes and to identify patients in need;  
3 (c) Establish new clinical workflows, partnerships, and  
4 communications;  
5 (d) Tailor clinical programs to the specific populations served;  
6 (e) Track the clinical and recovery-related outcomes of the  
7 patients served; and  
8 (f) Provide sound business advice to the administrators who will  
9 have to finance and support these programs and help with the  
10 regulatory and financing challenges related to the new programs.

11 NEW SECTION. **Sec. 5.** This act takes effect January 1, 2017.

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