

SHB 2728 - S COMM AMD

By Committee on Ways & Means

ADOPTED 03/06/2020

1 Strike everything after the enacting clause and insert the
2 following:

3 "Sec. 1. RCW 71.24.061 and 2019 c 325 s 1009 are each amended to
4 read as follows:

5 (1) The authority shall provide flexibility to encourage licensed
6 or certified community behavioral health agencies to subcontract with
7 an adequate, culturally competent, and qualified children's mental
8 health provider network.

9 (2) To the extent that funds are specifically appropriated for
10 this purpose or that nonstate funds are available, a children's
11 mental health evidence-based practice institute shall be established
12 at the University of Washington (~~division of public behavioral~~
13 ~~health and justice policy~~) department of psychiatry and behavioral
14 sciences. The institute shall closely collaborate with entities
15 currently engaged in evaluating and promoting the use of evidence-
16 based, research-based, promising, or consensus-based practices in
17 children's mental health treatment, including but not limited to the
18 University of Washington department of psychiatry and behavioral
19 sciences, Seattle children's hospital, the University of Washington
20 school of nursing, the University of Washington school of social
21 work, and the Washington state institute for public policy. To ensure
22 that funds appropriated are used to the greatest extent possible for
23 their intended purpose, the University of Washington's indirect costs
24 of administration shall not exceed ten percent of appropriated
25 funding. The institute shall:

26 (a) Improve the implementation of evidence-based and
27 research-based practices by providing sustained and effective
28 training and consultation to licensed children's mental health
29 providers and child-serving agencies who are implementing
30 evidence-based or researched-based practices for treatment of
31 children's emotional or behavioral disorders, or who are interested

1 in adapting these practices to better serve ethnically or culturally
2 diverse children. Efforts under this subsection should include a
3 focus on appropriate oversight of implementation of evidence-based
4 practices to ensure fidelity to these practices and thereby achieve
5 positive outcomes;

6 (b) Continue the successful implementation of the "partnerships
7 for success" model by consulting with communities so they may select,
8 implement, and continually evaluate the success of evidence-based
9 practices that are relevant to the needs of children, youth, and
10 families in their community;

11 (c) Partner with youth, family members, family advocacy, and
12 culturally competent provider organizations to develop a series of
13 information sessions, literature, and online resources for families
14 to become informed and engaged in evidence-based and research-based
15 practices;

16 (d) Participate in the identification of outcome-based
17 performance measures under RCW 71.36.025(2) and partner in a
18 statewide effort to implement statewide outcomes monitoring and
19 quality improvement processes; and

20 (e) Serve as a statewide resource to the authority and other
21 entities on child and adolescent evidence-based, research-based,
22 promising, or consensus-based practices for children's mental health
23 treatment, maintaining a working knowledge through ongoing review of
24 academic and professional literature, and knowledge of other
25 evidence-based practice implementation efforts in Washington and
26 other states.

27 (3) (a) To the extent that funds are specifically appropriated for
28 this purpose, the authority in collaboration with the University of
29 Washington department of psychiatry and behavioral sciences and
30 Seattle children's hospital shall:

31 (i) Implement a (~~(program)~~) partnership access line to support
32 primary care providers in the assessment and provision of appropriate
33 diagnosis and treatment of children with mental and behavioral health
34 disorders and track outcomes of this program;

35 (ii) Beginning January 1, 2019, implement a two-year pilot
36 program (~~(called the partnership access line for moms and kids)~~) to:

37 (A) (~~(Support)~~) Create the partnership access line for moms to
38 support obstetricians, pediatricians, primary care providers, mental
39 health professionals, and other health care professionals providing
40 care to pregnant women and new mothers through same-day telephone

1 consultations in the assessment and provision of appropriate
2 diagnosis and treatment of depression in pregnant women and new
3 mothers; and

4 (B) (~~Facilitate~~) Create the partnership access line for kids
5 referral and assistance service to facilitate referrals to children's
6 mental health services and other resources for parents and guardians
7 with concerns related to the mental health of the parent or
8 guardian's child. Facilitation activities include assessing the level
9 of services needed by the child; within seven days of receiving a
10 call from a parent or guardian, identifying mental health
11 professionals who are in-network with the child's health care
12 coverage who are accepting new patients and taking appointments;
13 coordinating contact between the parent or guardian and the mental
14 health professional; and providing postreferral reviews to determine
15 if the child has outstanding needs. In conducting its referral
16 activities, the program shall collaborate with existing databases and
17 resources to identify in-network mental health professionals.

18 (b) The program activities described in (a)(i) and (a)(ii)(A) of
19 this subsection shall be designed to promote more accurate diagnoses
20 and treatment through timely case consultation between primary care
21 providers and child psychiatric specialists, and focused educational
22 learning collaboratives with primary care providers.

23 (4) The authority, in collaboration with the University of
24 Washington department of psychiatry and behavioral sciences and
25 Seattle children's hospital, shall report on the following:

26 (a) The number of individuals who have accessed the resources
27 described in subsection (3) of this section;

28 (b) The number of providers, by type, who have accessed the
29 resources described in subsection (3) of this section;

30 (c) Demographic information, as available, for the individuals
31 described in (a) of this subsection. Demographic information may not
32 include any personally identifiable information and must be limited
33 to the individual's age, gender, and city and county of residence;

34 (d) A description of resources provided;

35 (e) Average time frames from receipt of call to referral for
36 services or resources provided; and

37 (f) Systemic barriers to services, as determined and defined by
38 the health care authority, the University of Washington department of
39 psychiatry and behavioral sciences, and Seattle children's hospital.

1 (5) Beginning December 30, 2019, and annually thereafter, the
2 authority must submit, in compliance with RCW 43.01.036, a report to
3 the governor and appropriate committees of the legislature with
4 findings and recommendations for improving services and service
5 delivery from subsection (4) of this section.

6 (6) The authority shall enforce requirements in managed care
7 contracts to ensure care coordination and network adequacy issues are
8 addressed in order to remove barriers to access to mental health
9 services identified in the report described in subsection (4) of this
10 section.

11 (7) Subsections (4) through (6) of this section expire January 1,
12 2021.

13 NEW SECTION. Sec. 2. A new section is added to chapter 71.24
14 RCW to read as follows:

15 (1) To the extent that funds are specifically appropriated for
16 this purpose or nonstate funds are available, the authority in
17 collaboration with the University of Washington department of
18 psychiatry and behavioral sciences shall implement a psychiatric
19 consultation call center to provide emergency department providers,
20 primary care providers, and county and municipal correctional
21 facility providers with on-demand access to psychiatric and substance
22 use disorder clinical consultation for adult patients.

23 (2) When clinically appropriate and technically feasible, the
24 clinical consultation may occur via telemedicine.

25 (3) Beginning in fiscal year 2021, to the extent that adequate
26 funds are appropriated, the service shall be available seven days a
27 week, twenty-four hours a day.

28 NEW SECTION. Sec. 3. A new section is added to chapter 71.24
29 RCW to read as follows:

30 (1) The University of Washington department of psychiatry and
31 behavioral health sciences shall collect the following information
32 for the partnership access line described in RCW 71.24.061(3)(a)(i),
33 partnership access line for moms described in RCW
34 71.24.061(3)(a)(ii)(A), and the psychiatric consultation line
35 described in section 2 of this act, in coordination with any hospital
36 that it collaborates with to administer the programs:

37 (a) The number of individuals served;

1 (b) Demographic information regarding the individuals served, as
2 available, including the individual's age, gender, and city and
3 county of residence. Demographic information may not include any
4 personally identifiable information;

5 (c) Demographic information regarding the providers placing the
6 calls, including type of practice, and city and county of practice;

7 (d) Insurance information, including health plan and carrier, as
8 available;

9 (e) A description of the resources provided; and

10 (f) Provider satisfaction.

11 (2) The University of Washington department of psychiatry and
12 behavioral health sciences shall collect the following information
13 for the program called the partnership access line for kids referral
14 and assistance service described in RCW 71.24.061(3)(a)(ii)(B), in
15 coordination with any hospital that it collaborates with to
16 administer the program:

17 (a) The number of individuals served;

18 (b) Demographic information regarding the individuals served, as
19 available, including the individual's age, gender, and city and
20 county of residence. Demographic information may not include any
21 personally identifiable information;

22 (c) Demographic information regarding the parents or guardians
23 placing the calls, including family location;

24 (d) Insurance information, including health plan and carrier, as
25 available;

26 (e) A description of the resources provided;

27 (f) Average time frames from receipt of the call to referral for
28 services or resources provided;

29 (g) The most frequently requested issues that parents and
30 guardians are asking for assistance with;

31 (h) The most frequently requested issues that families are asking
32 for referral assistance with;

33 (i) The number of individuals that receive an appointment based
34 on referral assistance; and

35 (j) Parent or guardian satisfaction.

36 NEW SECTION. **Sec. 4.** A new section is added to chapter 71.24
37 RCW to read as follows:

1 (1) Beginning July 1, 2021, the partnership access lines
2 described in RCW 71.24.061(3)(a), and the psychiatric consultation
3 line described in section 2 of this act, shall be funded as follows:

4 (a) The authority, in consultation with the University of
5 Washington department of psychiatry and behavioral sciences and
6 Seattle children's hospital shall determine the annual costs of
7 operating each program, as well as the authority's costs for
8 administering the programs.

9 (b) For each program, the authority shall calculate the
10 proportion of clients that are covered by programs administered
11 pursuant to chapter 74.09 RCW. The state must cover the cost for
12 programs administered pursuant to chapter 74.09 RCW through state and
13 federal funds, as appropriated.

14 (c)(i) The authority shall collect a proportional share of
15 program costs from each of the following entities that are not for
16 covered lives under contract with the authority as medicaid managed
17 care organizations:

18 (A) Health carriers, as defined in RCW 48.43.005;

19 (B) Self-funded multiple employer welfare arrangements, as
20 defined in RCW 48.125.010;

21 (C) Employers or other entities that provide health care in this
22 state, including self-funding entities or employee welfare benefit
23 plans.

24 (ii) For entities listed in (c)(i) of this subsection, a
25 proportional share of the entity's annual program costs for each
26 program must be calculated by determining the annual cost of
27 operating the program not covered under (b) of this subsection and
28 multiplying it by a fraction that in which the numerator is the
29 entity's total number of resident insured persons among the
30 population served by the program and the denominator is the total
31 number of residents in the state who are served by the program and
32 not covered by programs administered pursuant to chapter 74.09 RCW.
33 The total number of resident insured persons among the population
34 served by the program shall be determined according to the covered
35 lives per calendar year determined by covered person months.

36 (iii) The entities listed in (c)(i) of this subsection shall
37 provide information needed to calculate the proportional share of
38 program costs under this section to the authority.

39 (d) The authority's administrative costs for these programs may
40 not be included in the assessments.

1 (2) The authority may contract with a third-party administrator
2 to calculate and administer the assessments of the entities
3 identified in subsection (1)(c)(i) of this section.

4 (3) The authority shall develop separate performance measures for
5 the partnership access lines described in RCW 71.24.061(3)(a), and
6 the psychiatric consultation line described in section 2 of this act.

7 (4) The University of Washington department of psychiatry and
8 behavioral sciences, in coordination with any hospital that it
9 collaborates with to administer the programs, shall provide quarterly
10 reports to the authority on the demographic data collected by each
11 program, as described in section 3 (1) and (2) of this act, any
12 performance measures specified by the authority, and systemic
13 barriers to services, as determined and defined by the authority, the
14 University of Washington, and Seattle children's hospital.

15 NEW SECTION. **Sec. 5.** A new section is added to chapter 71.24
16 RCW to read as follows:

17 Using data from the reports required in RCW 71.24.061(5), the
18 legislature shall decide whether to make the partnership access line
19 for moms and the partnership access line for kids referral and
20 assistance programs, as described in RCW 71.24.061(3)(a)(ii),
21 permanent programs. If the legislature decides to make the programs
22 permanent, the programs shall be funded in the same manner as in
23 section 2 of this act beginning July 1, 2021.

24 NEW SECTION. **Sec. 6.** A new section is added to chapter 71.24
25 RCW to read as follows:

26 (1) The joint legislative audit and review committee shall
27 conduct a review, in consultation with the authority, the University
28 of Washington department of psychiatry and behavioral science and
29 Seattle children's hospital, of the programs as described in RCW
30 71.24.061(3)(a) and section 2 of this act, covering the period from
31 January 1, 2019, through December 30, 2021. The review shall evaluate
32 the programs' success at addressing patients' issues related to
33 access to mental health and substance use disorder services.

34 (2) The joint legislative audit and review committee shall submit
35 the review, including its findings and recommendations, to the
36 legislature by December 1, 2022.

1 NEW SECTION. **Sec. 7.** A new section is added to chapter 71.24
2 RCW to read as follows:

3 The telebehavioral health access account is created in the state
4 treasury. All receipts from collections under section 4 of this act
5 must be deposited into the account. Moneys in the account may be
6 spent only after appropriation. Expenditures from the account may be
7 used only for supporting telebehavioral health programs identified in
8 RCW 71.24.061(3) (a) and section 2 of this act.

9 **Sec. 8.** RCW 70.290.060 and 2010 c 174 s 6 are each amended to
10 read as follows:

11 In addition to the duties and powers enumerated elsewhere in this
12 chapter:

13 (1) The association may, pursuant to either vote of its board of
14 directors or request of the secretary, audit compliance with
15 reporting obligations established under the association's plan of
16 operation. Upon failure of any entity that has been audited to
17 reimburse the costs of such audit as certified by vote of the
18 association's board of directors within forty-five days of notice of
19 such vote, the secretary shall assess a civil penalty of one hundred
20 fifty percent of the amount of such costs.

21 (2) The association may establish an interest charge for late
22 payment of any assessment under this chapter. The secretary shall
23 assess a civil penalty against any health carrier or third-party
24 administrator that fails to pay an assessment within three months of
25 notification under RCW 70.290.030. The civil penalty under this
26 subsection is one hundred fifty percent of such assessment.

27 (3) The secretary and the association are authorized to file
28 liens and seek judgment to recover amounts in arrears and civil
29 penalties, and recover reasonable collection costs, including
30 reasonable attorneys' fees and costs. Civil penalties so levied must
31 be deposited in the universal vaccine purchase account created in RCW
32 43.70.720.

33 (4) The secretary may adopt rules under chapter 34.05 RCW as
34 necessary to carry out the purposes of this section.

35 (5) Upon request of the health care authority, the secretary and
36 the association must provide the health care authority with any
37 available information maintained by the association needed to
38 calculate the proportional share of program costs under section 4 of
39 this act."

ADOPTED 03/06/2020

1 On page 1, line 4 of the title, after "center;" strike the
2 remainder of the title and insert "amending RCW 71.24.061 and
3 70.290.060; adding new sections to chapter 71.24 RCW; and providing
4 an expiration date."

EFFECT: (1) Moves the requirement for HCA to develop a funding model and for collecting funding for the partnership access line (PAL) and psychiatric consultation line from January 1, 2021, to July 1, 2021.

(2) Removes a requirement that the UW submit a report to the governor and legislature on the PAL for moms and PAL for kids.

(3) Removes a requirement for HCA to submit a report to the Governor and Legislature on findings and recommendations for improving services and service delivery by the PAL.

(4) Clarifies that for carriers, multiple employer welfare agreements, and employers that provide health care, the calculation for determining the proportional share of the entity's annual program costs be done by determining the annual cost of operating the program that is not covered by state or federal funds.

(5) Clarifies that entities subject to the assessment provide enrollment data and logistical information to DOH; it specifies that these entities must provide information needed to calculate the proportional share of program costs.

(6) Requires JLARC to consult with HCA, in addition to UW and Seattle Children's, in conducting a review of the PAL and psychiatric consultation line.

(7) Permits HCA to request data from the Washington vaccine association.

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