

# SENATE BILL REPORT

## 2SHB 1325

---

---

As Reported by Senate Committee On:  
Health & Long Term Care, March 10, 2021  
Behavioral Health Subcommittee to Health & Long Term Care, March 19, 2021  
Ways & Means, April 2, 2021

**Title:** An act relating to implementing policies related to children and youth behavioral health as reviewed and recommended by the children and youth behavioral health work group.

**Brief Description:** Implementing policies related to children and youth behavioral health.

**Sponsors:** House Committee on Appropriations (originally sponsored by Representatives Callan, Eslick, Leavitt, Fitzgibbon, Thai, Duerr, Senn, Ortiz-Self, Davis, Bergquist, Ramos, Lekanoff, Pollet, Dent and Goodman).

**Brief History:** Passed House: 2/26/21, 92-5.

**Committee Activity:** Health & Long Term Care: 3/10/21 [w/oRec-BH].

Behavioral Health Subcommittee to Health & Long Term Care: 3/12/21, 3/19/21 [DP-WM].

Ways & Means: 4/01/21, 4/02/21 [DP].

### Brief Summary of Bill

- Converts the pilot programs for the Partnership Access Line for Moms and Mental Health Referral Service for Children and Teens into permanent programs.
- Expands Medicaid benefits to enhance the number of mental health assessment visits for infants from birth to six months and modifies criteria for mental health assessment and diagnosis for children aged birth through five.

---

### SENATE COMMITTEE ON BEHAVIORAL HEALTH SUBCOMMITTEE TO HEALTH & LONG TERM CARE

---

*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.*

**Majority Report:** Do pass and be referred to Committee on Ways & Means.

Signed by Senators Dhingra, Chair; Wagoner, Ranking Member; Frockt, Nobles and Warnick.

**Staff:** Kevin Black (786-7747)

---

## SENATE COMMITTEE ON WAYS & MEANS

**Majority Report:** Do pass.

Signed by Senators Rolfes, Chair; Frockt, Vice Chair, Capital; Robinson, Vice Chair, Operating & Revenue; Wilson, L., Ranking Member; Brown, Assistant Ranking Member, Operating; Honeyford, Assistant Ranking Member, Capital; Schoesler, Assistant Ranking Member, Capital; Braun, Carlyle, Conway, Darneille, Dhingra, Gildon, Hasegawa, Hunt, Keiser, Liias, Mullet, Muzzall, Pedersen, Rivers, Van De Wege, Wagoner, Warnick and Wellman.

**Staff:** Sandy Stith (786-7710)

**Background:** Children and Youth Behavioral Health Work Group. In 2016, the Children's Mental Health Work Group was created by the Legislature. The group was renamed in 2018, as the Children and Youth Behavioral Health Work Group (CYBHWG) and extended through 2026. The CYBHWG has a variety of members including legislators, representatives from state agencies, representatives from behavioral health organizations, parents, pediatricians, and youth.

In 2020, the CYBHWG produced a report with recommendations to the Legislature in the following areas:

- prenatal to age five relational health;
- workforce and rates;
- student behavioral health and suicide prevention; and
- youth and young adult continuum of care.

Partnership Access Line. The Partnership Access Line (PAL) is a program administered by the University of Washington Department of Psychiatry and Behavioral Science that supports primary care providers—doctors, nurse practitioners, and physician assistants—with questions about mental health care including:

- diagnostic clarification;
- medication adjustment; or
- treatment planning.

A social worker is available through PAL to assist with finding mental health resources for patients. PAL also provides specialized consultation to facilitate referrals for mental health services for teens and children. A two-year pilot, beginning January 1, 2019, and extended through the end of fiscal year 2021, provides a PAL for Moms program. This program

provides perinatal mental health consultation, recommendations, and referrals for providers caring for pregnant or postpartum patients, from faculty members with expertise in perinatal mental health. A second two-year pilot during the same time span provides a Partnership Access Line for Kids Referral and Assistance Service to facilitate referrals to children's mental health services and other resources for parents and guardians with concerns related to the mental health of their child.

Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood. The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5) is a diagnostic manual for children ages birth through age five designed to help mental health and other professionals recognize mental health and developmental challenges in infants and young children. The DC:0-5 uses diagnostic criteria for classification, case formulation, and intervention.

**Summary of Bill:** The two-year pilot programs to implement the Partnership Access Line for Moms and Partnership Access Line for Kids Referral and Assistance Service are made permanent. The Partnership Access Line for Kids is renamed the Partnership Access Line for Children and Teens. Identification of an in-network mental health professional for a child within this service may be completed within an average of seven days from call intake processing. Reporting requirements relating to the Partnership Access Lines held by the Health Care Authority and University of Washington which expired on January 1, 2021, are revived and extended indefinitely.

Subject to appropriation, Medicaid requirements are expanded to allow up to five sessions for intake and mental health assessment of children aged birth through six months in home or community settings, including reimbursement for provider travel. Medicaid providers must use the current version of the DC:0-5 diagnostic classification system for mental health assessment and diagnosis of children aged birth through five.

**Appropriation:** The bill contains a null and void clause requiring specific funding be provided in an omnibus appropriation act.

**Fiscal Note:** Available.

**Creates Committee/Commission/Task Force that includes Legislative members:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Staff Summary of Public Testimony (Behavioral Health Subcommittee to Health & Long Term Care):** PRO: This bill comes from the recommendations of the CYBHWG. Since 2019, the call volume for PAL for Moms has tripled. In a survey, 97 percent of the users were highly satisfied with their experience. The referral assist line for children and teens has had increased call volumes, likely due to the pandemic, and received over 2,000 requests last year. Nearly two-thirds of behavioral health problems develop in childhood,

so we should address them as early as possible. The prenatal to five recommendations help ensure we understand what is going on with those young children. The PAL line was a godsend when we struggled to find mental health assistance for our son. Finding a clinician who is a good match for a family is a full-time job. Please allow us to continue this program. Children whose mothers receive treatment have a better chance for a healthy life. Young children have limited verbal communication, so it is important to allow multiple meetings with families in natural settings, to develop care plans and avoid misdiagnosis. Many clinicians use a tool meant for older children instead of the DC:0-5, which allows connection of young children to more effective services. The PAL lines are important to address the state's service gaps, and are a means of obtaining preventive care before hospitalization becomes necessary. We need significant investment in the behavioral health system.

CON: I oppose use of the DC:0-5, which leads to mislabeling of children and overdiagnosis of pharmaceuticals. Science on the human immune system opens new options for treatment of autism and other disorders, which are not incorporated in current psychiatric manuals. There are no safeguards and protections in this bill. We should invest in non-drug-based health alternatives for children. Psychiatry does not have objective tests; there are no lab tests for a mental disorder. We should not turn behavior into disease.

**Persons Testifying (Behavioral Health Subcommittee to Health & Long Term Care):**

PRO: Representative Lisa Callan, Prime Sponsor; Jamie Elzea, Washington Association for Infant Mental Health; Dr. Deborah Cowley, University of Washington Medical Center; Stephanie Tuffey, Seattle Children's; Karin Butler; Katie Kolan, Washington State Hospital Association.

CON: Steven Pearce, Citizens Commission on Human Rights; Bernadette Pajer.

**Persons Signed In To Testify But Not Testifying (Behavioral Health Subcommittee to Health & Long Term Care):** No one.

**Staff Summary of Public Testimony (Ways & Means):** PRO: We have spent many years working on the birth to five-year old policy for this bill. The prenatal to five recommendations help ensure we understand what is going on with those young children. Young children have limited verbal communication, so it is important to allow multiple meetings with families in natural settings, to develop care plans and avoid misdiagnosis. Many clinicians use a tool meant for older children instead of the DC:0-5, which allows connection of young children to more effective services. The DC:0-5 does not contain any pharmaceutical recommendations. This policy supports best practices. Since 2019, the call volume for PAL for Moms has tripled. In a survey, 97 percent of the users were highly satisfied with their experience. The referral assist line for children and teens has had increased call volumes, likely due to the pandemic, and received over 2,000 requests last year. As a parent, finding behavioral health support for children can be a full time job and is prohibitive. This service has been a life line.

CON: The state should save the \$450,000 for FY 2022 and 2023 by removing Section 2 (11)(b). The bill will require more diagnosis and treatment which will require more spending in coming years. This section relates to training providers in the latest version of the DSM. There is no reason for the state and taxpayers to pay for training that providers and clinicians should be taking as part of their own continuing education. This will lead to increased prescribing to children. This is already occurring nationally. This occurs every time the diagnostic manual is updated. We would like to see more safeguards and protections.

**Persons Testifying (Ways & Means):** PRO: Jamie Elzea, Washington Association for Infant Mental Health; Dr. Bob Hilt, Seattle Children's; Karin Butler.

CON: Kathleen Wedemeyer, Citizens Commission on Human Rights.

**Persons Signed In To Testify But Not Testifying (Ways & Means):** No one.