FINAL BILL REPORT
HB 2254

C 58 L 26
Synopsis as Enacted

Brief Description: Providing flexibility in the partnership access line assessment to cover administrative costs.

Sponsors: Representatives Callan, Eslick, Reed, Zahn, Thomas, Ormsby, Macri, Fosse, Bergquist and Thai; by request of Health Care Authority.

House Committee on Appropriations
Senate Committee on Ways & Means

Background:

Partnership Access Line.
The Partnership Access Line (PAL) is a phone consultation service for primary care providers to consult with a pediatric psychiatrist. Seattle Children's Hospital delivers PAL consultation services in affiliation with the University of Washington Department of Psychiatry and Behavioral Sciences (UW) through a contract with the Health Care Authority (HCA).

Partnership Access Line for Moms and Kids.
The PAL for Moms pilot program provides consultation for health care professionals to assess and treat depression in pregnant women and new mothers.

Mental Health Referral Service for Children and Teens.
The Mental Health Referral Service for Children and Teens program facilitates referrals to children's mental health services and other resources for parents and guardians.

Psychiatry Consultation Line.
The HCA, in collaboration with the UW, implements the Psychiatry Consultation Line (PCL) to provide emergency department providers, primary care providers, and county and municipal correctional facility providers with on-demand access to psychiatric and substance use disorder clinical consultation for adult patients. The clinical consultation may

---

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.

occur via telemedicine.

First Approach Skills Training.
The First Approach Skills Training (FAST) program provides brief, evidence-based behavioral therapy for youth and families with common mental health concerns, in settings such as primary care clinics or schools where longer-term treatment is not typically provided. For each FAST program, there is a two-page educational handout that can be given out as a first step in care, prior to referral for the clinician-guided intervention.

Partnership Access Line Funding Model.
The funding model for the PAL, PCL, Mental Health Referral Service for Children and Teens, and FAST programs is as follows:

- The HCA consults with the UW and Seattle Children's Hospital to determine the annual costs of operating each program, including administrative costs.
- For each program, the HCA must calculate the proportion of clients that are covered by Medicaid or state medical assistance programs based on data collected by the UW and participating hospitals. The state must cover the cost for clients covered under Medicaid or state medical assistance programs.
- For lives not covered under Medicaid or state medical assistance contracts, the HCA must collect a proportional share of program costs, excluding administrative costs, from each of the following entities:
    - health carriers;
    - self-funded multiple employer welfare arrangements; and
    - employers or other entities that provide health care in the state, including self-funding entities or employee welfare benefit plans.

The HCA may contract with a third-party administrator to calculate and administer the assessments, which are deposited into the Telebehavioral Health Access Account to support telebehavioral health programs.

Summary:

Reasonable costs for the third-party administrator to calculate and administer the assessments may be included in the proportional share calculation for the total assessment on:

- health carriers;
- self-funded multiple employer welfare arrangements; and
- employers or other entities that provide health care in the state, including self-funding entities or employee welfare benefit plans.

The HCA's other administrative costs for these programs may not be included in the assessments.

Votes on Final Passage:

House	96	0
Senate	49	0

Effective: June 11, 2026