

SENATE BILL REPORT

SB 6544

As Reported by Senate Committee On:
Human Services, Mental Health & Housing, February 4, 2016

Title: An act relating to simplifying behavioral health regulations and aligning them with other health regulations to support clinical integration.

Brief Description: Simplifying behavioral health regulations and aligning them with other health regulations to support clinical integration.

Sponsors: Senators O'Ban and Darneille.

Brief History:

Committee Activity: Human Services, Mental Health & Housing: 1/26/16, 2/04/16 [DPS-WM].

SENATE COMMITTEE ON HUMAN SERVICES, MENTAL HEALTH & HOUSING

Majority Report: That Substitute Senate Bill No. 6544 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators O'Ban, Chair; Miloscia, Vice Chair; Darneille, Ranking Minority Member; Hargrove and Padden.

Staff: Kevin Black (786-7747)

Background: Some of the primary functions of state agencies include the licensing, contracting, and regulation of health plans, health care facilities, and health care providers in Washington. Different regulatory, licensure, and certification requirements apply to providers in the fields of primary care, mental health, and chemical dependency. Depending on the nature of the function, supervision of compliance with regulatory or contractual requirements for programs, facilities, or individuals may fall to the Department of Health (DOH), Department of Social and Health Services (DSHS), or Washington State Health Care Authority (HCA), among other agencies.

Auditing is a means by which state agencies monitor compliance with state regulations and contractual requirements for entities which hold a license, certification, or contract with the state of Washington. License or contract holders may also undergo audits from the federal government, county authorities, and other entities depending on the circumstances and relationships of the entity.

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

State law since 2001 has required DSHS to provide for deeming of compliance with state minimum standards for licensed behavioral health service providers for entities accredited by recognized behavioral health accrediting bodies that are recognized and have a current agreement with DSHS.

A 1987 act established a federal program to evaluate management quality of US businesses. Both the Baldrige Performance Excellence Program and the Malcolm Baldrige National Quality Award are administered by the National Institute of Standards and Technology, within the U.S. Department of Commerce. The program currently publishes performance excellence frameworks used by trained examiners to evaluate management in both for-profit and nonprofit organizations, including medical facilities. Following an assessment, an examiner scores an organization's management quality.

Summary of Bill (Recommended Substitute): DSHS and HCA must convene a task force to align regulations between behavioral health and primary health care settings and simplify regulations for behavioral health providers. The alignment must support clinical integration from the standpoint of standardizing practices and culture and, to the extent practicable, reduce barriers to access, including reducing the paperwork burden for patients and providers. The task force may make recommendations concerning auditing and accreditation practices. A representative cross-section of behavioral health organizations and providers must be invited to participate in this task force.

DSHS must collaborate with HCA, DOH, and other appropriate government partners to reduce unneeded costs and burdens to health plans and providers associated with excessive audits, the licensing process, and contracting. DSHS must consider steps such as cooperating across divisions to combine audit functions when multiple audits of an agency or site are scheduled, sharing audit information across divisions and agencies to reduce audit redundancy, and treating organizations with multiple sites and programs as single entities, instead of multiple agencies.

DSHS must review its practices relating to deeming accreditation by recognized behavioral health accrediting bodies as equivalent to meeting licensure requires to determine whether they comply with existing statutory mandates, comport with standard practices used by other state divisions or agencies, and properly incentivize voluntary accreditation to the highest industry standards. DSHS and HCA must report their progress related to the forgoing by December 15, 2016.

DSHS, HCA, and the Department of Health must each develop performance management systems involving implementation of measureable, objective, outcome-based goals suitable for external assessment under the Baldrige Excellence Framework. The agencies must undergo a Baldrige assessment within two years, and every two years thereafter. The agencies must annually report their progress to the Governor and the Legislature.

EFFECT OF CHANGES MADE BY HUMAN SERVICES, MENTAL HEALTH & HOUSING COMMITTEE (Recommended Substitute): DSHS and HCA must report progress by December 15, 2016. DSHS, HCA, and the Department of Health must each develop performance management systems involving implementation of measureable,

objective, outcome-based goals suitable for external assessment under the Baldrige Excellence Framework. The agencies must undergo a Baldrige assessment within two years, and every two years thereafter, and report annually to the Governor and the Legislature.

Appropriation: None.

Fiscal Note: Requested on January 23, 2016.

Committee/Commission/Task Force Created: No.

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

Staff Summary of Public Testimony on Original Bill: PRO: Overly prescriptive regulation makes documentation harder, which affects access to care and productivity of care staff. There are ways to make things better and simpler for patients. In a primary care environment, where patients are being seen every 5-10 minutes, the paperwork associated with a behavioral health intake may take an hour and a half to complete. We are also concerned about burdensome procedures associated with licensing and regulation. We should not have to fill out different applications for each site within our large agency, and get different answers about compliance from different locations when the paperwork is the same. The law says accreditation should be equivalent to licensing, not in addition to licensing, which is the unfortunate reality. If we want to have mental health, substance abuse, and primary care come together, we need to have regulations that make sense. This bill comes from a recommendation of the Adult Behavioral System Task Force. There are many areas where we can find efficiencies and improve integration. This bill would be a good model for private practice clinicians as well. It's an excellent idea not to spend more time on documentation than on actually providing treatment.

OTHER: We support the provisions in this bill, but think that other high priority recommendations from the Adult Behavioral Health System Task Force final report should be incorporated in this bill. Medicaid rates should be raised to a level that provides stability and covers the full cost of care. There should be funding for chemical dependency services not currently included in the Medicaid state plan. Substance use treatment providers are scared about the transition into contracts with behavioral health organizations in April of 2016.

Persons Testifying on Original Bill: PRO: Rick Weaver, Comprehensive; Abby Moore, Regional Support Networks; Laura Groshong, WA State Society for Clinical Social Work; Ann Christian, WA Council for Behavioral Health.

OTHER: Melissa Johnson, Association of Alcoholism & Addictions Programs; Michael Transue, Seattle Drug and Narcotic Center; Carey Morris, Prosperity Treatment Service.

Persons Signed In To Testify But Not Testifying Original Bill: No one.