

HOUSE BILL REPORT

SSB 6452

As Passed House - Amended:

March 1, 2018

Title: An act relating to expanding the activities of the children's mental health services consultation program.

Brief Description: Expanding the activities of the children's mental health services consultation program.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Brown, Frockt, Carlyle, O'Ban, Walsh, Darneille, Miloscia, Kuderer and Saldaña).

Brief History:

Committee Activity:

Early Learning & Human Services: 2/20/18, 2/21/18 [DPA];

Appropriations: 2/26/18 [DPA(APP w/o ELHS)].

Floor Activity:

Passed House - Amended: 3/1/18, 97-0.

Brief Summary of Substitute Bill (As Amended by House)

- Requires the Health Care Authority (HCA) to convene a group of specified stakeholders to develop an alternative funding model for the Partnership Access Line (PAL) and a strategy to ensure that expanded PAL services do not duplicate existing Manage Care Organization (MCO) requirements.
- Establishes the PAL for Moms and Kids two-year pilot program beginning on January 1, 2019.
- Requires the HCA to enforce network adequacy and care coordination requirements for MCOs.

HOUSE COMMITTEE ON EARLY LEARNING & HUMAN SERVICES

Majority Report: Do pass as amended. Signed by 13 members: Representatives Kagi, Chair; Senn, Vice Chair; Dent, Ranking Minority Member; McCaslin, Assistant Ranking

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Minority Member; Eslick, Frame, Goodman, Griffey, Kilduff, Klippert, Lovick, Muri and Ortiz-Self.

Staff: Dawn Eychaner (786-7135).

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: Do pass as amended by Committee on Appropriations and without amendment by Committee on Early Learning & Human Services. Signed by 33 members: Representatives Ormsby, Chair; Robinson, Vice Chair; Chandler, Ranking Minority Member; MacEwen, Assistant Ranking Minority Member; Stokesbary, Assistant Ranking Minority Member; Bergquist, Buys, Caldier, Cody, Condotta, Fitzgibbon, Graves, Haler, Hansen, Harris, Hudgins, Jinkins, Kagi, Lytton, Manweller, Pettigrew, Pollet, Sawyer, Schmick, Senn, Springer, Stanford, Sullivan, Taylor, Tharinger, Vick, Volz and Wilcox.

Staff: Catrina Lucero (786-7192).

Background:

Medicaid Managed Care for Children.

The Health Care Authority (HCA) administers Apple Health, the state-federal Medicaid program that provides health care for eligible low-income individuals. Apple Health for Kids is available at low or no cost for children whose families meet income eligibility criteria.

When purchasing managed care for Medicaid participants, the HCA must ensure that managed care organizations (MCO) demonstrate the ability to supply a provider network sufficient to provide adequate access to all services covered under the contract. Legislation related to children's mental health enacted in 2017 further requires MCOs to:

- follow up with an individual to ensure an appointment has been secured;
- coordinate with primary care providers on individual treatment plans and medication management;
- provide information to plan members and primary care providers about the 24/7 behavioral health resource line; and
- maintain an accurate list of providers contracted to provide mental health services to children and youth. The list must contain current information regarding providers' availability to provide services.

Partnership Access Line.

The Partnership Access Line (PAL) is a telephone consultation service that is available at no charge to primary care providers who wish to consult with a pediatric psychiatrist. Through a contract with the HCA, Seattle Children's Hospital delivers the PAL program consultation services in affiliation with the University of Washington (UW). In 2017 the PAL program provided approximately 1,500 telephone consultations, 54 percent of which were for Medicaid clients.

Summary of Amended Bill:

Partnership Access Line Alternative Funding Model and Strategy.

The HCA must convene the UW, Seattle Children's Hospital, MCOs, organizations connecting families to children's mental health services and providers, health insurance carriers, and the Office of the Insurance Commissioner (OIC) to recommend an alternative funding model for the PAL. The funding model must identify potential sources to support current PAL services and an expansion of the PAL program to:

- provide consultation services for primary care providers treating depression in pregnant women and new mothers; and
- include referrals to children's mental health services and other resources for parents and guardians with concerns related to their child's mental health.

The group must also recommend a strategy to ensure that expanded PAL services do not duplicate existing requirements for MCOs.

When developing the funding model, the HCA and the OIC must consider a mechanism that determines the annual cost of operating the PAL program and collects a proportional share of the program cost from each health insurance carrier. The HCA and the OIC must differentiate between PAL activities eligible for Medicaid funding and non-Medicaid eligible activities, and ensure that the expanded PAL services do not duplicate existing requirements for MCOs.

The HCA must provide a report on the alternative funding model to the appropriate committees of the Legislature and, contingent upon the enactment of Engrossed Second Substitute House Bill 2779 by the effective date of the bill, the Children's Mental Health Work Group. The report must be provided by December 1, 2018.

Partnership Access Line Expansion.

To the extent that funds are specifically appropriated for this purpose, the HCA must collaborate with the UW Department of Psychiatry and Behavioral Sciences and Seattle Children's Hospital to implement:

- the PAL as an ongoing program; and
- beginning January 1, 2019, a two-year PAL for Moms and Kids pilot program.

The PAL for Moms and Kids program must:

- provide same day phone consultation to obstetricians, pediatricians, primary care providers, mental health professionals, and other health care professionals in the assessment, diagnosis, and treatment of depression in pregnant women and new mothers; and
- facilitate referrals to children's mental health services and resources for parents and guardians. Facilitation activities include: assessing the level of needed services; identifying, within seven days of a phone call from a parent or guardian, mental health professionals who are in-network with the child's health care coverage, accepting new patients, and taking appointments; coordinating contact between the parent or guardian and the mental health professional; and providing post-referral reviews to determine whether the child still has outstanding needs.

When conducting referral activities, the PAL for Moms and Kids program must collaborate with existing databases and resources to identify in-network mental health professionals.

The HCA must collaborate with the UW and Seattle Children's Hospital to report on data related to access and use of the PAL and the PAL Moms and Kids resources, including:

- the number of, and certain demographic data for, individuals who accessed the resources;
- the number of providers by type who accessed the resources;
- a description of resources provided;
- average time frames from receipt of call to referral for services or resources provided; and
- systemic barriers to services, as determined and defined by the HCA, the UW, and Seattle Children's Hospital.

Beginning December 30, 2019, the HCA must annually report to the Governor and the Legislature findings and recommendations for improving the PAL for Moms and Kids services and service delivery.

Other.

The HCA must enforce MCO contract requirements to ensure care coordination and network adequacy issues are addressed in order to remove barriers to access to mental health services that are identified in the HCA annual report.

Appropriation: None.

Fiscal Note: Requested on February 7, 2018.

Effective Date of Amended Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony (Early Learning & Human Services):

(In support) Providers are struggling to find mental health resources for their patients, and families struggle to find qualified professionals who are available to treat their children. Mothers who are pregnant or who have recently given birth are facing challenges, and mental health issues on top of that can be almost insurmountable to parents. These services will quickly refer families to services that are available and track whether they have secured services, offering the hope of knitting a fragmented system together. Delays in treatment can mean children stop going to school and engage in risky behavior that can be hard to reverse. There are low-cost, effective services that can be used early to get children help they need and prevent future problems. Physicians should conduct physical examinations and consider this element as they treat mental health issues. Many doctors' offices are not returning phone calls to families seeking mental health treatment for their children. The community referral line will ensure access to appropriate services, and the data collected will help identify the effectiveness of the services and the gaps. The frustration of looking for available providers will be borne by the professional and not by parents who need the help.

(Opposed) One in four Americans is taking psychiatric drugs, and many of them are children. Psychiatric care is not the only course of action for mothers and children; additional health treatment is needed. Emotional behaviors such as anxiety and depression can be triggered by physical conditions. Drugs do not cure these problems and create additional side effects.

Staff Summary of Public Testimony (Appropriations):

(In support) Accessing children's mental health services can be difficult. There are many barriers like: stigma, transportation, taking time off work, and finding a provider, to name a few. It can be challenging to navigate the health care system and process. Developing a resource and referral line could help alleviate this issue. Early intervention prevents further, more complex mental health problems later on. Massachusetts has similar services to those proposed in the expansion. One of the lessons learned was that the expanded consultation services and referral line should be managed by one entity. Washington can leverage lessons learned from Massachusetts.

(Opposed) None.

Persons Testifying (Early Learning & Human Services): (In support) Senator Brown, prime sponsor; Hugh Ewart, Seattle Children's Hospital; Kristin Houser, King County Behavioral Health Advisory Board; Ian Goodhew, University of Washington Medicine; Ruth Conn and James Polo, Washington Chapter of the American Academy of Pediatrics; and Laurie Lippold, Partners for Our Children.

(Opposed) Steven Pearce, Citizens Commission on Human Rights of Seattle.

Persons Testifying (Appropriations): Ruth Conn, Washington Chapter of the American Academy of Pediatrics; Andrea Davis, Coordinated Care; and Laurie Lippold, Partners for Our Children.

Persons Signed In To Testify But Not Testifying (Early Learning & Human Services): None.

Persons Signed In To Testify But Not Testifying (Appropriations): None.