

ESSB 5389 - H COMM AMD
By Committee on Education

NOT CONSIDERED 12/23/2019

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

3 "NEW SECTION. **Sec. 1.** The legislature recognizes that
4 unaddressed behavioral health needs in our schools is a growing
5 problem in Washington. Early identification, intervention, and
6 prevention are critical to a student's success in school and life.
7 Other states have demonstrated that students' grades increase and
8 truancy decreases by addressing behavioral health among students in
9 schools. Future behavioral health care and housing costs will be
10 reduced by addressing mental health issues early.

11 NEW SECTION. **Sec. 2.** A new section is added to chapter 28B.20
12 RCW to read as follows:

13 (1) The University of Washington college of education and
14 department of psychiatry and behavioral sciences, including child and
15 adolescent licensed mental health professionals at Seattle children's
16 hospital, and in consultation with the office of the superintendent
17 of public instruction, shall design a training curriculum and
18 training delivery system to train middle, junior high, and high
19 school staff to identify students who are at risk for substance
20 abuse, violence, or suicide.

21 (2) The training curriculum in subsection (1) of this section
22 must:

- 23 (a) Be developed in consultation with mental health providers;
24 (b) Be designed in conjunction and collaboration with training
25 prescribed in RCW 28A.310.500;
26 (c) Align with national best practices; and
27 (d) Be designed to assist any school staff in identifying
28 students who have:
29 (i) Had thoughts of suicide or harming others; and
30 (ii) Abused, are abusing, or are at risk of abusing alcohol or
31 drugs, including opioids.

1 (3) The training delivery system in subsection (1) of this
2 section may use live teleconference capabilities similar to the
3 project ECHO training model already developed at the University of
4 Washington, in addition to in-person trainings.

5 NEW SECTION. **Sec. 3.** A new section is added to chapter 28B.20
6 RCW to read as follows:

7 (1) The University of Washington, in conjunction with child and
8 adolescent licensed mental health professionals at Seattle children's
9 hospital, shall coordinate with medical schools, hospitals, clinics,
10 and independent providers to develop a directory of child and
11 adolescent licensed mental health professionals who have access to
12 the technology necessary to provide telemedicine to students who are
13 determined to be at risk for substance abuse, violence, or suicide.

14 (2) The University of Washington must update the directory
15 periodically and make the directory available to the school districts
16 participating in the pilot program described in section 4 of this
17 act.

18 (3) For the purposes of this section:

19 (a) "Licensed mental health professional" means a psychiatrist,
20 psychologist, or mental health counselor licensed to practice in
21 Washington; and

22 (b) "Telemedicine" means the delivery of health care services
23 through the use of interactive audio and video technology, permitting
24 real-time communication between the patient at the originating site
25 and the provider, for the purpose of diagnosis, consultation, or
26 treatment. "Telemedicine" does not include the use of audio-only
27 telephone, facsimile, or email.

28 NEW SECTION. **Sec. 4.** (1) The University of Washington and child
29 and adolescent licensed mental health professionals at Seattle
30 children's hospital, in consultation with the office of the
31 superintendent of public instruction, shall establish a pilot program
32 for selected school districts to participate as described in section
33 6 of this act. The University of Washington and the office of the
34 superintendent of public instruction must select three school
35 districts representing eastern, central, and western Washington, as
36 well as urban and rural areas. Every junior high or middle school and
37 high school in each of the selected school districts must participate
38 as described in section 6 of this act.

1 (2) The pilot program must begin at the start of the 2020-21
2 school year and must conclude at the end of the 2024-25 school year.

3 (3) (a) The selected school districts shall require that all
4 certificated employees at each school receive training based on the
5 curriculum developed under section 2 of this act prior to the 2020-21
6 school year and to otherwise follow the provisions described in
7 section 6 of this act.

8 (b) The training required under this section may be incorporated
9 within existing school district and educational service district
10 training programs and related resources.

11 (4) By August 1st of each year that the pilot program is active,
12 the University of Washington, in conjunction with child and
13 adolescent licensed mental health professionals at Seattle children's
14 hospital and the office of the superintendent of public instruction,
15 shall submit a report to the governor, the education committees of
16 the legislature, and the joint select committee on health care
17 oversight. The report must include: Information about the number of
18 students who were identified as potentially at risk for substance
19 abuse, violence, or suicide; the number of students who received a
20 telemedicine consultation or visit in school; the number of students
21 who were referred and received further treatment outside of the two
22 authorized visits in the school; and information on the progress of
23 the at-risk students who were identified and received treatment in
24 the pilot program, if available.

25 (5) For the purposes of this section:

26 (a) "Licensed mental health professional" means a psychiatrist,
27 psychologist, or mental health counselor licensed to practice in
28 Washington; and

29 (b) "Telemedicine" means the delivery of health care services
30 through the use of interactive audio and video technology, permitting
31 real-time communication between the patient at the originating site
32 and the provider, for the purpose of diagnosis, consultation, or
33 treatment. "Telemedicine" does not include the use of audio-only
34 telephone, facsimile, or email.

35 NEW SECTION. **Sec. 5.** A new section is added to chapter 28A.300
36 RCW to read as follows:

37 By March 30, 2020, the office of the superintendent of public
38 instruction, in conjunction with the Washington state school
39 directors' association and the University of Washington, shall

1 develop a policy and procedure regarding the use of telemedicine in
2 schools. The policy and procedure must address privacy requirements
3 under the federal family educational rights and privacy act of 1974
4 and its implementing regulations and the federal health insurance
5 portability and accountability act of 1996 and its implementing
6 regulations. The policy and procedure must include provisions related
7 to parent notification, student consent, and parent involvement.

8 NEW SECTION. **Sec. 6.** (1)(a) This section applies to school
9 districts selected for participation in the pilot program established
10 in section 4 of this act.

11 (b) Prior to participating as described in this section, school
12 districts shall adopt the policy and procedure regarding the use of
13 telemedicine in schools developed under section 5 of this act.

14 (2) If a certificated employee trained under section 4 of this
15 act identifies a student who may be at risk for substance abuse,
16 violence, or suicide, the certificated employee must notify a school
17 counselor, school psychologist, school social worker, or school
18 nurse. The school counselor, school psychologist, school social
19 worker, or school nurse must screen the identified student to
20 determine if the student is at risk for substance abuse, violence, or
21 suicide.

22 (3) If a school counselor, school psychologist, school social
23 worker, or school nurse determines that a student is at risk for
24 substance abuse, violence, or suicide, the student's school district
25 may schedule a telemedicine consultation or visit for the student,
26 based upon the assessed risk, within thirty days of the
27 determination.

28 (4) Any telemedicine consultations or visits must be scheduled
29 and conducted in accordance with the following requirements:

30 (a) The school district must utilize the directory developed
31 under section 3 of this act to enlist a licensed mental health
32 professional to provide:

33 (i) Consultation with a licensed mental health professional
34 qualified to diagnose and treat students at risk for substance abuse,
35 violence, or suicide; or

36 (ii) Treatment by a licensed mental health professional qualified
37 to treat students at risk for substance abuse, violence, or suicide;

38 (b) The school district must provide an unoccupied room and the
39 technology necessary for an employee or the student to connect with

1 the remote licensed mental health professional for the telemedicine
2 consultation or visit; and

3 (c) The school district must allow the student to participate in
4 the telemedicine consultation or visit during normal school hours.

5 (5) If after the initial telemedicine consultation or visit the
6 licensed mental health professional recommends a second telemedicine
7 visit, then the student's school district must schedule a second
8 telemedicine visit for the student. The scheduling of the second
9 telemedicine visit must be based upon the risk assessment from the
10 initial consultation or visit and must be urged to be scheduled
11 beyond thirty days of the initial consultation or visit.

12 (6) Following a second telemedicine visit, the school district
13 must work with the licensed mental health professional to refer the
14 student to any appropriate medical, mental health, or behavioral
15 health services.

16 (7) Licensed mental health professionals who provide telemedicine
17 under this section may seek reimbursement for the health care
18 services provided from the health plan in which a student is
19 enrolled, including apple health for kids. For students with no
20 health care coverage, a licensed mental health professional may seek
21 reimbursement from the state for any uncompensated health care
22 services provided to the students.

23 (8) For the purposes of this section:

24 (a) "Licensed mental health professional" means a psychiatrist,
25 psychologist, or mental health counselor licensed to practice in
26 Washington; and

27 (b) "Telemedicine" means the delivery of health care services
28 through the use of interactive audio and video technology, permitting
29 real-time communication between the patient at the originating site
30 and the provider, for the purpose of diagnosis, consultation, or
31 treatment. "Telemedicine" does not include the use of audio-only
32 telephone, facsimile, or email.

33 NEW SECTION. **Sec. 7.** This act does not create any civil
34 liability on the part of the state or any state agency, officer,
35 employee, agent, political subdivision, or school district.

36 NEW SECTION. **Sec. 8.** This act is necessary for the immediate
37 preservation of the public peace, health, or safety, or support of

1 the state government and its existing public institutions, and takes
2 effect immediately."

3 Correct the title.

EFFECT: (1) Modifies the requirement that the University of Washington (UW) design a training curriculum and training delivery system to train middle through high school staff in a pilot program to identify students who are at risk for substance abuse, violence, or suicide (at-risk students), by changing collaborators (for example, to include the Office of the Superintendent of Public Instruction (OSPI)) and aspects of the curriculum and delivery system requirements (such as no longer requiring the curriculum to be designed to assist students struggling with mental health issues and removing store-and-forward technology as a named option for the delivery system).

(2) Adds that the directory of psychiatrists who have access to the technology necessary to provide telemedicine to at-risk students must include psychologists and mental health counselors who have this technology.

(3) Defines "telemedicine" to mean the delivery of health care services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment; but specifies that "telemedicine" does not include the use of audio-only telephone, facsimile, or email.

(4) Directs the OSPI, in conjunction with the Washington State School Directors' Association and the UW, to develop a policy and procedure regarding the use of telemedicine in schools, including provisions related to privacy, student consent, parent notification, and parent involvement; and requires school districts in the pilot program to adopt this policy.

(5) Requires that the UW and child and adolescent psychiatrists, psychologists, and mental health counselors licensed to practice in Washington (LMHPs) at Seattle Children's Hospital, in consultation with the OSPI, establish a five-year pilot program for three school districts on the use of telemedicine in schools.

(6) Specifies that school districts in the pilot program must require that certificated employees receive the training developed by the UW and follow a specified process for identifying, referring, and providing telemedicine services to at-risk students.

(7) Modifies provisions related to the process for identifying, referring, and providing telemedicine services to at-risk students, for example, by allowing the school districts participating in the pilot program (rather than requiring all school districts) to schedule telemedicine consultations or visits in specified situations; and allowing LMHPs to provide treatment in addition to consultation.

(8) Requires annual reports on the pilot program to the Governor, the Joint Select Committee on Health Care Oversight, and the Education Committees of the Legislature.

(9) Continues to allow LMHPs who provide telemedicine to seek reimbursement from a student's health plan or, for students with no health care coverage, from the state.

(10) Removes provisions related to using donations to support development of the training curriculum and delivery system, and

creating a system and methodology related to reimbursements for services provided to students without health insurance.

(11) Maintains limitation of liability language, an emergency clause, and intent language.

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