

HOUSE BILL REPORT

HB 1593

As Reported by House Committee On:
College & Workforce Development
Capital Budget
Appropriations

Title: An act relating to establishing a behavioral health innovation and integration campus within the University of Washington school of medicine.

Brief Description: Establishing a behavioral health innovation and integration campus within the University of Washington school of medicine.

Sponsors: Representatives Chopp, Sullivan, Ormsby, Cody, Harris, Lovick, Jinkins, Kilduff, Riccelli, Pettigrew, Davis, Stonier, Macri, Robinson, Ortiz-Self, Frame, Senn, Slatter, Schmick, Chandler, Caldier, Tarleton, Appleton, Dolan, Thai, Shewmake, Valdez, Bergquist, Reeves, Goodman, Lekanoff and Pollet; by request of Office of the Governor.

Brief History:

Committee Activity:

College & Workforce Development: 2/5/19, 2/20/19 [DPS];

Capital Budget: 2/25/19, 2/26/19 [DPS(CWD)];

Appropriations: 2/27/19, 2/28/19 [DP2S(w/o sub CWD)].

Brief Summary of Second Substitute Bill

- Creates the Behavioral Health Innovation and Integration campus within the University of Washington School of Medicine (UWSOM).
- Requires the UWSOM to create a plan to develop and site a teaching hospital that provides inpatient care and workforce training.

HOUSE COMMITTEE ON COLLEGE & WORKFORCE DEVELOPMENT

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 16 members: Representatives Hansen, Chair; Leavitt, Vice Chair; Van Werven, Ranking Minority Member; Gildon, Assistant Ranking Minority Member; Graham, Assistant Ranking Minority Member; Bergquist, Kraft, Mead, Paul, Pollet, Ramos, Rude, Sells, Slatter, Sutherland and Young.

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.

Staff: Trudes Tango (786-7384).

Background:

The University of Washington School of Medicine (UWSOM) Department of Psychiatry and Behavioral Sciences provides training to medical students: a residency program for students specializing in psychiatry; and mental health services, consultations and telepsychiatry, and other services to patients and the community. It also offers inpatient psychiatric care services at Harborview Medical Center and the University of Washington (UW) Medical Center, as well as other locations. Harborview Medical Center has approximately 60 inpatient beds for voluntary and involuntary treatment of patients. The UW Medical Center has 14 inpatient beds for voluntary treatments and is a training site for the Psychiatry Residency Training Program.

The Involuntary Treatment Act is the statutory scheme governing the civil commitment of persons who, due to a mental disorder, pose a likelihood of serious harm or are gravely disabled. Generally, inpatient commitments for 90 or 180 days of treatment take place at the two state hospitals operated by the Department of Social and Health Services. Inpatient commitments for 14 days generally take place in community facilities.

Summary of Substitute Bill:

The Behavioral Health Innovation and Integration campus is created within the UWSOM. The campus must include inpatient treatment capacity and focus on inpatient and outpatient care for individuals with behavioral health needs, while training a behavioral health provider workforce. The training must include an interdisciplinary curriculum and programs that support and encourage professionals to work in teams. The siting and design for the new campus should take into account local community needs and resources, with attention to diversity and cultural competence, a focus on training and supporting the next generation of health care providers, and close coordination with existing local and regional programs, clinics, and resources.

By December 1, 2019, the UWSOM must consult with collective bargaining representatives of the UW health system workforce and report to the Office of Financial Management and the appropriate committees of the Legislature a plan to develop and site a teaching hospital that will provide inpatient care for up to 150 individuals receiving care under the Involuntary Treatment Act. The plan may also include:

- adding psychiatry residency training slots;
- initiating telepsychiatry consultations to community-based hospitals and other facilities;
- initiating fellowship programs, internships and residency opportunities for various health professionals;
- developing integrated workforce development programs and other workforce development efforts;
- expanding the UW Forefront Suicide Prevention's efforts; and

- incorporating transitional services for mental health and substance use disorders and other transitional care programs.

For the purposes of siting and other land use planning, the teaching hospital is an allowable use in cities with a population of 600,000 or more and no local comprehensive plan or development regulation may preclude the siting in cities with a population of 600,000 or more.

Substitute Bill Compared to Original Bill:

The substitute: (1) adds provisions regarding siting the teaching hospital in cities with a population of 600,000 or more; (2) provides that the siting and design for the new campus should take into account local community needs and resources, with attention to diversity and cultural competence, and a focus on training; (3) requires the UWSOM to consult with collective bargaining representatives of the UW health system workforce regarding plans to develop and site the teaching hospital; (4) adds elements to what the plan may include; and (5) rearranges wording for clarity.

Appropriation: None.

Fiscal Note: Available.

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

Staff Summary of Public Testimony:

(In support) Everyone has direct or indirect experience with mental health and substance abuse issues in their families and communities. This bill is the next big step to address behavioral health needs of the state. The bill takes care of the two biggest needs in the health care system: (1) treatment capacity; and (2) workforce needs. There is a health care provider workforce shortage. The school would be the first in the nation to train the workforce in an integrated way. Modern facilities are needed to train the next generation of providers. Facilities are not just places to warehouse people. They need to be places where people can get well and get connection. Facilities are needed to inspire teaching and training and provide environments for multiple people to work together to examine a patient's issue from all perspectives, including social service needs. This bill is a new model of team-based training and will be transformative. The bill is not just about workforce development; it is about systems change.

(Opposed) None.

Persons Testifying: Representative Chopp, prime sponsor; Rashi Gupta, Governor's Policy Office; Jurgen Unutzer, University of Washington School of Medicine; Kristen Federici, Providence St. Joseph Health; Len McComb, Washington State Hospital Association;

Lindsey Grad, Service Employees International Union Healthcare 1199 Northwest; Craig Cole; and Jennifer Stuber, Forefront Suicide Prevention.

Persons Signed In To Testify But Not Testifying: None.

HOUSE COMMITTEE ON CAPITAL BUDGET

Majority Report: The substitute bill by Committee on College & Workforce Development be substituted therefor and the substitute bill do pass. Signed by 23 members: Representatives Tharinger, Chair; Doglio, Vice Chair; Peterson, Vice Chair; DeBolt, Ranking Minority Member; Smith, Assistant Ranking Minority Member; Steele, Assistant Ranking Minority Member; Callan, Corry, Davis, Dye, Eslick, Gildon, Irwin, Jenkin, Leavitt, Lekanoff, Maycumber, Morgan, Riccelli, Santos, Sells, Stonier and Walsh.

Staff: Steve Masse (786-7115).

Summary of Recommendation of Committee On Capital Budget Compared to Recommendation of Committee On College & Workforce Development:

No new changes were recommended.

Appropriation: None.

Fiscal Note: Available.

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

Staff Summary of Public Testimony:

(In support) There has been no improvement of state behavioral health facilities in a long time. The state facilities are old and use old methods for treatment. There is also a need for new well trained workers. The Behavioral Health Task Force has met for about five years and this is a recommendation. The University of Washington already has an integrated behavioral health workforce.

(Opposed) None.

Persons Testifying: Representative Chopp, prime sponsor; Rashi Gupta, Office of the Governor; Len McComb, Washington State Hospital Association and Community Health Network of Washington; and Ian Goodhew, University of Washington Medicine.

Persons Signed In To Testify But Not Testifying: None.

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on College & Workforce Development. Signed by 31 members: Representatives Ormsby, Chair; Bergquist, 2nd Vice Chair; Robinson, 1st Vice Chair; Stokesbary, Ranking Minority Member; MacEwen, Assistant Ranking Minority Member; Rude, Assistant Ranking Minority Member; Caldier, Chandler, Cody, Dolan, Dye, Fitzgibbon, Hansen, Hoff, Hudgins, Jinkins, Kraft, Macri, Mosbrucker, Pettigrew, Pollet, Ryu, Senn, Springer, Stanford, Steele, Sullivan, Sutherland, Tarleton, Tharinger and Ybarra.

Staff: Zane Potter (786-7349).

Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Capital Budget:

The second substitute bill removes the provision stating that for purposes of siting and other land use planning, the teaching hospital is an allowable use and no local comprehensive plan or development regulation may preclude the siting in cities with a population of 600,000 or more. A null and void clause is added, making the bill null and void if funding is not specifically provided in the omnibus appropriations act.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Second Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed. However, the bill is null and void unless funded in the budget.

Staff Summary of Public Testimony:

(In support) The funding and construction of this teaching hospital is important if the Legislature is to address the behavioral health crisis. The hospital would train, in one location, the next behavioral health workforce generation. It would create bed capacity for the state for patients who need a civil commitment for 90 or 180 days. The hospital would also have a telepsychiatry component that would make psychiatrists available for primary care providers throughout the state.

(Opposed) None.

Persons Testifying: Len McComb, Washington State Hospital Association; and Ian Goodhew, University of Washington Medicine.

Persons Signed In To Testify But Not Testifying: None.