

HOUSE BILL REPORT

SHB 2728

As Amended by the Senate

Title: An act relating to implementation of a sustainable funding model for the services provided through the children's mental health services consultation program and the telebehavioral health video call center.

Brief Description: Implementing a sustainable funding model for the services provided through the children's mental health services consultation program and the telebehavioral health video call center.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Slatter, Davis, Senn, Bergquist, Frame, Fey and Pollet).

Brief History:

Committee Activity:

Appropriations: 1/27/20, 2/8/20 [DPS].

Floor Activity:

Passed House: 2/16/20, 56-40.

Senate Amended.

Passed Senate: 3/6/20, 49-0.

Brief Summary of Substitute Bill

- Codifies the implementation of the Psychiatry Consultation Line (PCL).
- Modifies data and reporting requirements for the Partnership Access Line (PAL), PCL, PAL for Moms, and PAL for Kids Referral and Assistance programs.
- Establishes a funding model for the PAL and PCL programs.
- Creates the Telebehavioral Health Access Account.
- Directs the Joint Legislative Audit and Review Committee to conduct a review of the PAL, PCL, PAL for Moms, and PAL for Kids Referral Assistance Service programs.

HOUSE COMMITTEE ON APPROPRIATIONS

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.

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 19 members: Representatives Ormsby, Chair; Robinson, 1st Vice Chair; Bergquist, 2nd Vice Chair; Caldier, Chopp, Cody, Dolan, Fitzgibbon, Hansen, Hudgins, Kilduff, Macri, Pettigrew, Pollet, Ryu, Senn, Sullivan, Tarleton and Tharinger.

Minority Report: Do not pass. Signed by 12 members: Representatives Stokesbary, Ranking Minority Member; MacEwen, Assistant Ranking Minority Member; Rude, Assistant Ranking Minority Member; Chandler, Dye, Hoff, Kraft, Mosbrucker, Schmick, Steele, Sutherland and Ybarra.

Staff: Meghan Morris (786-7119).

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 the 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. The PAL for Kids Referral Assist pilot program facilitates referrals to children's mental health services and other resources for parents and guardians. The PAL for Moms and Kids pilot program will conclude in 2021.

Telebehavioral Health Call Center/UW Psychiatry Consultation Line.

The pilot Telebehavioral Health Call Center/Psychiatry Consultation Line (PCL) is a telephone and video-based call center that offers consultation services to emergency department providers, primary care providers, and municipal correctional facility providers. Funding for the PCL was provided in the 2019-2021 Omnibus Operating Budget for the program to operate from 8 a.m. to 5 p.m. Monday through Friday during fiscal year 2020; and 24 hours a day, seven days a week during fiscal year 2021. The psychiatric consultation team provides psychiatric and substance use disorder clinical consultation on the same day or within 24 hours of the next business day.

Children's Mental Health Work Group.

The Children's Mental Health Work Group (CMHWG) was established to identify barriers to accessing mental health services for children and families and to advise the Legislature on statewide mental health services for this population. The CMHWG expires in December 2020.

The HCA convened a CMHWG advisory group consisting of representatives from the UW, Seattle Children's Hospital, Managed Care Organizations (MCOs), organizations connecting families to children's mental health services and providers, health insurance carriers, and the Office of the Insurance Commissioner (OIC). In 2019 the advisory group recommended an

alternative funding model for the behavioral health consultation and referral services: PAL, PAL for Moms, PAL for Kids Referral Assistance Service, and the PCL. The funding model builds upon work completed by the HCA in 2018 and creates a mechanism to:

- determine the annual cost of operating the PAL;
- collect a proportional share of program costs from each health insurance carrier; and
- differentiate between PAL activities eligible for Medicaid funding and activities that are non-Medicaid eligible.

Summary of Substitute Bill:

Psychiatry Consultation Line.

The HCA, in collaboration with the UW, will continue implementing the 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 occur via telemedicine.

Data and Reporting.

The UW and participating hospitals are responsible for collecting the following information for the PAL, PCL, and PAL for Moms programs:

- the number of individuals served;
- demographic information regarding the individuals served, as available, including the individual's age, gender, and city and county of residence;
- demographic information regarding the providers placing the calls, including type of practice, and city and county of practice;
- insurance information, including health plan and carrier, as available;
- a description of the resources provided; and
- provider satisfaction.

For the PAL for Kids Referral Assistance Service program, the UW, in coordination with any participating hospital, will also collect the:

- the number of individuals served;
- demographic information regarding the individuals served, as available, including the individual's age, gender, and city and county of residence. Demographic information may not include any personally identifiable information;
- demographic information regarding the parents or guardians placing the calls, including family location;
- insurance information, including health plan and carrier, as available;
- a description of the resources provided;
- average time frames from receipt of the call to referral for services or resources provided;
- the most frequently requested issues that parents and guardians are asking for assistance with;
- most frequently requested issues that families are asking for referral assistance with;
- the number of individuals that receive an appointment based on referral assistance; and
- parent or guardian satisfaction.

By December 1, 2021, the UW must submit a report to the Governor and appropriate committees of the Legislature outlining the collected information on the PAL, PCL, PAL for Moms, and Kids Referral Assistance Service programs.

Partnership Access Line Funding Model.

Beginning January 1, 2021, the funding model for the PAL and PCL programs will be as follows:

- The HCA will consult 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.
- The HCA must collect a proportional share of program costs, excluding administrative costs, from each of the following entities that are not for covered lives under contract with the HCA as Medicaid managed care organizations:
 - health carriers;
 - self-funded multiple employer welfare arrangements; and
 - employers or other entities that provide health care in this 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 will be deposited into the newly created Telebehavioral Health Access Account to support telebehavioral health programs. The HCA must develop separate performance measures for the PAL and the PCL.

The UW, in coordination with participating hospitals, must provide quarterly reports to the HCA on the demographic data collected by each program, any performance measures specified by the HCA, and systemic barriers to services. The HCA must submit a report to the Governor and appropriate committees of the Legislature, including the CMHWG, with findings and recommendations for improving services and service delivery.

Joint Legislative Audit and Review Committee Review.

The Joint Legislative Audit and Review Committee (JLARC) must conduct a review of the PAL for Moms and Kids Referral Assistance Service program. The review will cover the period from January 1, 2019, through December 30, 2021, and evaluate the programs' success at addressing patients' issues related to access to mental health and substance use disorder services. The review is due to the Legislature by December 1, 2022.

The funding model will also be used for the PAL for Moms and PAL for Kids Referral Assistance Service programs beginning July 2, 2021, if the Legislature decides to continue the programs.

EFFECT OF SENATE AMENDMENT(S):

The Senate amendment:

1. moves the requirement for the Health Care Authority (HCA) to develop a funding model and for collecting funding for the partnership access line (PAL) and psychiatric consultation line from January 1, 2021, to July 1, 2021;
2. removes a requirement that the University of Washington (UW) submit a report to the Governor and Legislature on the PAL for Moms and PAL for Kids Referral Assistance;
3. removes a requirement for the HCA to submit a report to the Governor and Legislature on findings and recommendations for improving the PAL services and service delivery;
4. clarifies that for carriers, multiple employer welfare agreements, and employers that provide health care, the calculation for determining the proportional share of the entity's annual program costs is to be done by determining the annual cost of operating the program that is not covered by state or federal funding;
5. clarifies that entities subject to the assessment provide enrollment data and logistical information to the Department of Health; and specifies that these entities must provide information needed to calculate the proportional share of program costs;
6. requires the Joint Legislative Audit and Review Committee to consult with the HCA, UW, and Seattle Children's Hospital in conducting a review of the PAL and the psychiatric consultation line; and
7. requires the Washington Vaccine Association to provide the HCA, upon request, any available information needed to calculate the proportional share of program costs.

Appropriation: None.

Fiscal Note: Available.

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

Staff Summary of Public Testimony:

(In support) The Legislature directed the Children's Behavioral Mental Health Work Group to make funding recommendations for the PAL and PCL programs. The children's PAL is a longstanding program that has been open with the state's help since 2008. An adult mental health counseling service and two other pilot services were started during the last legislative session to give all parents in the state access to someone who can help them find a therapist or mental health provider locally, regardless of insurance, and to a maternal mental health consultation line. The Provider Assist Services line helps providers deliver high-quality care to their patients with advice from an expert. The PAL for Kids Referral Assistance Line helps families navigate what can be a very daunting maze of connections to get the care that they need. These services complement other Medicaid programs to support behavioral health community clinicians with specific patient needs. These services have been highly utilized and successful. The demand for the programs is higher than anticipated. About 1,800 consultations happened last year just with the children's mental health service and since April, over 1,000 parents called the PAL for Kids Referral Assist line to be connected to services. Without the support of the PAL lines, patients may be referred to specialty services far from home and have to travel for services. These services have been critical for families trying to find services for their children and youth.

Almost 50 percent of children in the state are covered by Medicaid. While Medicaid is important, commercial insurance is equally important to cover children. The services are available today regardless of coverage type and both Medicaid clients and individuals covered under commercial insurance have access. It is reasonable to expect private carriers to contribute to the cost of these services. This bill helps achieve this goal. This bill is a fantastic offer for the state's health plans to help pay for these services based on essentially covered lives and market share within the state. This bill allows private plans to pay for about half of the services that they have been able to benefit from over the past few years.

To provide a service example, a provider called about a patient with autism, very severe developmental problems, and no access to a specialist. The patient was in the provider's office and had just been kicked out of school. The provider called the consult line to ask about available options for the family. An administrative team answers the line about 95 percent of the time when a provider calls between 8:00 a.m. and 5:00 p.m., Monday through Friday. At least 85 percent of the time they are directly connected to a child psychiatrist. Callers share a small amount of basic information about the patient such as insurance type and date of birth before immediately beginning a consultation. The consultations are followed-up with written recommendations, which providers find very valuable, especially for subjects causing concerns. They get a note from a psychiatrist with next steps and possible options for the patient's care.

(Opposed) None.

(Other) There should be a broad-based funding approach that is not funded on the back of the health plans. The PAL lines were initiated as a better way to connect providers who needed to send patients to specialty care. There is a definite need for the service because there are workforce shortages in so many areas for specialty care across the state. The Legislature has recognized the health care field as a high priority for investments, but those degrees take time to turn into a practicing profession with the right training and certification. The State General Fund dollars should be included to support these services for at least the uninsured residents. The Legislature has launched multiple pilots with state funding only. Those pilots should keep operating until the new funding model takes effect and if the Legislature continues to see value in these consultant line models, it should continue to provide state funding.

Persons Testifying: (In support) Laurie Lippold, Partners for Our Children; and Robert Hilt, University of Washington.

(Other) Christine Brewer, Association of Washington Healthcare Plans; and MaryAnne Lindeblad, Health Care Authority.

Persons Signed In To Testify But Not Testifying: None.