SENATE BILL REPORT
SHB 2883

As of February 26, 2020

Title: An act relating to implementing policies related to expanding adolescent behavioral health care access as reviewed and recommended by the children's mental health work group.

Brief Description: Expanding adolescent behavioral health care access.

Sponsors: House Committee on Human Services & Early Learning (originally sponsored by Representatives Eslick, Frame and Davis).

Brief History: Passed House: 2/14/20, 98-0.
Committee Activity: Behavioral Health Subcommittee to Health & Long Term Care: 2/21/20.

Brief Summary of Bill

- Expands family-initiated treatment to include adolescent treatment in a residential treatment facility.
- Removes time limits for family-initiated treatment in a residential treatment facility and instead requires the independent assessment of medical necessity to recur every 30 days while the adolescent is receiving treatment.
- Requires the Health Care Authority to establish a data collection and tracking system for family-initiated treatment.

SENATE COMMITTEE ON BEHAVIORAL HEALTH SUBCOMMITTEE TO HEALTH & LONG TERM CARE

Staff: Kevin Black (786-7747)

Background: Adolescent-Initiated Treatment. A minor age 13 or older (adolescent) may admit themselves to an evaluation and treatment facility (E&T) or an approved substance use disorder (SUD) treatment program for inpatient behavioral health treatment without parental consent. The admission may occur only if the professional person in charge of the facility concurs with the need for inpatient treatment. Authorization by a parent or person who may consent on behalf of the minor is required for the admission of a minor under age 13.

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.

Any adolescent may request and receive outpatient treatment without the consent of the minor's parent. Authorization by parent or from a person who may consent on behalf of the minor is required for the outpatient treatment of a minor under age 13.

Family-Initiated Treatment for Adolescents. A parent may bring, or authorize to bring, their adolescent child to:
- an E&T or a licensed inpatient facility and request that the professional person examine the minor to determine whether the minor has a mental disorder and is in need of inpatient treatment; or
- a secure withdrawal management and stabilization facility (SWMS) or approved SUD treatment program and request that an SUD assessment be conducted by a professional person to determine whether the minor has an SUD and is in need of inpatient treatment.

Inpatient treatment is defined as 24-hour-per-day mental health care provided within a general hospital, psychiatric hospital, E&T facility for minors, SWMS for minors, or approved SUD treatment program for minors. The consent of the adolescent is not required for admission, evaluation, and treatment if the parent brings the minor to the facility.

The Health Care Authority (HCA) must conduct an independent review of medical necessity for treatment of an adolescent admitted to treatment under family-initiated treatment by a physician or mental health professional. The review must occur not less than seven but no more than 14 days following the date the minor was brought to the facility. HCA must consider the opinion of the treatment provider, the safety of the minor, and the likelihood the adolescent's mental health will deteriorate if released from inpatient treatment. HCA must also consult with the parent before making its determination.

If HCA determines there is no medical necessity supporting inpatient treatment, HCA must immediately notify the parents and the facility. The facility must release the minor to the parents within 24 hours of receiving notice. If the professional person in charge and the parent believe that treatment of the minor is supported by medical necessity, the minor must be released to the parent on the second day following HCA's determination in order to allow the parent time to file an at-risk youth petition. If HCA confirms medical necessity for the minor to receive outpatient treatment and the minor declines to obtain such treatment, such refusal shall be grounds for the parent to file an at-risk youth petition.

If HCA confirms medical necessity, the adolescent may petition superior court for release from the facility five days following the review. The court must release the adolescent unless it finds, upon a preponderance of the evidence, that it is medically necessary for the adolescent to remain at the facility.

E2SHB 1874 (2019) made amendments to family-initiated treatment law, based on recommendations made by the Children's Mental Health Work Group. Family-initiated treatment used to be called parent-initiated treatment.

Summary of Bill: Family-initiated treatment may be used to admit an adolescent for behavioral health treatment to a residential treatment facility licensed by the Department of Health without the consent of the adolescent.

For an adolescent receiving inpatient treatment at a residential treatment facility, the independent review of medical necessity by HCA must recur every 30 days while the adolescent is receiving treatment at the facility. HCA must share the result of the review with the appropriate Medicaid managed care organization.

The requirement for an adolescent to be released from inpatient treatment 30 days following HCA's medical necessity review, or following the filing of a petition for judicial review, is eliminated for an adolescent admitted to a residential treatment facility. The adolescent may remain in treatment for as long as there continues to be a medical necessity for treatment.

HCA must develop a data collection and tracking system for adolescents receiving family-initiated treatment, including the number of dependent children receiving treatment, demographic information, diagnosis, length of stay, and other information.

Instances of the term "chemical dependency" are replaced with "substance use disorder."

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

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

Staff Summary of Public Testimony: PRO: E2SHB 1874 (2019) finally gave parents the right to have a voice and input in their children's behavioral health care. The one thing we forgot was residential treatment. There are very few residential treatment resources for kids. Adolescent suicide is rising and we need to get it under control. My child threatened to do a school shooting, kill me, and kill himself. He subsequently developed a drug problem and went to rehab several times. We fought to keep him in treatment because it is not safe to have him at home, but we did not have the tools. He signed himself out of counseling and said it was dumb. I promised my child to keep him safe and to keep others safe, please enable me to keep my promise. My child was sent home without treatment, even after a suicide attempt. We can not get her to take medications and she has assaulted and threatened to kill her younger sibling. Please help me get help for my adolescent who is not willing to get help for herself. Medical necessity should be guiding decisions, not the opinions of youth under the age of 18. A lot of work has gone into this well-vetted bill.

Persons Testifying: PRO: Representative Carolyn Eslick, Prime Sponsor; Adina Jones, citizen; Peggy Dolane, parent; Penny Quist, citizen.

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