

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2686 Session of 2022

INTRODUCED BY THOMAS, FARRY, SCHLOSSBERG, BOBACK, CIRESI,
HANBIDGE, HENNESSEY, HILL-EVANS, LABS, MENTZER, PENNYCUICK,
POLINCHOCK, RYAN, SCHROEDER, TOMLINSON AND ZIMMERMAN,
JUNE 20, 2022

REFERRED TO COMMITTEE ON HUMAN SERVICES, JUNE 20, 2022

AN ACT

1 Amending the act of April 9, 1929 (P.L.343, No.176), entitled
2 "An act relating to the finances of the State government;
3 providing for cancer control, prevention and research, for
4 ambulatory surgical center data collection, for the Joint
5 Underwriting Association, for entertainment business
6 financial management firms, for private dam financial
7 assurance and for reinstatement of item vetoes; providing for
8 the settlement, assessment, collection, and lien of taxes,
9 bonus, and all other accounts due the Commonwealth, the
10 collection and recovery of fees and other money or property
11 due or belonging to the Commonwealth, or any agency thereof,
12 including escheated property and the proceeds of its sale,
13 the custody and disbursement or other disposition of funds
14 and securities belonging to or in the possession of the
15 Commonwealth, and the settlement of claims against the
16 Commonwealth, the resettlement of accounts and appeals to the
17 courts, refunds of moneys erroneously paid to the
18 Commonwealth, auditing the accounts of the Commonwealth and
19 all agencies thereof, of all public officers collecting
20 moneys payable to the Commonwealth, or any agency thereof,
21 and all receipts of appropriations from the Commonwealth,
22 authorizing the Commonwealth to issue tax anticipation notes
23 to defray current expenses, implementing the provisions of
24 section 7(a) of Article VIII of the Constitution of
25 Pennsylvania authorizing and restricting the incurring of
26 certain debt and imposing penalties; affecting every
27 department, board, commission, and officer of the State
28 government, every political subdivision of the State, and
29 certain officers of such subdivisions, every person,
30 association, and corporation required to pay, assess, or
31 collect taxes, or to make returns or reports under the laws
32 imposing taxes for State purposes, or to pay license fees or

1 other moneys to the Commonwealth, or any agency thereof,
2 every State depository and every debtor or creditor of the
3 Commonwealth," providing for Collaborative Care Model
4 Implementation Program; and making an appropriation.

5 The General Assembly of the Commonwealth of Pennsylvania
6 hereby enacts as follows:

7 Section 1. The act of April 9, 1929 (P.L.343, No.176), known
8 as The Fiscal Code, is amended by adding an article to read:

9 ARTICLE I-K

10 COLLABORATIVE CARE MODEL IMPLEMENTATION PROGRAM

11 Section 101-K. Definitions.

12 The following words and phrases when used in this article
13 shall have the meanings given to them in this section unless the
14 context clearly indicates otherwise:

15 "Collaborative care model." The evidence-based, integrated
16 behavioral health service delivery method described in 81 Fed.
17 Reg. 80230 (Nov. 15, 2016), which includes a formal
18 collaborative arrangement among a primary care team consisting
19 of a primary care physician, a care manager and a psychiatric
20 consultant, and includes the following elements:

21 (1) Care directed by the primary care team.

22 (2) Structured care management.

23 (3) Regular assessments of clinical status using
24 developmentally appropriate, validated tools.

25 (4) Modification of treatment as appropriate.

26 "Collaborative care technical assistance center." A health
27 care organization that can provide educational support and
28 technical assistance related to the collaborative care model in
29 a specific region of this Commonwealth. The term includes an
30 academic medical center located in this Commonwealth.

31 "Department." The Department of Human Services of the
32 Commonwealth.

1 Section 102-K. Primary care grants.

2 (a) Grants.--The department shall make grants to primary
3 care physicians and primary care practices to meet the initial
4 costs of establishing and delivering behavioral health
5 integration services through the collaborative care model.
6 Primary care physicians and primary care practices may work with
7 larger health systems for the purposes of applying for and
8 implementing grants under this section.

9 (b) Use of grants.--A primary care physician or primary care
10 practice that receives a grant under this section shall use
11 funds received through the grant:

12 (1) To hire staff.

13 (2) To identify and formalize contractual relationships
14 with other health care practitioners, including practitioners
15 who will function as psychiatric consultants and behavioral
16 health care managers in providing behavioral health
17 integration services through the collaborative care model.

18 (3) To purchase or upgrade software and other resources
19 needed to appropriately provide behavioral health integration
20 services through the collaborative care model, including
21 resources needed to establish a patient registry and
22 implement measurement-based care.

23 (4) For other purposes that the department may determine
24 to be necessary.

25 (c) Priority.--In making grants under this section, the
26 department shall give priority to primary care physicians and
27 primary care practices:

28 (1) that are in rural areas; or

29 (2) that are in a county in which the suicide or
30 overdose death rate is higher than the national average

suicide or overdose death rate, according to the averages recorded and maintained by the Centers for Disease Control and Prevention.

Section 103-K. Technical assistance grants.

(a) Regions.--The department shall divide the Commonwealth into the following six regions:

(1) Northeast.

(2) Southeast.

(3) North central.

(4) South central.

(5) Northwest.

(6) Southwest.

(b) Grants.--The department shall solicit proposals from and enter into a grant agreement with at least one eligible collaborative care technical assistance center applicant from each region under subsection (a) to provide technical assistance to primary care physicians and primary care practices on providing behavioral health integration services through the collaborative care model.

(c) Technical assistance described.--An entity that receives a grant under subsection (b), in a region described in subsection (a), shall provide technical assistance to primary care physicians and primary care practices within that region that will assist primary care physicians and primary care practices with the following:

(1) Developing financial models and budgets for program launch and sustainability based on practice size.

(2) Developing staffing models for essential staff roles, including care managers and consulting psychiatrists.

(3) Providing information technology expertise to assist

1 with building the model requirements into electronic health
2 records, including assistance with care manager tools,
3 patient registry, ongoing patient monitoring and patient
4 records.

5 (4) Training support for all key staff and operational
6 consultation to develop practice workflows.

7 (5) Establishing methods to ensure the sharing of best
8 practices and operational knowledge among primary care
9 physicians and primary care practices that provide behavioral
10 health integration services through the collaborative care
11 model.

12 (6) For other purposes that the department may determine
13 to be necessary.

14 (d) Promotion required.--A collaborative care technical
15 assistance center that receives a grant under subsection (b), in
16 a region described in subsection (a), shall promote to primary
17 care physicians and primary care practices within the
18 collaborative care technical assistance center's region the
19 opportunity for primary care physicians and primary care
20 practices to apply for and receive the grants available under
21 section 102-K.

22 Section 104-K. Eligibility.

23 (a) Eligible applicant.--In order to be deemed an eligible
24 applicant, a collaborative care technical assistance center must
25 provide information on how it would meet the guidelines under
26 section 103-K when submitting an application to the department.

27 (b) Exception.--If there are no applications submitted to
28 the department by a potential collaborative care technical
29 assistance center under section 103-K, in one or more regions
30 described under section 103-K(a), or the department determines

1 that none of the applications for a particular region indicate
2 that any applicant is fully capable of providing the technical
3 assistance described in section 103-K(c), the department may
4 award a grant to an applicant from outside that region, provided
5 that the applicant must describe how it will adequately provide
6 the technical assistance in the region.

7 Section 2. From the money received by the Commonwealth from
8 the Federal Government under the American Rescue Plan Act of
9 2021 (Public Law 117-2, 135 Stat. 4), the sum of \$20,000,000 is
10 appropriated to the Department of Human Services for the
11 following:

12 (1) The sum of \$14,000,000 for grants under section 102-
13 K.

14 (2) The sum of \$6,000,000 for grants under section 103-
15 K.

16 Section 3. This act shall take effect immediately.