

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, ZIMMERMAN, QUINN,
ISAACSON AND STRUZZI, JUNE 20, 2022

AS REPORTED FROM COMMITTEE ON HUMAN SERVICES, HOUSE OF
REPRESENTATIVES, AS AMENDED, SEPTEMBER 12, 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

1 imposing taxes for State purposes, or to pay license fees or
2 other moneys to the Commonwealth, or any agency thereof,
3 every State depository and every debtor or creditor of the
4 Commonwealth," providing for Collaborative Care Model AND <--
5 PRIMARY CARE BEHAVIORAL HEALTH MODEL Implementation Program;
6 and making an appropriation.

7 The General Assembly of the Commonwealth of Pennsylvania
8 hereby enacts as follows:

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

11 ARTICLE I-K

12 ~~COLLABORATIVE CARE MODEL IMPLEMENTATION PROGRAM~~ <--

13 COLLABORATIVE CARE MODEL <--

14 AND PRIMARY CARE BEHAVIORAL HEALTH MODEL

15 IMPLEMENTATION PROGRAM

16 Section 101-K. Definitions.

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

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

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

27 (2) Structured care management.

28 (3) Regular assessments of clinical status using
29 developmentally appropriate, validated tools.

30 (4) Modification of treatment as appropriate.

31 "Collaborative care technical assistance center." A health
32 care organization that can provide educational support and
33 technical assistance related to the collaborative care model OR <--

PRIMARY CARE BEHAVIORAL HEALTH MODEL in a specific region of
this Commonwealth. The term includes an academic medical center
located in this Commonwealth.

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

"PRIMARY CARE BEHAVIORAL HEALTH MODEL." THE EVIDENCE-BASED, <--
INTEGRATED BEHAVIORAL HEALTH SERVICE DELIVERY METHOD WHICH
INCLUDES A LICENSED BEHAVIORAL HEALTH PROFESSIONAL,
PSYCHOLOGIST, CLINICAL SOCIAL WORKER OR COUNSELOR IN THE PRIMARY
CARE TEAM AND THE FOLLOWING ELEMENTS:

(1) CARE DIRECTED BY THE PRIMARY CARE TEAM.

(2) STRUCTURED CARE MANAGEMENT.

(3) REGULAR ASSESSMENTS OF CLINICAL STATUS USING
DEVELOPMENTALLY APPROPRIATE, VALIDATED TOOLS.

(4) MODIFICATION OF TREATMENT AS APPROPRIATE.

Section 102-K. Primary care grants.

(a) Grants.--The department shall make grants to primary
care physicians and primary care practices to meet the initial
costs of establishing and delivering behavioral health
integration services through the collaborative care model OR <--
PRIMARY CARE BEHAVIORAL HEALTH MODEL. Primary care physicians
and primary care practices may work with larger health systems
for the purposes of applying for and implementing grants under
this section.

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

(1) To hire staff.

(2) To identify and formalize contractual relationships
with other health care practitioners, including practitioners

1 who will function as psychiatric consultants and behavioral
2 health care managers in providing behavioral health
3 integration services through the collaborative care model OR <--
4 PRIMARY CARE BEHAVIORAL HEALTH MODEL.

5 (3) To purchase or upgrade software and other resources
6 needed to appropriately provide behavioral health integration
7 services through the collaborative care model OR PRIMARY CARE <--
8 BEHAVIORAL HEALTH MODEL, including resources needed to
9 establish a patient registry and implement measurement-based
10 care.

11 (4) For other purposes that the department may determine
12 to be necessary.

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

- 16 (1) that are in rural areas; or
17 (2) that are in a county in which the suicide or
18 overdose death rate is higher than the national average
19 suicide or overdose death rate, according to the averages
20 recorded and maintained by the Centers for Disease Control
21 and Prevention.

22 Section 103-K. Technical assistance grants.

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

- 25 (1) Northeast.
26 (2) Southeast.
27 (3) North central.
28 (4) South central.
29 (5) Northwest.
30 (6) Southwest.

1 (b) Grants.--The department shall solicit proposals from and
2 enter into a grant agreement with at least one eligible
3 collaborative care technical assistance center applicant from
4 each region under subsection (a) to provide technical assistance
5 to primary care physicians and primary care practices on
6 providing behavioral health integration services through the
7 collaborative care model OR PRIMARY CARE BEHAVIORAL HEALTH <--
8 MODEL.

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

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

17 (2) Developing staffing models for essential staff
18 roles, including care managers, LICENSED BEHAVIORAL HEALTH <--
19 PROFESSIONALS, PSYCHOLOGISTS and consulting psychiatrists.

20 (3) Providing information technology expertise to assist
21 with building the model requirements into electronic health
22 records, including assistance with care manager tools,
23 patient registry, ongoing patient monitoring and patient
24 records.

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

27 (5) Establishing methods to ensure the sharing of best
28 practices and operational knowledge among primary care
29 physicians and primary care practices that provide behavioral
30 health integration services through the collaborative care

model OR PRIMARY CARE BEHAVIORAL HEALTH MODEL.

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(6) ACCURATELY AND APPROPRIATELY CODING AND BILLING
INSURERS FOR COLLABORATIVE CARE MODEL AND PRIMARY CARE
BEHAVIORAL HEALTH MODEL SERVICES.

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~~(6)~~ (7) For other purposes that the department may
determine to be necessary.

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

Section 104-K. Eligibility.

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

(b) Exception.--If there are no applications submitted to
the department by a potential collaborative care technical
assistance center under section 103-K, in one or more regions
described under section 103-K(a), or the department determines
that none of the applications for a particular region indicate
that any applicant is fully capable of providing the technical
assistance described in section 103-K(c), the department may
award a grant to an applicant from outside that region, provided
that the applicant must describe how it will adequately provide
the technical assistance in the region.

Section 2. From the money received by the Commonwealth from

1 the Federal Government under the American Rescue Plan Act of
2 2021 (Public Law 117-2, 135 Stat. 4), the sum of \$20,000,000 is
3 appropriated to the Department of Human Services for the
4 following:

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

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

9 Section 3. This act shall take effect immediately.