



2018 FEB 14 PM 3:22  
OFFICE OF THE  
SECRETARY

**MURIEL BOWSER**  
MAYOR

FEB 14 2018

The Honorable Phil Mendelson, Chairman  
Council of the District of Columbia  
1350 Pennsylvania Avenue, NW, Suite 504  
Washington, DC 20004

Dear Chairman Mendelson:

Enclosed for consideration and approval by the Council of the District of Columbia ("Council") is the "Behavioral Health Third Party Payor Amendment Act of 2018," along with the emergency and temporary versions of this bill and the accompanying emergency declaration resolution. The purpose of this bill is to amend the District of Columbia Mental Health Information Act of 1978 to allow for the exchange of behavioral health information between health care providers and their third party payors in connection with services to a patient.

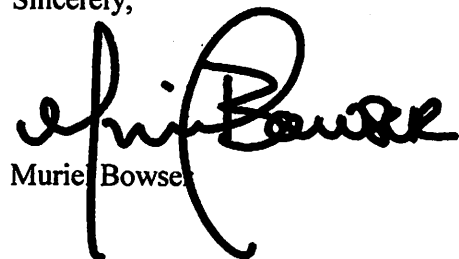
On September 22, 2015, the Council passed the "Behavioral Health Coordination of Care Amendment Act of 2015" to allow health care providers to share the mental health information of a shared patient in order to provide coordinated treatment for that individual. While the goal of that legislation was to allow health care providers to communicate critical information to one another, the law unintentionally prevented the transmission of such information through a third party payor, such as the Department of Health Care Finance, which serves as one of the major ways in which providers transmit information on care provided to beneficiaries. As such, this legislation amends the District of Columbia Mental Health Information Act of 1978 to allow the third party payors, such as the Department of Health Care Finance, to redisclose behavioral health information between treating providers.

This legislation changes the law to account for providers' need to receive information from third party payors to improve care coordination and health outcomes. Approval of this legislation will


allow the intent of the Behavioral Health Coordination of Care Amendment Act to be fully realized, and for providers to provide the best possible care to their patients.

I look forward to a favorable consideration of this legislation.

Sincerely,

A handwritten signature in black ink, appearing to read "Muriel Bowser". The signature is written in a cursive style with a large, prominent initial "M".

Muriel Bowser

  
Chairman Phil Mendelson  
at the Request of the Mayor

A BILL

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IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

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To amend, on an emergency basis, the District of Columbia Mental Health Information Act of 1978 to allow for the exchange of behavioral health information between health care providers and their third party payors, in connection with services to a patient.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the “Behavioral Health Third Party Payor Emergency Amendment Act of 2018”.

(a) Subsection (b) is amended to read as follows:

(1) Strike the phrase “a health care provider may” and insert the phrase “a health care provider or its third party payor may” in its place.

(2) Strike the phrase “case management, or rehabilitation” and insert the phrase “case management, conduct of quality assessment and improvement activities, or rehabilitation” in its place.

(b) Subsection (c)(1)(A) is amended by striking the phrase “health care provider’s” and inserting the phrase “health care provider’s or its third party payor’s” in its place.

(c) Subsection (c)(2) is amended by striking the phrase “the health care provider shall” and inserting the phrase “the health care provider or its third party payor’s shall” in its place.

Sec. 3. Fiscal impact statement.

The Council adopts the fiscal impact statement of the Budget Director as the fiscal impact statement required by section 4(a) of General Legislative Procedures Act of 1975, approved October 16, 1975 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

34           Sec. 4. Effective date.

35           This act shall take effect following approval by the Mayor (or in the event of veto by the  
36 Mayor, action by the Council to override the veto), and shall remain in effect for no longer than 90  
37 days, as provided for emergency acts of the Council of the District of Columbia in section 412(a) of  
38 the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 788; D.C. Official  
39 Code § 1-204.12(a)).

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GOVERNMENT OF THE DISTRICT OF COLUMBIA  
OFFICE OF THE ATTORNEY GENERAL



ATTORNEY GENERAL  
KARL A. RACINE

Legal Counsel Division

MEMORANDUM

**TO:** Alana Intrieri  
Executive Director  
Office of Policy and Legislative

**FROM:** Janet M. Robins  
Deputy Attorney General  
Legal Counsel Division

**DATE:** January 30, 2018

**SUBJECT:** Legal Sufficiency Review of Emergency, Temporary and Permanent  
Versions of the "Behavioral Health Third Party Payor Amendment Act of  
2018"  
(AE-18-038)

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**This is to Certify that** this Office has reviewed the above-referenced legislation and that we have found them to be legally sufficient.

If you have any questions in this regard, please do not hesitate to call me at 724-5524.

  
Janet M. Robins


Government of the District of Columbia  
Office of the Chief Financial Officer



Jeffrey S. DeWitt  
Chief Financial Officer

**MEMORANDUM**

**TO:** The Honorable Phil Mendelson  
Chairman, Council of the District of Columbia

**FROM:** Jeffrey S. DeWitt  
Chief Financial Officer 

**DATE:** January 22, 2018

**SUBJECT:** Fiscal Impact Statement - Behavioral Health Third Party Payor  
Emergency and Temporary Amendment Acts of 2018

**REFERENCE:** Draft introductions as shared with the Office of Revenue Analysis on  
January 22, 2018

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**Conclusion**

Funds are sufficient in the proposed fiscal year 2018 through fiscal year 2021 budget and financial plan to implement the bills.

**Background**

The bill allows<sup>1</sup> managed care organizations to exchange behavioral health information with the Department of Health Care Finance (DHCF) to improve coordination of patient care. Current law does not cover the transmission of behavioral health information through DHCF even though it is one of the primary ways in which health care providers transmit information to one another.

**Financial Plan Impact**

Funds are sufficient in the proposed fiscal year 2018 through fiscal year 2021 budget and financial plan to implement the bills. The transmission of behavioral health information through DHCF will likely reduce inefficiencies and improve coordination of care. Although such improvements may result in cost savings for the agency due to better health outcomes, DHCF is unable to estimate the extent or timing of such savings.

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<sup>1</sup> By amending Section 301 of the District of Columbia Mental Health Information Act of 1978, effective March 3, 1979 (D.C. Law 2-136; D.C. Official Code § 7-1203.01).