

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 361 Session of 2025

INTRODUCED BY STRUZZI, GUENST, KENYATTA, MARCELL AND VENKAT,  
JANUARY 27, 2025

REFERRED TO COMMITTEE ON HUMAN SERVICES, JANUARY 27, 2025

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  
 33 other moneys to the Commonwealth, or any agency thereof,  
 34 every State depository and every debtor or creditor of the

1 Commonwealth," providing for Collaborative Care Model and  
2 Primary Care Behavioral Health Model Implementation Program.

3 The General Assembly of the Commonwealth of Pennsylvania  
4 hereby enacts as follows:

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

7 ARTICLE I-M

8 COLLABORATIVE CARE MODEL

9 AND PRIMARY CARE BEHAVIORAL HEALTH MODEL

10 IMPLEMENTATION PROGRAM

11 Section 101-M. 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. 220, 80230 (November 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 or  
29 primary care behavioral health model in a specific region of  
30 this Commonwealth. The term includes an academic medical center  
31 located in this Commonwealth.

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

3 "Primary care behavioral health model." The evidence-based,  
4 integrated behavioral health service delivery method which may  
5 include a licensed behavioral health professional, psychologist,  
6 psychiatrist, clinical social worker or counselor in the primary  
7 care team and the following elements:

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

9 (2) Structured care management.

10 (3) Regular assessments of clinical status using  
11 developmentally appropriate, validated tools.

12 (4) Modification of treatment as appropriate.

13 Section 102-M. Primary care grants.

14 (a) Grants.--The department shall make grants to primary  
15 care physicians and primary care practices to meet the initial  
16 costs of establishing and delivering behavioral health  
17 integration services through the collaborative care model or  
18 primary care behavioral health model. Primary care physicians  
19 and primary care practices may work with larger health systems  
20 for the purposes of applying for and implementing grants under  
21 this section.

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

25 (1) To hire staff.

26 (2) To identify and formalize contractual relationships  
27 with other health care practitioners, including practitioners  
28 who will function as psychiatric consultants and behavioral  
29 health care managers in providing behavioral health  
30 integration services through the collaborative care model or

1 primary care behavioral health model.

2 (3) To purchase or upgrade software and other resources  
3 needed to appropriately provide behavioral health integration  
4 services through the collaborative care model or primary care  
5 behavioral health model, including resources needed to  
6 establish a patient registry and implement measurement-based  
7 care.

8 (4) For other purposes that the department may determine  
9 to be necessary.

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

13 (1) that are in rural areas; or

14 (2) that are in a county in which the suicide or  
15 overdose death rate is higher than the national average  
16 suicide or overdose death rate, according to the averages  
17 recorded and maintained by the Centers for Disease Control  
18 and Prevention.

19 Section 103-M. Technical assistance grants.

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

22 (1) Northeast.

23 (2) Southeast.

24 (3) North central.

25 (4) South central.

26 (5) Northwest.

27 (6) Southwest.

28 (b) Grants.--The department shall solicit proposals from and  
29 enter into a grant agreement with at least one eligible  
30 collaborative care technical assistance center applicant from

1 each region under subsection (a) to provide technical assistance  
2 to primary care physicians and primary care practices on  
3 providing behavioral health integration services through the  
4 collaborative care model or primary care behavioral health  
5 model.

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

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

14 (2) Developing staffing models for essential staff  
15 roles, including care managers, licensed behavioral health  
16 professionals, psychologists and consulting psychiatrists.

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

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

24 (5) Establishing methods to ensure the sharing of best  
25 practices and operational knowledge among primary care  
26 physicians and primary care practices that provide behavioral  
27 health integration services through the collaborative care  
28 model or primary care behavioral health model.

29 (6) Accurately and appropriately coding and billing  
30 insurers for collaborative care model and primary care

1 behavioral health model services.

2 (7) For other purposes that the department may determine  
3 to be necessary.

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

12 Section 104-M. Eligibility.

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

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

27 Section 2. This act shall take effect immediately.