

Health Care Access in the 2009 Washington Legislature

**Prepared by Northwest Health Law Advocates
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This summary provides information about selected legislation that passed the Washington State Legislature during the 2009 session. It focuses on legislation regarding access to health care, particularly for low- and moderate-income people.

| Issue/Bill Name | Bill # Sponsor | Description | Effective Date |
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| PUBLIC PROGRAMS | | | |
| Permitting electronic signatures on public assistance applications | HB 1270 Green | Permitting electronic signatures on applications for public assistance and for benefits administered by the health care authority. | July 26, 2009 |
| Changes in the basic health plan program | SHB 2341 Cody | Excludes persons receiving DSHS medical assistance from Basic Health eligibility. HCA will encourage enrollees on Basic Health for more than one year to complete a health risk assessment and participate in wellness, smoking and chronic disease management programs. Allows HCA to disenroll individuals from Basic Health based on criteria, which may include: length of time on program; income level; or eligibility for other coverage. HCA will encourage enrollees on Basic Health for more than one year to complete a health risk assessment and participate in wellness, smoking and chronic disease management programs. Establishes a voluntary program through which public employees can make contributes to help maintain enrollment capacity in Basic Health. | Immediately: Disenrollment, risk assessments & wellness/chronic disease programs; voluntary contribution program July 26, 2009: DSHS medical assistance exclusion |
| Telemedicine | SHB 1529 Seaquist | Any licensed home health agency that is eligible for reimbursement under the state's medical assistance programs may be reimbursed for home health services delivered through telemedicine. Directs DSHS to provide reimbursement rules and requirements. RNs shall be used to oversee and intervene when appropriate. | July 26, 2009 |
| Primary care medical home reimbursement pilot projects | SSB 5891 Keiser | Providers and purchasers are encouraged to support primary care medical homes, facilitated by state agencies. HCA and DSHS select pilot projects, one of which would provide preventive care, wellness counseling, primary care, and coordination of services for a fixed monthly payment. | July 26, 2009 |
| Medicare waiting period | SJM 8013 Keiser | Calls on Congress to eliminate the 24 month Medicare waiting period for participants on Social Security Disability Insurance. | April 15, 2009 |

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| CHILDREN'S HEALTH | | | |
| Health care coverage for children | ESHB 2128 Seaquist | Delays until 1/1/10 the availability of non-subsidized Apple Health for Kids buy-in for families with household income over 300% of the federal poverty level; the buy-in program is required to offer a benefit package similar to the under-300% program. Directs DSHS to improve outreach, enrollment, and renewal efforts in order to qualify for enhanced federal funding. Requires DSHS to develop performance indicators, to include behavioral, oral, developmental, vision, and mental health, that show whether children in Apple Health are receiving health care from a medical home and whether the overall health of enrolled children is improving. Governor's partial veto eliminated Apple Health point person. | July 26, 2009 |
| Children's Mental Health Services | 2SHB 1373 Dickerson | Requires DSHS and the Children's Mental Health Evidence-based Practice Institute to develop incentives for using evidence-based practices. Outpatient therapy services may be provided by a supervised mental health professional who is not licensed. Requires services to be administered in a manner consistent with federal EPSDT requirements when a developmental screening indicates the need for services. | July 26, 2009 |
| Medical support obligations | SHB 1845 Rodne | Courts must establish medical support obligations for children costing up to 25% of the parent's basic child support obligation, or more if it is in the best interest of the child. If no coverage is available, the parent must pay cash medical support toward the premium paid by the other party or by the state, in an amount not exceeding 25% of the basic child support obligation. Parents must pay their proportionate shares of uninsured medical expenses. Includes guidance to court to avoid double coverage when both parents have health insurance; court may excuse a parent's obligation in certain circumstances. | October 1, 2009 |
| MENTAL HEALTH SERVICES | | | |
| Advanced registered nurse practitioners | SHB 1071 Green | Grants authority to advanced registered nurse practitioners, working in mental health care, to recommend and provide certain treatment. Psychiatric ARNPs given authority to perform more services. | July 26, 2009 |
| PRESCRIPTION DRUGS | | | |
| Prescription drug use in state purchased health care programs | ESSB 5892 Keiser | Authorizes state purchased health care programs to limit prescribers' authority to write "dispense as written" prescriptions for drugs not on the state "preferred drug list" when: (i) a brand name drug is the patient's first course of treatment within a therapeutic class of drugs, and there is a less expensive, equally effective therapeutic alternative generic; or (ii) prescription is for an off-label use of a brand name drug and there is a less expensive, equally effective "on-label" drug (FDA approved for same use). Agencies may also restrict "dispense as written" (DAW) privileges for prescribers who use DAW frequently. Providers have opportunity to request as medically necessary. Agencies may place an available, less expensive, equally effective generic or over-the- | Immediately |

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| | | counter drug on the preferred drug list without review by the Pharmacy & Therapeutics Committee. Eight types of drugs are excluded from substitution when prescriptions are being refilled. | |
| PRIVATE HEALTH INSURANCE, HEALTH INFORMATION & HEALTH REFORM | | | |
| Creating the Washington health partnership plan | 2SSB 5945 Keiser | Establishes a set of principles for improving the health system – public and private sector - with the goal of covering all state residents by 2014 “as economic conditions and national reforms indicate.” Instructs DSHS to seek a federal section 1115 waiver to expand and revise Medicaid/CHIP, to phase in childless adults with incomes up to 200% FPL, establishing a single eligibility standard, developing a common core benefit package, and to pursue premium assistance for employer-sponsored insurance, where cost-effective. Requires ongoing stakeholder input into waiver and requires legislature to authorize implementation of any federally approved waiver. Instructs DSHS to maximize federal funds for family planning services by amending the current waiver to provide coverage for STD testing and treatment, return to 2005 eligibility standards, and expand eligibility from 200% to 250% FPL (within available funds). The Governor vetoed a section that would have created an advisory group to monitor and provide input related to Washington’s participation in federal health reform and state progress in implementing the above principles. | July 26, 2009 |
| The transparency of health care cost information | SHB 1869 Bailey | Requires licensed health care providers and facilities to provide, at the request of the patient, an estimate of fees and charges related to a specific service, visit or stay, as well as information about other types of fees or charges the patient may receive in conjunction with the visit. Providers and facilities may refer patients to their health insurer for information about insurer’s charges and fees, cost-sharing and the network status of ancillary providers. Requires providers and facilities to post signs informing patients about the availability of fee and charge information. | July 26, 2009 |
| The secure exchange of health information | SSB 5501 Keiser | By August 1, 2009, the HCA administrator must designate a lead private sector organization to develop guidelines and standards to improve patient access to their own health care information and implement methods to exchange clinical data securely. | July 26, 2009 |
| Employee wellness programs | SHB 6019 Keiser | Health insurance carriers may allow a wellness discount of up to 20 percent for small employers that develop and implement a wellness program that directly improves employee wellness. | July 26, 2009 |
| Health carrier payment of wellness incentives | SHB 2160 Driscoll | Notwithstanding, a prohibition against offering rebates or inducements to purchase insurance, health carriers may offer a wellness program that complies with the requirements of the Health Insurance Portability and Accountability Act. | July 26, 2009 |
| Creating the Washington health care discount plan organization act | SSB 5480 Delvin | Requires discount plans (business arrangements offering discounts on health services in exchange for fees or dues) to obtain a license from OIC to do business in Washington. OIC regulates administration, marketing, etc. of discount plans. Products may not be described as insurance. | July 26, 2009 |

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| Distributing health plan information | SB 5731 Keiser | Insurance carriers are permitted flexibility to explore alternative methods of communicating with enrollees. Alternatives may include website alerts, postcard mailings, and electronic communication in lieu of printed materials. | July 26, 2009 |
| Standard health questionnaire | ESHB 1401 Cody | Individuals eligible to purchase COBRA continuation coverage, or who drop this coverage, are not required to take the standard health questionnaire (SHQ) when they apply for individual health insurance. Individuals who do not qualify for COBRA coverage because their employer employs fewer than 20 employees do not have to complete the SHQ if they apply for individual coverage within 90 days of a federally defined qualifying event. | July 26, 2009 |
| Washington state insurance pool | SSB 5777 Murray | Medicare supplement insurers must notify persons they reject or restrict of the availability of Medicare Part C plans and of WSHIP. Standard health questionnaire is to be recertified by WSHIP Board every 36 months (changed from 18). Restricts WSHIP eligibility for those becoming Medicare-eligible after 8/1/09 to persons rejected from, restricted on, or without access to Medicare supplement policies; and who does not have a reasonable choice of at least 3 comprehensive Part C plans that includes access to the person's established care provider. Excludes from WSHIP persons who become eligible for Medical Assistance after 6/30/08. Requires a study of alternative ways to finance WSHIP. | July 26, 2009 |
| Reducing organ transplant benefit waiting periods based upon prior creditable coverage | SHB 1308 Driscoll | Reduces organ transplant benefit waiting periods for covered persons who have had prior creditable coverage and have changed health carriers or health benefit plans. | July 26, 2009 |
| HOSPITALS & CERTIFICATE OF NEED | | | |
| Certificates of need | SB 5673 Pride-more | Requires CONs for hospitals affiliated with health maintenance organizations; exempts HMOs in operation since 1/1/09. | July 26, 2009 |
| Critical access hospitals | ESB 5423 Pflug | Provides that certain critical access hospitals are not subject to certificate of need review. | July 26, 2009 |
| STATE AGENCIES – OTHER PROGRAMS | | | |
| Establishing a community health care collaborative grant program | SSB 5360 Keiser | Establishes two year grant program for nonprofits and governmental/tribal agencies to further efforts of community-based coalitions to increase access to appropriate, affordable health care, especially for employed, low income persons and children in school who are uninsured and underinsured. Governor's partial veto eliminated program evaluation. | July 26, 2009 |
| Administrative procedures for payors & providers of health services | 2SSB 5346 Keiser | Directs Insurance Commissioner to designate a lead organization to coordinate development of processes, guidelines, and standards to streamline health care administration. | July 26, 2009 |

Other Bills

- HB 1155 (Billing for medical services provided through special education programs)
- HB 2014 (Requiring tamper-resistant prescription pads)
- ESHB 2072 (Transportation for persons with special transportation needs)
- ESHB 2105 (Diagnostic imaging services)
- E2SSB 5688 (Expanding the rights and responsibilities of state registered domestic partners)
- SHB 1300 (Accessing mental health information)
- HB 2025 (Sharing health care information)
- SSB 6024 (Allowing persons in secure facilities to apply for public assistance more than 45 days before departure)