

***Health Care Access in the Washington Legislature:
Biennial Budget Reductions Affecting Health Programs/Services***

The chart below summarizes the final 2011-13 biennial budget provisions related to publicly funded health programs and services (pending Governor's action). Cuts made in the earlier 2010 and 2011 supplemental budgets are retained, except where indicated. This summary is based on the May 24, 2011 [Agency Detail](#) budget document.

Healthcare Program	Final Budget
Medical Care Services for Disability Lifeline/ ADATSA	<p>No cut to MCS. However, cash benefits were eliminated:</p> <p>Disability Lifeline financial program eliminated effective 10/31/11. ABD and pregnant women cash programs only, at reduced 2011 level (\$197/month). Financial assistance for other incapacitated persons ends in Oct. Non-entitlement funding is provided to Department of Commerce for an Essential Needs and Housing Program established in ESHB 2082 (see legislative summary for more detail).</p> <p>Medical: The previous DL eligibility criteria, including \$339 monthly income level for a single person, will now be used to qualify individuals for Medical Care Services. ADATSA, ABD, and former DL-eligible individuals also qualify for MCS.</p>
Children's Health Program (immigrant children ineligible for Medicaid/CHIP)	Children not meeting federal immigrant status requirements whose family income is 200-300% of the federal poverty level will pay increased premiums, no greater than the average state per capita cost of coverage (reducing or eliminating state subsidy).
Take Charge	Increase income limit for family planning program from 200% to 250% FPL; save \$ by preventing pregnancies.
Basic Health	February 2011 restrictions to waiver-eligible individuals continue. New admissions to Basic Health will continue to be frozen throughout the 2011-13 biennium. An average of approximately 37,000 persons per month are expected to be covered by the program during FY 2012, and an average of 33,000 per month during FY 2013.
Medical Assistance Services	
Prescription drug copayments	The medical assistance program will seek a federal Medicaid waiver to allow implementation of enforceable copayments for prescription drugs in FY 2013. The copayments are expected to apply to all medical assistance enrollees, and are expected to include a tiered strategy under which there would be no co-payment for most generic drugs; a \$15 co-payment for preferred brand name drugs; and 50% co-insurance for non-preferred drugs.
Emergency room utilization	Cap emergency room visits for "non-emergent" conditions at 3 per year.
Wheelchairs	Competitive contracting with manufacturers and/or distributors of wheelchairs. The competitive bidding process will be completed no later than July 2012.
Therapies – PT, OT, Speech – adults	Supplemental cut not restored. Limit number of visits/units of therapy. Patients with spinal, knee, hip, or traumatic brain injuries will receive up to 12 visits per year. All other patients will receive a maximum of six visits per year.
Durable medical equipment	Competitive contracting with manufacturers/distributors of nutritional supplements and incontinence supplies. The competitive contracting process will be completed no later than January 2012.
Prior authorization and reduced utilization	<p>-Increased review of advanced imaging technologies and of orthopedic, spinal and nerve procedures.</p> <p>-Medication Practice Improvement - The medical assistance program will partner with community mental health centers, other prescribers of adult anti-psychotic medications, and public schools of medicine and pharmacy to improve prescriptive practice and adherence with regard to the safe and effective use of antipsychotic and other medications used in the treatment of serious and persistent mental illness. The effort will include</p>

	<p>development and delivery of standard protocols and practices regarding best and promising practices; development of metrics and production of peer-comparison feedback reports for prescribers and mental health centers regarding medication adherence, poly-pharmacy, excessive dosing, and off-label use; and establishment of an access line through which community practitioners can obtain second opinion consultations regarding cases flagged for additional utilization review.</p> <p>-The medical assistance program will increase efforts to promote more cost-effective drug utilization. Efforts will focus on drugs where there is evidence of over-utilization, off-label use, excessive dosing, duplicative therapy, or opportunities to shift utilization to less expensive, equally effective formulations.</p> <p>-Efforts to reduce use of cesarean sections.</p>
SSI managed care	During FY 2013, the medical assistance program plans to transition all elderly and disabled SSI recipients into managed care. This is expected to result in reduced expenditures through more cost-effective care management, coordination, and delivery.
Maternity Support Services for at-risk pregnant women	Previous 35% cut reduced to approximately 30%.
Non-Emergency Dental Services – adults	Supplemental budget cut was restored only for pregnant women, people living in nursing homes and intermediate care facilities, and people with disabilities receiving long-term care under a home and community based care waiver. Was never cut for developmentally disabled. These services remain cut for other adults.
Hearing/Vision Aids – adults	Supplemental budget cut eliminating these items was not restored.
Chemical dependency services	Supplemental budget 11% cut was not restored (reducing in outpatient and residential services for low income individuals who do not qualify for other state programs; non-federally matched services for individuals on Medicaid or receiving medical care through the 1115 waiver; and the associated state and county administration). Funding for youth residential, pregnant and parenting women; and federally matched services for individuals on Medicaid or receiving medical care through the 1115 waiver was not reduced.
School-based medical services	This supplemental budget cut was restored using funds from school districts.
Interpreter services	No later than January 2012, the medical assistance program will develop a new system for delivery of spoken-language interpreter services. Under the new system, the medical assistance program will develop guidelines for the appropriate use of telephonic, video-remote, and in-person interpreting. The medical assistance program will contract with delivery organizations that employ or contract with language access providers or interpreters. Medical practitioners will use a secure web-based tool to schedule appointments for interpreter services that identifies the most appropriate and cost-effective method of service delivery. (\$6.1 M reduction)
Podiatry – adults	Supplemental budget cut was not restored (eliminating all but certain acute services).
Medicare Part D Copay Subsidy for Dual- eligible adults	Supplemental budget cut was not restored.
Personal Care hours – adults	Supplemental budget 10% cut was not restored.