

Health Care Access in the Washington Legislature
Prepared by Northwest Health Law Advocates
June 2011

This summary provides information about selected legislation that passed the Washington State Legislature during the 2011 session. It focuses on legislation regarding access to health care, particularly for low- and moderate-income people.

** = Affordable Care Act (ACA) Related Legislation

Issue/Bill Name	Bill # Sponsor	Description
PUBLIC PROGRAMS/PUBLIC HEALTH		
**Regarding statutory changes needed to implement a waiver to receive federal assistance for certain state purchased public health care programs.	SHB 1312 Cody et al.	Statutory changes needed to implement a waiver to receive Medicaid matching funds for the state Basic Health and Disability Lifeline programs. The federal Centers for Medicare and Medicaid services granted this waiver in January 2011. Includes provision to move Medicaid-eligible BH clients to Medicaid.
Restricting the eligibility for the basic health plan to the basic health transition eligibles population under the Medicaid waiver.	HB 1544 Hunter, Anderson	Restricts eligibility for the basic health plan to the basic health transition eligibles population under the Medicaid waiver. This affects immigrants and people with unearned income over 133% FPL who were disenrolled effective 3/1/11.
Changing the designation of the Medicaid single state agency.	2E2SHB 1738 Cody, Jinkins	Transfers powers, duties, and functions of the department of social and health services pertaining to the medical assistance program and the medicaid purchasing administration to the health care authority.
Regarding providing eyeglasses to Medicaid enrollees.	SSB 5352 Warnick and Reykdal	Permits the sale to health care providers of glasses, produced through inmate work programs, previously covered under the Medicaid program. The providers can in turn sell the glasses at cost to Medicaid enrollees.

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<p>Making changes to the disability lifeline program.</p>	<p>ESHB 2082 Darneille et al.</p>	<p>The Disability Lifeline (DL) program is eliminated effective October 31, 2011. The Medical Care Services (MCS) part of the program remains with the same eligibility criteria based on incapacity. In place of DL financial assistance will be three new programs: (1) Aged, Blind or Disabled (ABD) assistance, providing financial support (currently \$197 per month) and MCS. This is for people likely to be eligible for SSI (like current DL-X) or found permanently disabled by the SSA but is not eligible for other reasons. (2) The Pregnant Women's Program for women ineligible for TANF due to time limits. Financial support and Medicaid are provided. (3) The Essential Needs and Housing Support (ENHS) program. Eligibility for this program is linked to eligibility for MCS. All MCS recipients will have access to "necessities banks" for personal hygiene, laundry, transportation and other items, and some will have housing support. The housing support will first go to currently homeless recipients. A contingency fund will help with housing for people who can document that they will lose their housing within 30 days once their cash grant ends. This program is limited to \$64 million. ENHS, administered by the Department of Commerce, will contract with one government or non-profit agency in each county to provide the services. DSHS must review each recipient annually to determine if they qualify for the ABD program.</p>
<p>Expanding family planning services to two hundred fifty percent of the federal poverty level.</p>	<p>SB 5912 Keiser et al.</p>	<p>DSHS is to apply for federal funding to expand eligibility for family planning services from 200% to 250% of the federal poverty level. When the expansion is implemented, General Fund-State allotments for the medical assistance program will be reduced by \$4.5 million.</p>
<p>Premium payments for children's health coverage for certain families not eligible for federal coverage.</p>	<p>HB 2003</p>	<p>Apple Health for Kids: 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.</p>

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Limiting payments for health care services provided to low-income enrollees in state purchased health care programs.	SSB 5927 Keiser, Pflug	Requires that managed health care systems must pay a nonparticipating provider no more than the lowest amount they pay to similar providers, for services to a patient covered by the state Medicaid, medical care services, or Basic Health programs. Providers may not balance-bill these patients.
Creating a nursing home safety net assessment.	SSB 5581 Keiser et. al.	Establishes a nursing home assessment fee that draws federal matching funds.
Concerning hospital payments.	HB 2069 Cody	Reduces hospital payments to increase the sum available to the state from the hospital safety net assessment fund. Expires 7/1/13.
Creating a collaborative to improve health care quality, cost-effectiveness, and outcomes.	ESHB 1311 Cody et al.	Requires the Health Care Authority to convene a collaborative to identify health care services for which there are substantial variations in practice patterns or high utilization trends in the state that are indicators of poor quality and potential waste in the health care system. Requires all state-purchased health care programs to implement certain evidence-based practice guidelines or protocols and strategies. Allows state programs to implement strategies even if the collaborative does not reach consensus.
Requiring the department of social and health services to submit a demonstration waiver request to revise the federal Medicaid program.	E2SSB 5596 Parlette et. al.	Requires the department of social and health services to submit a request for Medicaid innovation grant or a Medicaid demonstration waiver which would give the state flexibility to limit benefits and cost-sharing, change the way it reimburses providers, etc.
Concerning exemption from immunization.	ESB 5005 Keiser et. al.	Expands requirements for exempting a child from certain immunizations. Requires the form used to exempt a child from school immunizations to include a statement, to be signed by a health care practitioner, that information on the benefits and risks of immunization has been provided to the parent or legal guardian.

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PRIVATE HEALTH INSURANCE & HEALTH REFORM		
Concerning the insurance commissioner's authority to review and disapprove rates for certain insurance products.	HB 1303 Jenkins et al.	Removes the expiration of the insurance commissioner's authority to review and disapprove rates for certain insurance products.
Regulating insurance rates.	ESHB 1220 Cody et al.	Makes rate filings for an individual or small group health benefit plan open to public inspection, except for the numeric values of rating factors used by a health carrier. Actuarial formulae, statistics and assumptions associated with new products are exempt from disclosure. OIC must prepare rate summary forms to explain findings after the rate review process is completed and make available to the public electronically.
**Continuing the work of the joint select committee on health reform implementation.	ESHCR 4404 Schmick et al.	Continues the work of the joint select committee on health reform implementation.
**Addressing the needs for health insurance coverage for persons under age nineteen.	ESSB 5371 Keiser, Conway	The state statutes governing regulated insurance carriers and health plans are modified to reflect the ACA requirement to provide coverage for persons under age 19 without application of pre-existing condition exclusions and without a health screening exam.
**Making the necessary changes for implementation of the affordable care act in Washington state.	ESSB 5122 Keiser, Kline	Makes conforming changes to comply with the Federal Affordable Care Act: Coverage for dependents is extended to age 26. Lifetime benefit maximums are removed. Policies for persons under 19 may not include preexisting condition exclusions. Grievance and appeals process is modified. WSHIP lifetime maximum removed.

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**Establishing a health benefit exchange.	SSB 5445 Keiser et al.	Requires the state to establish a health benefit exchange consistent with the federal Affordable Care Act (ACA). Its Board is to be appointed by the governor by December 15, 2011, based on nominations by the legislature. The board may apply for and administer grants, establish information technology infrastructure, and undertake administrative actions necessary to begin operation of the exchange by 1/1/14. Authorizes the HCA to enter into information sharing agreements and interdepartmental agreements with relevant federal and state agencies.
Requiring comparable coverage for patients who require orally administered anticancer medication.	EHB 1517 Jinkins, Hinkle et al.	Requires health plans that cover chemotherapy to provide coverage for prescribed, self-administered anticancer medication that is used to kill or slow the growth of cancerous cells on a basis comparable to provider-administered cancer medications.
Concerning the health insurance partnership.	SHB 1560 Cody, Jinkins	Modifies provisions relating to the small employer HIP program, removing requirement that employer establish cafeteria benefit plan, and requiring that employer not have offered insurance in previous 6 months.
STATE AGENCIES - OTHER PROGRAMS		
Updating the authority of the state board of health.	HB 1488 Jinkins et el.	Modifies duties of the state board of health relating to: (1) State public health reports; (2) The federal act on maternal and infancy hygiene; (3) Services to crippled children; (4) Grant-in-aid payments for local health departments; (5) The state's participation in federal funds; and (6) Approval of contracts for the sale or purchase of health services.
Concerning oversight of licensed or certified long-term care settings for vulnerable adults.	SHB 1277 Cody *DSHS Request	Requires DSHS to: (1) Use additional investigative resources to address a significant growth in the long-term care complaint workload; (2) Develop a statewide internal quality review and accountability program for residential care services; and (3) adopt rules with criteria for sanctions of increasing severity.

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OTHER BILLS OF INTEREST

Health Insurance Coverage, Services Coordination & Regulation

ESHB 1494: Regulates elder placement referral agencies.

HB 1709: Making certain lines of group disability insurance more available.

SSB 5042: Concerning the protection of vulnerable adults.

SB 5149: Requiring the Department of Health to collect current and past employment information in the cancer registry program.

SB 5386: Creating organ donation workgroup.

SSB 5394: Concerning primary care health homes and chronic care management.

SSB 5452: Regarding communication, collaboration, and expedited Medicaid attainment concerning persons with mental health or chemical dependency disorders who are confined in a state institution.

ESSB 5594: Regulating the handling of hazardous drugs.

ESSB 5708: Creating flexibility in the delivery of long-term care services.

SSB 5722: Concerning the use of moneys collected from the local option sales tax to support chemical dependency or mental health treatment programs and therapeutic courts.

SB 5801: Establishing medical provider networks and expanding centers for occupational health and education in the industrial insurance system.

SB 5921: Revising social service programs (develop a road map to selfsufficiency for WorkFirst participants and temporary assistance for needy families recipients).

SB 5773: Relating to making a health savings account option and high deductible health plan option and a direct patient-provider primary care practice option available to public employees.

Public Health, Health Professionals, etc.

SHB 1304: Concerning the administration of drugs by health care assistants.

SHB 1315: Concerning the employment of physicians by nursing homes.

SHB 1493: Providing greater transparency to the health professions disciplinary process.

SHB 1595: Regarding graduates of foreign medical schools.

HB 1640: Concerning respiratory care practitioners.

SB 5018: Including wound care management in occupational therapy.

SSB 5152: Regarding naturopathic physicians.

SB 5480: Concerning submission of certain information by physicians & physician assistants at the time of license renewal

E2SSB 5073: Medical use of marijuana would be more carefully regulated. PARTIALLY VETOED