

# Health Care Access in the 2010 Washington Legislature

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This summary provides information about selected legislation that passed the Washington State Legislature during the 2010 session. It focuses on legislation regarding access to health care, particularly for low- and moderate-income people.

Issue/Bill Name	Bill #	Description
<b>PUBLIC PROGRAMS</b>		
<b>Concerning the security lifeline act</b>	<b>E2SHB 2782</b>	<p><b>Disability Lifeline:</b> General Assistance (GA-U) is renamed “Disability Lifeline” (DL). Eligibility requirements remain the same, but clients with chemical dependency issues that co-occur with their incapacity will be required to get treatment. DSHS is required to contract with an outside entity to provide Early SSI application assistance. All applications will be reviewed for eligibility for “Disability Lifeline-Expedited” (DL-E, formerly GA-X) which includes full-scope Medicaid. These SSI facilitation services include obtaining medical evidence needed to establish eligibility for SSI.</p> <p><b>Time limit:</b> Effective September 1, 2010, DL clients will be limited to 24 months of cash and medical benefits in a 60-month period. The time limit does not apply to those who receive DL-E or DL for the Aged, Blind, Disabled. The time limit is not imposed until a person has been reviewed for SSI eligibility. Chemical dependency treatment can continue beyond the time limit. The time limit on medical benefits may be removed if the state obtains a federal Medicaid waiver to cover this population.</p> <p><b>Basic Health: The Governor vetoed a section</b> that would have given persons who lose eligibility for DL priority for enrollment in Basic Health Plan.</p> <p><b>DL Managed Care:</b> DL Medical Care Services are delivered through managed care system integrating medical and mental health services.</p> <p><b>Housing Voucher program:</b> New DL clients who are homeless and either chemically dependent or mentally ill would get housing vouchers instead of cash grants in counties where housing is available, in a program to be designed by DSHS and the Department of Commerce.</p> <p><b>Improved access:</b> If private funding is obtained, a new website will be developed to simplify enrollment for public benefits. Computer access will be provided at locations where people in need of benefits would likely go. The Food Stamp Employment and Training program would be offered in three additional community college locations.</p>

<b>Issue/Bill Name</b>	<b>Bill #</b>	<b>Description</b>
<b>Redesigning the delivery of Temporary Assistance to Needy Families</b>	<b>E2SHB 3141</b>	Makes improvements to Temporary Assistance to Needy Families (TANF) related to child care assistance and targeting of wage subsidies. TANF provides cash, Medicaid and supportive services to low-income families. The Governor vetoed sections stating an intent to orient TANF toward families' economic self-sufficiency; requiring a WorkFirst subcabinet evaluation and proposal for TANF redesign; and limiting job search according to marketable skills, labor force attachment, education and training.
<b>Concerning the hospital safety net</b>	<b>E2SHB 2956</b>	Increases Medicaid payments to hospitals by taxing them to draw down additional federal matching funds. Certain facilities, including federal/state operated hospitals and long-term acute care hospitals are exempted. Medicaid reimbursement rates would be restored to last year's levels. DSHS is required to create a system for quality incentive payments to hospitals by 2013.
<b>Making the governor the public employer of language access providers</b>	<b>ESSB 6726</b>	A working group is created to develop a plan to improve DSHS language access services. The Governor is the public employer of language access providers for the purpose of collective bargaining. The Governor vetoed a work group to recommend improvements in interpreter service delivery.
<b>CHILDREN'S HEALTH</b>		
<b>Establishing the Washington vaccine association</b>	<b>2SHB 2551</b>	A non-profit Washington Vaccine Association is established for universal purchase of vaccines for children under 19. It would assess health carriers and third-party administrators.
<b>Concerning the use of Bisphenol A</b>	<b>SSB 6248</b>	It is illegal to knowingly sell, distribute, or manufacture products that contain bisphenol A (BPA) and that are meant to hold food, including sports bottles. BPA has been linked to certain health problems. Metal cans, however, are excluded. Effective date July 2011.
<b>HEALTH CARE PROVIDERS, QUALITY &amp; PATIENT SAFETY</b>		
<b>Regarding emergency cardiac and stroke care</b>	<b>2SHB 2396</b>	An "emergency cardiac and stroke care system" is established, in which qualified hospitals may voluntarily participate, with the purpose of reducing the number of deaths and complications.
<b>Limiting the use of restraints on pregnant women or youth</b>	<b>ESHB 2747</b>	Restraints may not be used on pregnant women/teens in correctional facilities, except in extreme circumstances. Restraints are forbidden for persons in labor. Correctional facility workers receive an informational training packet. Pregnant women must be notified of these requirements while incarcerated.
<b>Concerning pain management</b>	<b>ESHB 2876</b>	The Medical Quality Assurance Commission and other professional boards must repeal rules on pain management and, in consultation with agency directors, Dept of Health, UW and professional associations, adopt new rules on chronic, non-cancer pain management, to contain dosing criteria, including a dose limit triggering consultation with a pain specialist, guidance on using pain specialty consultation, guidance on tracking clinical progress and tracking use of opioids. The rules do not apply to palliative, hospice, end-of-life care, or management of acute pain caused by an injury or surgery, except for requirements for opioid-dependent patients. The Governor vetoed a requirement that the rules be submitted to the legislature.

<b>Issue/Bill Name</b>	<b>Bill #</b>	<b>Description</b>
<b>Requiring hospitals to report certain health care data</b>	<b>SHB 2828</b>	Hospitals must submit data regarding surgical site infections for certain procedures to the Washington State Hospital Association's quality benchmarking system.
<b>PRIVATE HEALTH INSURANCE &amp; HEALTH REFORM</b>		
<b>Concerning the standard health questionnaire</b>	<b>SHB 2841</b>	Exempts people from completing the Standard Health Questionnaire if they are seeking individual insurance due to closure of the business where they were employed.
<b>Defining small groups for insurance purposes</b>	<b>ESSB 6538</b>	Changes the definition of a "small group" or "small employer" from 2-50 to 1-50, allowing sole proprietors access to group health insurance rates effective 1/1/11. Also defines the time at which a health insurance provider may calculate rates based on size of small business, defined as "census date."
<b>Concerning association health plans</b>	<b>ESHB 1714</b>	Directs the insurance commissioner to collect data and report to the legislature on the performance of the small group and association health plan markets by October 2011.
<b>Concerning fees for dental services that are not covered by insurance or contract</b>	<b>SHB 2686</b>	Health and disability insurers cannot require a dentist to accept the company's rate for non-covered services. The insurer may not prevent a dentist from setting rates for non-covered services with the patient.
<b>Regarding insurance coverage of the sales tax for prescribed durable medical equipment and mobility enhancing equipment</b>	<b>SSB 6273</b>	Requires insurers to pay the sales tax for covered durable medical equipment and mobility enhancing equipment, rather than billing the patient for it.
<b>STATE AGENCIES – OTHER PROGRAMS</b>		
<b>Monitoring and reporting customer complaints and appeals to the state health care authority</b>	<b>SSB 6584</b>	Public employees' complaints about quality and availability of health services must be monitored and reported to the legislature annually.
<b>Establishing the accountable care organizational pilot projects</b>	<b>ESSB 6522</b>	Requires the administrator of the health care authority to appoint a lead organization to support at least one integrated health care delivery system and one network of nonintegrated community health care providers in establishing two distinct accountable care organization pilot projects.
<b>HEALTH FINANCING</b>		
<b>Authorizing public hospital districts to execute security instruments</b>	<b>HB 2510</b>	Allows public hospital districts to get FHA mortgage insurance in order to lower costs of construction, renovations, and similar activities.

## **Other legislation**

EHB 2360: Consolidates administrative services for AIDS grants in the Department of Health

SHB 2443: Conforms the uniform controlled substances act to existing state and federal law

2SHB 3076: Allows relatives and others to provide certain information about a person being evaluated under the Involuntary Treatment Act

ESHB 3179: Allows cities and counties to impose public safety sales and use excise taxes with voter approval

SHB 5798: Allows health care providers to legally prescribe medical marijuana to certain patients

SB 6227: Allows students of opticianry to practice under supervision without having to register as an apprentice

SSB 6280: Changes State's designation of acupuncturists to East Asian medical practitioners

SB 6297: Speech-language pathology assistants may be certified under standards established by the Board of Hearing and Speech

SB 6487: Repeals the expiration of the fair payment for chiropractic services requirement

ESSB 6582: Allows for increased state-approved and alternative training to increase the number of nursing assistants

SB 6627: Authorizes Washington pharmacies to fill prescriptions written by advanced registered nurse practitioners in other states or in certain provinces of Canada

**SELECTED HEALTH CARE BUDGET PROVISIONS, 2010 SUPPLEMENTAL BUDGET**

ITEM	DESCRIPTION	CHANGE IN AMT OF STATE FUNDS /TOTAL FUNDS (IN MILLIONS) OR VETO
<b>DSHS</b>		
<b>Assume Stimulus Extension</b>	The budget assumes a 6-month extension of the ARRA Stimulus federal matching rate (through the end of the biennium). This extension has not yet been passed by Congress.	-472.5 / -14.7
<b>Assume Federal Bridge Waiver</b>	DSHS will request a Section 1115 waiver from CMS to allow federal matching funds for Disability Lifeline and ADATSA beginning January 2011. Waiver to be implemented if it allows the program to remain within appropriated levels, after notifying the legislative policy and fiscal committees of its terms 30 days before planned implementation date. See also Health Care Authority.	-26.5 / 0
<b>Security Lifeline Act</b>	Implementation of E2SHB 2782. a) Reduces eligibility for DL (formerly GA-U) by imposing time limit and restricting eligibility based on changes in use of administrative review teams and functional assessments, and additional modifications if forecast shows over-expenditure for FY 2011 and DSHS submits report describing impact of changes. b) Increases fund for chemical dependency treatment. c) Caseload growth greater than expected. d) Transition to managed care starting 11/09. e) Changes in Medical Care Services related to above changes.	a) -12.3 / -8.7 b) 2.2 / 2.2 c) 22.2 / 27.2 d) 23.9 / 23.7 e) -15.9 / -15.0
<b>Dental Reductions</b>	Reduce fastest growing cost areas of dental care, avoiding reductions to preventive care, particularly for children, if possible.	-2.5 / -6.4
<b>Medicaid Personal Care Restoration</b>	Additional funding for restoring MPC hours reduction in 2009-11	3.6 / 9.4
<b>Personal Care – Eliminate Hours Add-On</b>	Authorized in-home personal care hours reduced – individualized assessment for special meal preparation and incontinence assistance instead of automatic.	-5.1 / -13.4
<b>Adult Day Health</b>	a) Restoration of ADH for clients in residential settings due to Ryan v. Dreyfus lawsuit b) Revised savings for ADH	a) 19.3 / 36.7 b) -12.6 / -20.7
<b>Adult Day Health – Partial Restore</b>	Allows additional enrollment in ADH; enrollment capped at 1575 clients.	1.4 / 3.4
<b>Suspend Apple Health Outreach</b>	Suspend all outreach funding related to the children’s health program.	-.4 / -1.2

ITEM	DESCRIPTION	CHANGE IN AMT OF STATE FUNDS /TOTAL FUNDS (IN MILLIONS) OR VETO
<b>Reduce Institutional Funding</b>	Efficiencies in services and reductions in services such as dental care	-.9 / -2.5
<b>Hospital Safety Net Assessment</b>	Rate restorations and increases for hospitals using HB 2956 hospital safety net assessment plus federal matching funds.	-66.8 / 448.7
<b>Professional Services Supplemental Payment</b>	UW Medicine, Valley Medical Center and Olympic Medical Center professional providers receive rate increases for services in hospitals through a combination of local funds they provide and federal matching funds.	0 / 60.1
<b>RSN Local Match</b>	Appropriation authority so Regional Support Networks may provide additional Medicaid services with a combination of local and federal funds.	0 / 4.9
<b>Brand name drugs</b>	Proviso stating that if a brand name drug cost after discounts and rebates is less than generic cost, the brand name shall be purchased.	VETOED
<b>Managed care for Aged, Blind, Disabled</b>	Proviso requiring the department to develop a transition plan from fee-for-service to managed care delivery system for aged, blind and disabled medical assistance clients by June 1, 2011.	VETOED
<b>Apple Health Eligibility</b>	The department shall implement "express lane" medical eligibility for children receiving basic food assistance by June 30, 2011.	
<b>HEALTH CARE AUTHORITY</b>		
<b>Assume Federal Bridge Waiver</b>	Assumes savings through the pending Section 1115 waiver from CMS to allow federal matching funds for Basic Health Program enrollees under 133% of the federal poverty level. Waiver to be implemented if it allows the program to remain within appropriated levels, after notifying the legislative policy and fiscal committees of its terms 30 days before planned implementation date. See also DSHS.	-13 / 0
<b>Maintain Current BHP Enrollment</b>	Covers 4,000 BHP enrollees above the biennial budget's level of 65,000, but only if federal funding is received through the 1115 waiver; otherwise enrollment reduced to 65,000.	-12.9 / 7
<b>Primary Care Pilots</b>	Two pilot projects to provide limited coverage to low-income adults awaiting Basic Health.	VETOED
<b>Accountable Care Projects</b>	Implementing ESSB 6522.	.1 / .1
<b>Health Information Exchange</b>	Pending federal grant through HITECH portion of federal stimulus act (ARRA) to develop a statewide health information technology plan.	0 / 3.4