
Health Care & Wellness Committee

SB 6419

Brief Description: Concerning expanding access to medicaid programs in border communities.

Sponsors: Senators Cleveland, Benton, Keiser, Darneille, Frockt, Billig, Chase, Rolfes, Nelson, Dammeier, Fraser, Eide, Kohl-Welles, Kline, Pedersen, Hargrove, Ranker, Conway and McAuliffe.

Brief Summary of Bill

- Requires the Department of Social and Health Services and the Health Care Authority to expand access to care for Medicaid enrollees living in border communities.

Hearing Date: 2/19/14

Staff: Chris Blake (786-7392).

Background:

The Health Care Authority, as the state Medicaid agency, contracts with managed care plans for most of the Medicaid medical program and holds some contracts directly with providers and others for fee-for-service. The Department of Social and Health Services contracts for a number of Medicaid services, including behavioral health services with regional support networks, chemical dependency services with counties, and long-term care services and supports with a variety of organizations.

Washington state residents who are enrolled in Medicaid may receive medical care in a recognized out-of-state bordering city if certain conditions are met. Recognized bordering cities in Idaho include Coeur d'Alene, Moscow, Sandpoint, Priest River, and Lewiston. Recognized bordering cities in Oregon include Portland, The Dalles, Hermiston, Hood River, Rainier, Milton-Freewater, and Astoria.

Summary of Bill:

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

The Department of Social and Health Services (Department) and the Health Care Authority (Authority) must collaborate and seek ways to expand access to care for Medicaid enrollees who live in border communities. The requirement applies to programs for medical services with managed care plans, mental health services, chemical dependency services, and long-term care services.

After July 1, 2014, Department and Authority contracts for Medicaid services must include provisions to allow for care to be accessed across state borders with reciprocal arrangements for Washington, Oregon, and Idaho border residents to access care when it is appropriate, available, and cost-effective.

The Department and the Authority must report to the Legislature by November 1, 2014, on contractual opportunities and the anticipated impacts on patient access to timely care, availability of inpatient and outpatient services, and Medicaid program finances.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.