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**SENATE BILL 6540**

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**State of Washington 65th Legislature 2018 Regular Session**

**By** Senators Braun, Angel, Becker, and Rivers

AN ACT Relating to directing the health care authority to submit a waiver to pursue reforms to the state medicaid program; adding a new section to chapter 74.09 RCW; and creating a new section.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. **Sec.**  The legislature finds that reforms must be pursued in order to ensure long-term sustainability for the state's medicaid program. The legislature recognizes that increasing budget pressures combined with growth in enrollment and constraints in the medicaid program have forced open discussion throughout the country and in our state concerning changes to medicaid eligibility. The legislature further finds that a federal waiver would allow the state to preserve limited financial resources for the state's most needy individuals and encourage individual responsibility for health and health care costs.

NEW SECTION. **Sec.**  A new section is added to chapter 74.09 RCW to read as follows:

(1) By August 31, 2018, the authority shall submit a demonstration waiver request under section 1115 of the social security act to the federal centers for medicare and medicaid services. The demonstration waiver request shall be designed to achieve the broadest federal financial participation and, to the extent permitted under federal law, shall authorize:

(a) Eliminating the three-month retroactive coverage benefit for applicants, other than pregnant women and children under one year old, for medical benefits under Title XIX of the social security act. An applicant's medical assistance coverage shall be effective on the first day of the month of application;

(b) Establishing a work requirement for able-bodied adults ages nineteen through sixty-four without dependents. These requirements may be met by working, attending school, participating in a work program, conducting job search activities, volunteering, or providing caregiver services for a dependent person; and

(c) The development of an alternative payment methodology for federally qualified health centers that enables capitated or global payment of enhanced payments.

(2) The authority must also consider the feasibility of the following provisions in their waiver request:

(a) Instituting asset limitations that are similar to the asset test utilized for the supplemental nutrition assistance program;

(b) Imposing a transfer penalty for the purchase of medicaid-compliant annuities for long-term care coverage and instituting a reasonable minimum payout period for the annuitant; and

(c) Implementing a beneficiary copayment for inappropriate emergency room use.

(3) As the authority develops the waiver request, it shall:

(a) Provide status reports to the joint select committee on health care oversight as requested by the committee;

(b) Offer multiple opportunities for stakeholders and the general public to review and comment on the waiver request as it is developed; and

(c) Identify changes to state law necessary to ensure successful and timely implementation of the changes to the medicaid eligibility requirements.

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