
HOUSE BILL 1626

State of Washington**68th Legislature****2023 Regular Session**

By Representatives Bronoske, Rude, Ryu, Griffey, Callan, Fosse, Senn, Macri, Pollet, Graham, Leavitt, and Reed

Read first time 01/26/23. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to coverage for colorectal screening tests under
2 medical assistance programs; and amending RCW 74.09.520.

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

4 **Sec. 1.** RCW 74.09.520 and 2022 c 255 s 4 are each amended to
5 read as follows:

6 (1) The term "medical assistance" may include the following care
7 and services subject to rules adopted by the authority or department:
8 (a) Inpatient hospital services; (b) outpatient hospital services;
9 (c) other laboratory and X-ray services; (d) nursing facility
10 services; (e) physicians' services, which shall include prescribed
11 medication and instruction on birth control devices; (f) medical
12 care, or any other type of remedial care as may be established by the
13 secretary or director; (g) home health care services; (h) private
14 duty nursing services; (i) dental services; (j) physical and
15 occupational therapy and related services; (k) prescribed drugs,
16 dentures, and prosthetic devices; and eyeglasses prescribed by a
17 physician skilled in diseases of the eye or by an optometrist,
18 whichever the individual may select; (l) personal care services, as
19 provided in this section; (m) hospice services; (n) other diagnostic,
20 screening, preventive, and rehabilitative services; and (o) like
21 services when furnished to a child by a school district in a manner

1 consistent with the requirements of this chapter. For the purposes of
2 this section, neither the authority nor the department may cut off
3 any prescription medications, oxygen supplies, respiratory services,
4 or other life-sustaining medical services or supplies.

5 "Medical assistance," notwithstanding any other provision of law,
6 shall not include routine foot care, or dental services delivered by
7 any health care provider, that are not mandated by Title XIX of the
8 social security act unless there is a specific appropriation for
9 these services.

10 (2) The department shall adopt, amend, or rescind such
11 administrative rules as are necessary to ensure that Title XIX
12 personal care services are provided to eligible persons in
13 conformance with federal regulations.

14 (a) These administrative rules shall include financial
15 eligibility indexed according to the requirements of the social
16 security act providing for medicaid eligibility.

17 (b) The rules shall require clients be assessed as having a
18 medical condition requiring assistance with personal care tasks.
19 Plans of care for clients requiring health-related consultation for
20 assessment and service planning may be reviewed by a nurse.

21 (c) The department shall determine by rule which clients have a
22 health-related assessment or service planning need requiring
23 registered nurse consultation or review. This definition may include
24 clients that meet indicators or protocols for review, consultation,
25 or visit.

26 (3) The department shall design and implement a means to assess
27 the level of functional disability of persons eligible for personal
28 care services under this section. The personal care services benefit
29 shall be provided to the extent funding is available according to the
30 assessed level of functional disability. Any reductions in services
31 made necessary for funding reasons should be accomplished in a manner
32 that assures that priority for maintaining services is given to
33 persons with the greatest need as determined by the assessment of
34 functional disability.

35 (4) Effective July 1, 1989, the authority shall offer hospice
36 services in accordance with available funds.

37 (5) For Title XIX personal care services administered by the
38 department, the department shall contract with area agencies on aging
39 or may contract with a federally recognized Indian tribe under RCW
40 74.39A.090(3):

1 (a) To provide case management services to individuals receiving
2 Title XIX personal care services in their own home; and

3 (b) To reassess and reauthorize Title XIX personal care services
4 or other home and community services as defined in RCW 74.39A.009 in
5 home or in other settings for individuals consistent with the intent
6 of this section:

7 (i) Who have been initially authorized by the department to
8 receive Title XIX personal care services or other home and community
9 services as defined in RCW 74.39A.009; and

10 (ii) Who, at the time of reassessment and reauthorization, are
11 receiving such services in their own home.

12 (6) In the event that an area agency on aging or federally
13 recognized Indian tribe is unwilling to enter into or satisfactorily
14 fulfill a contract or an individual consumer's need for case
15 management services will be met through an alternative delivery
16 system, the department is authorized to:

17 (a) Obtain the services through competitive bid; and

18 (b) Provide the services directly until a qualified contractor
19 can be found.

20 (7) Subject to the availability of amounts appropriated for this
21 specific purpose, the authority may offer medicare part D
22 prescription drug copayment coverage to full benefit dual eligible
23 beneficiaries.

24 (8) Effective January 1, 2016, the authority shall require
25 universal screening and provider payment for autism and developmental
26 delays as recommended by the bright futures guidelines of the
27 American academy of pediatrics, as they existed on August 27, 2015.
28 This requirement is subject to the availability of funds.

29 (9) Subject to the availability of amounts appropriated for this
30 specific purpose, effective January 1, 2018, the authority shall
31 require provider payment for annual depression screening for youth
32 ages twelve through eighteen as recommended by the bright futures
33 guidelines of the American academy of pediatrics, as they existed on
34 January 1, 2017. Providers may include, but are not limited to,
35 primary care providers, public health nurses, and other providers in
36 a clinical setting. This requirement is subject to the availability
37 of funds appropriated for this specific purpose.

38 (10) Subject to the availability of amounts appropriated for this
39 specific purpose, effective January 1, 2018, the authority shall
40 require provider payment for maternal depression screening for

1 mothers of children ages birth to six months. This requirement is
2 subject to the availability of funds appropriated for this specific
3 purpose.

4 (11) Subject to the availability of amounts appropriated for this
5 specific purpose, the authority shall:

6 (a) Allow otherwise eligible reimbursement for the following
7 related to mental health assessment and diagnosis of children from
8 birth through five years of age:

9 (i) Up to five sessions for purposes of intake and assessment, if
10 necessary;

11 (ii) Assessments in home or community settings, including
12 reimbursement for provider travel; and

13 (b) Require providers to use the current version of the DC:0-5
14 diagnostic classification system for mental health assessment and
15 diagnosis of children from birth through five years of age.

16 (12) Effective January 1, 2024, the authority shall require
17 coverage for noninvasive preventive colorectal cancer screening tests
18 assigned either a grade of A or grade of B by the United States
19 preventive services task force and shall require coverage for
20 colonoscopies performed as a result of a positive result from such a
21 test.

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