

FINAL BILL REPORT

SB 6419

C 39 L 14
Synopsis as Enacted

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.

Senate Committee on Health Care
House Committee on Health Care & Wellness

Background: The Health Care Authority (HCA), 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 (DSHS) 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.

Many of the medical managed care plans include cross-border providers in their networks now. Access to other services contracted with regional support networks and counties may vary considerably based on local determinations.

Some providers of care in border communities have expressed frustration with their inability to access care across the state border when it is more accessible than alternatives that may necessitate transporting a patient long distances or delaying care while beds become available elsewhere.

Summary: HCA and DSHS must collaborate and seek opportunities to expand access to care for Medicaid enrollees living in border communities, which may require agreements with providers across the state border.

All contracts for Medicaid services issued or renewed after July 1, 2014, must include provisions that allow for care to be accessed across borders, ensuring timely access to necessary care, including inpatient and outpatient services. The contracts must include reciprocal arrangements that allow Washington, Oregon, and Idaho border residents to access care when it is appropriate, available, and cost effective.

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 agencies must jointly report to the health care committees and fiscal committees of the Legislature by November 1, 2014, with an update on the contractual opportunities and the anticipated impacts on patient access to timely care, the impact on the availability of inpatient and outpatient services, and the fiscal implications for the Medicaid programs.

Votes on Final Passage:

Senate	48	0
House	93	4

Effective: June 12, 2014