

CERTIFICATION OF ENROLLMENT

**SUBSTITUTE SENATE BILL 5317**

64th Legislature  
2015 1st Special Session

Passed by the Senate May 28, 2015  
Yeas 47 Nays 0

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**President of the Senate**

Passed by the House May 28, 2015  
Yeas 89 Nays 3

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**Speaker of the House of Representatives**

Approved

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**Governor of the State of Washington**

CERTIFICATE

I, Hunter G. Goodman, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SUBSTITUTE SENATE BILL 5317** as passed by Senate and the House of Representatives on the dates hereon set forth.

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**Secretary**

FILED

**Secretary of State  
State of Washington**

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**SUBSTITUTE SENATE BILL 5317**

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Passed Legislature - 2015 1st Special Session

**State of Washington**

**64th Legislature**

**2015 Regular Session**

**By** Senate Health Care (originally sponsored by Senators Frockt, Becker, Mullet, Miloscia, Jayapal, Dammeier, Kohl-Welles, Litzow, Pedersen, Hatfield, Keiser, Darneille, Rivers, McAuliffe, Hasegawa, Rolfes, Conway, and Chase)

READ FIRST TIME 02/10/15.

1       AN ACT Relating to increasing child health equity by requiring  
2 screening for autism and developmental delays for children in medical  
3 assistance programs; amending RCW 74.09.520; and creating a new  
4 section.

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

6       NEW SECTION.   **Sec. 1.** (1) The bright futures guidelines issued  
7 by the American academy of pediatrics outline recommended well-child  
8 visit schedules and universal screening of children for autism and  
9 developmental delays. Private health plans established after March  
10 2010 are required to comply with the bright futures guidelines as the  
11 standard for preventive services. The federal law does not require  
12 medicaid programs to follow the guidelines; however, thirty states  
13 completely cover the bright futures guidelines, six states cover all  
14 but one well-child screen, and six additional states cover all but  
15 developmental and autism screens as part of their medicaid programs.

16       (2) The 2012 Washington state legislature directed the Washington  
17 state institute for public policy to assess the costs and benefits of  
18 implementing the guidelines. The research indicates that fewer than  
19 half of children with developmental delays are identified before  
20 starting school and roughly half of children with autism spectrum  
21 disorder are diagnosed only after entering school, by which time

1 significant delays may have occurred and opportunities for treatment  
2 may have been missed. Adopting the universal screening guidelines  
3 improves early diagnosis and enables early intervention with  
4 appropriate therapies and services. The annual cost to society for  
5 caring for children with autism or developmental delays can be  
6 significant, including cost of services, special education, informal  
7 care, and lost productivity. Early intervention and access to  
8 appropriate therapies mitigate long-term societal costs and improve  
9 the health and opportunity for the child.

10 (3) The more adverse experiences a child has, such as the burden  
11 of family economic hardship and social bias, the greater the  
12 likelihood of developmental delays and later health problems. Over  
13 forty-six percent of Washington's children have medicaid apple health  
14 for kids and have a much greater likelihood of reporting poor to very  
15 poor health compared to children who have commercial insurance.  
16 Disparities also exist in the diagnosis and initiation of treatment  
17 services for children of color. Research shows that children of color  
18 are diagnosed later and begin receiving early intervention services  
19 later. This health equity gap can be addressed by identifying and  
20 supporting children early through universal screening.

21 (4) Primary care providers currently see ninety-nine percent of  
22 children between birth and three years of age and are uniquely  
23 situated to access nearly all children with universal screening.

24 **Sec. 2.** RCW 74.09.520 and 2011 1st sp.s. c 15 s 27 are each  
25 amended to read as follows:

26 (1) The term "medical assistance" may include the following care  
27 and services subject to rules adopted by the authority or department:  
28 (a) Inpatient hospital services; (b) outpatient hospital services;  
29 (c) other laboratory and X-ray services; (d) nursing facility  
30 services; (e) physicians' services, which shall include prescribed  
31 medication and instruction on birth control devices; (f) medical  
32 care, or any other type of remedial care as may be established by the  
33 secretary or director; (g) home health care services; (h) private  
34 duty nursing services; (i) dental services; (j) physical and  
35 occupational therapy and related services; (k) prescribed drugs,  
36 dentures, and prosthetic devices; and eyeglasses prescribed by a  
37 physician skilled in diseases of the eye or by an optometrist,  
38 whichever the individual may select; (l) personal care services, as  
39 provided in this section; (m) hospice services; (n) other diagnostic,

1 screening, preventive, and rehabilitative services; and (o) like  
2 services when furnished to a child by a school district in a manner  
3 consistent with the requirements of this chapter. For the purposes of  
4 this section, neither the authority nor the department may cut off  
5 any prescription medications, oxygen supplies, respiratory services,  
6 or other life-sustaining medical services or supplies.

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

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

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

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

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

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

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

1 (5) For Title XIX personal care services administered by aging  
2 and disability services administration of the department, the  
3 department shall contract with area agencies on aging:

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

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

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

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

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

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

20 (b) Provide the services directly until a qualified contractor  
21 can be found.

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

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

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