- RCW 74.70.100 Operation and termination—Contingent expiration date. (Contingent expiration date; expires July 1, 2028.) (1) The assessment, collection, and disbursement of funds under this chapter shall be conditional upon:
- (a) The federal centers for medicare and medicaid services not determining that the quality assurance fee revenues may not be used for the purposes set forth in this chapter;
- (b) The state not reducing its fee-for-service payment schedule for emergency ambulance transports provided by ambulance transport providers;
- (c) The state not delegating responsibility to pay for emergency ambulance transports to a managed care organization, prepaid inpatient health plan, or prepaid ambulatory health plan, as those terms are defined in 42 C.F.R. Sec. 438.2;
- (d) Federal financial participation being available and not otherwise jeopardized;
- (e) The program not prohibiting, diminishing, or harming the ground emergency medical transportation services reimbursement program described in RCW 41.05.730; and
- (f) Consistent with RCW 74.70.060(3), the state continuing its maintenance of effort for the level of state funding not derived from the quality assurance fee of emergency ambulance transports reimbursement for the 2021-22 rate year, and for each applicable rate year thereafter, in an amount not less than the amount that the state would have paid for the same number of emergency ambulance transports under the rate methodology that was in effect on July 1, 2019.
- (2) This chapter ceases to be operative on the first day of the state fiscal year beginning on or after the date one or more of the following conditions is satisfied:
- (a) The federal centers for medicare and medicaid services no longer allows the collection or use of the ambulance transport provider assessment provided in this chapter;
- (b) The increase to the medicaid payments described in RCW 74.70.060 no longer remains in effect;
- (c) The quality assurance fee assessed and collected pursuant to this chapter is no longer available for the purposes specified in this chapter;
- (d) A final judicial determination made by any state or federal court that is not appealed, or by a court of appellate jurisdiction that is not further appealed, in any action by any party, or a final determination by the administrator of the federal centers for medicare and medicaid services that is not appealed, that federal financial participation is not available with respect to any payment made under the methodology implemented pursuant to this chapter;
- (e) The state reduces its fee-for-service payment schedule for emergency ambulance transports provided by ambulance transport providers;
- (f) The state delegates responsibility to pay for emergency ambulance transports to a managed care organization, prepaid inpatient health plan, or prepaid ambulatory health plan, as those terms are defined in 42 C.F.R. Sec. 438.2; and
- (g) The program not prohibiting, diminishing, or harming the ground emergency medical transportation services reimbursement program described in RCW 41.05.730.
- (3) In the event one or more of the conditions listed in subsection (2) of this section is satisfied, the authority shall

- notify, in writing and as soon as practicable, the secretary of state, the secretary of the senate, the chief clerk of the house of representatives, the appropriate fiscal and policy committees of the legislature, and the code reviser's office of the condition and the approximate date or dates that it occurred. The authority shall post the notice on the authority's website.
- (4) (a) Notwithstanding any other law, in the event this chapter becomes inoperative pursuant to subsection (2) of this section, the authority shall be authorized to conduct all appropriate close-out activities and implement applicable provisions of this chapter for prior state fiscal years during which this chapter was operative including, but not limited to, the collection of outstanding quality assurance fees pursuant to RCW 74.70.050 and payments associated with any add-on increase to the medicaid fee-for-service payment schedule pursuant to RCW 74.70.060. In implementing these close-out activities, the authority shall ensure that the actual or projected available fee amount for each applicable state fiscal year remains approximately equal to the aggregate fee schedule amount for the state fiscal year, as defined by RCW 74.70.050(2)(c). During this close-out period, the full amount of the quality assurance fee assessed and collected remains available only for the purposes specified in this chapter.
- (b) Upon a determination by the authority that all appropriate close-out and implementation activities pursuant to (a) of this subsection have been completed, the authority shall notify, in writing, the secretary of state, the secretary of the senate, the chief clerk of the house of representatives, the appropriate fiscal and policy committees of the legislature, and the code reviser's office of that determination. This chapter shall expire as of the effective date of the notification issued by the authority pursuant to this subsection. [2020 c 354 § 10.]