SENATE BILL 6419

State of Washington 63rd Legislature 2014 Regular Session

By Senators Cleveland, Benton, Keiser, Darneille, Frockt, Billig, Chase, Rolfes, Nelson, Dammeier, Fraser, Eide, Kohl-Welles, Kline, Pedersen, Hargrove, Ranker, Conway, and McAuliffe

Read first time 01/24/14. Referred to Committee on Health Care .

- 1 AN ACT Relating to medicaid programs and expanding access to care
- 2 in border communities; and adding a new section to chapter 74.09 RCW.
- 3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

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- 4 <u>NEW SECTION.</u> **Sec. 1.** A new section is added to chapter 74.09 RCW 5 to read as follows:
 - (1) The legislature finds that the authority and the department purchase or contract for the delivery of medicaid programs, including medical services with the managed care plans under this chapter, mental health services with regional support networks or other contractors under chapter 71.24 RCW, chemical dependency services under chapters 74.50 and 70.96A RCW, and long-term care services under chapter 74.39A RCW.
- 13 (2) The authority and department must collaborate and seek 14 opportunities to expand access to care for enrollees in the medicaid 15 programs identified in subsection (1) of this section living in border 16 communities that may require contractual agreements with providers 17 across the state border when care is appropriate, available, and cost-18 effective.

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(3) All authority and department contracts for medicaid services issued or renewed after July 1, 2014, must include provisions that allow for care to be accessed cross-border 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 care is appropriate, available, and cost-effective.

(4) 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.

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