
SENATE BILL 6540

State of Washington

65th Legislature

2018 Regular Session

By Senators Braun, Angel, Becker, and Rivers

Read first time 01/23/18. Referred to Committee on Health & Long Term Care.

1 AN ACT Relating to directing the health care authority to submit
2 a waiver to pursue reforms to the state medicaid program; adding a
3 new section to chapter 74.09 RCW; and creating a new section.

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

5 NEW SECTION. **Sec. 1.** The legislature finds that reforms must be
6 pursued in order to ensure long-term sustainability for the state's
7 medicaid program. The legislature recognizes that increasing budget
8 pressures combined with growth in enrollment and constraints in the
9 medicaid program have forced open discussion throughout the country
10 and in our state concerning changes to medicaid eligibility. The
11 legislature further finds that a federal waiver would allow the state
12 to preserve limited financial resources for the state's most needy
13 individuals and encourage individual responsibility for health and
14 health care costs.

15 NEW SECTION. **Sec. 2.** A new section is added to chapter 74.09
16 RCW to read as follows:

17 (1) By August 31, 2018, the authority shall submit a
18 demonstration waiver request under section 1115 of the social
19 security act to the federal centers for medicare and medicaid
20 services. The demonstration waiver request shall be designed to

1 achieve the broadest federal financial participation and, to the
2 extent permitted under federal law, shall authorize:

3 (a) Eliminating the three-month retroactive coverage benefit for
4 applicants, other than pregnant women and children under one year
5 old, for medical benefits under Title XIX of the social security act.
6 An applicant's medical assistance coverage shall be effective on the
7 first day of the month of application;

8 (b) Establishing a work requirement for able-bodied adults ages
9 nineteen through sixty-four without dependents. These requirements
10 may be met by working, attending school, participating in a work
11 program, conducting job search activities, volunteering, or providing
12 caregiver services for a dependent person; and

13 (c) The development of an alternative payment methodology for
14 federally qualified health centers that enables capitated or global
15 payment of enhanced payments.

16 (2) The authority must also consider the feasibility of the
17 following provisions in their waiver request:

18 (a) Instituting asset limitations that are similar to the asset
19 test utilized for the supplemental nutrition assistance program;

20 (b) Imposing a transfer penalty for the purchase of medicaid-
21 compliant annuities for long-term care coverage and instituting a
22 reasonable minimum payout period for the annuitant; and

23 (c) Implementing a beneficiary copayment for inappropriate
24 emergency room use.

25 (3) As the authority develops the waiver request, it shall:

26 (a) Provide status reports to the joint select committee on
27 health care oversight as requested by the committee;

28 (b) Offer multiple opportunities for stakeholders and the general
29 public to review and comment on the waiver request as it is
30 developed; and

31 (c) Identify changes to state law necessary to ensure successful
32 and timely implementation of the changes to the medicaid eligibility
33 requirements.

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