H-0942.1

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**HOUSE BILL 1713**

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**State of Washington 68th Legislature 2023 Regular Session**

**By** Representatives Maycumber, Chapman, Mosbrucker, Walsh, Ybarra, Tharinger, McEntire, Graham, Sandlin, Volz, Griffey, Couture, Kretz, Dent, Schmick, Barnard, Eslick, and Timmons

AN ACT Relating to increasing access to health care services in rural and underserved areas of the state; and adding a new section to chapter 74.09 RCW.

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

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

(1) Beginning July 1, 2024, the authority shall conduct a pilot project to increase medical assistance program payments to health care providers and health care facilities serving a high proportion of patients enrolled in medical assistance programs under this chapter and medicare.

(2) Between July 1, 2024, and July 1, 2027, a health care provider or health care facility may receive a rebalancing payment under this section if:

(a) The health care provider or health care facility is authorized by the authority to provide covered health care services to persons enrolled in medical assistance programs under this chapter;

(b) The health care provider or health care facility is located in:

(i) A rural area of the state; or

(ii) An area of the state with a high concentration of persons who have historically been marginalized and underserved with respect to health care access, whether the community is located in an urban, suburban, or rural area;

(c) At least 50 percent of the health care provider's or health care facility's patient encounters during the relevant payment period were patients enrolled in medical assistance programs under this chapter or medicare; and

(d) The health care provider or health care facility submits the information required by the authority to determine eligibility for the rebalancing payment and the amount of the rebalancing payment.

(3) The amount of the rebalancing payment for a health care provider or health care facility shall be the difference between the health care provider's or health care facility's actual reimbursement from all sources, including managed health care systems and the authority's fee-for-service programs, for health care services provided to patients enrolled in medical assistance programs under this chapter for the relevant payment period and the amount that the health care provider or health care facility would have received for those health care services had it been reimbursed at 100 percent of reasonable costs based on medicare reimbursement standards.

(4) The authority shall establish a process for health care providers and health care facilities to apply for the rebalancing payment under this section and a method to calculate the appropriate rebalancing payment for patients who were enrolled in medical assistance programs under this chapter during the relevant payment period. The authority shall determine the dates of relevant payment periods which shall be on a quarterly basis.

(5) The authority shall:

(a) Establish criteria, forms, and methodologies for determining the eligibility of health care providers and health care facilities for a rebalancing payment under this section, including criteria for determining the geographic criteria under subsection (2)(b) of this section;

(b) Calculate the appropriate rebalancing payment for eligible health care providers and health care facilities;

(c) Establish a methodology for determining 100 percent of reasonable costs based on medicare reimbursement standards and apply the methodology to calculate each eligible health care provider's and health care facility's rebalancing payment;

(d) Disburse payments to health care providers and health care facilities on a quarterly basis; and

(e) Adopt rules necessary to implement this chapter.

(6) By December 1, 2027, the authority shall submit a report to the governor's office and the legislature on the results of the pilot project. The report must contain:

(a) The number of health care providers and health care facilities that received the rebalancing payment under the pilot project and the average amounts received by category of health care provider and health care facility;

(b) An analysis of access to health care services in rural and historically marginalized communities and overall health impacts of any changes in access in communities in which rebalancing payments were received;

(c) A comparison of the status of the health care providers and health care facilities in the communities in which rebalancing payments were received from prior to the pilot project to its completion for the following:

(i) Health care provider and health care facility payment rates from all categories of payers;

(ii) The number of health care providers and health care facilities providing health care services to the community, by category of health care provider or health care facility; and

(iii) The number of services provided to members of the community, by category, regardless of payer; and

(d) Recommendations of ways to more equitably reimburse health care providers and health care facilities in medical assistance programs under this chapter so that private insurance programs are not compelled to pay higher rates to health care providers and health care facilities to offset low medical assistance rates.

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