

---

HOUSE BILL 1079

---

State of Washington

68th Legislature

2023 Regular Session

By Representatives Thai, Slatter, and Ryu

Prefiled 12/23/22. Read first time 01/09/23. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to rapid whole genome sequencing; amending RCW  
2 74.09.520 and 28B.20.830; creating a new section; and providing an  
3 expiration date.

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

5 **Sec. 1.** RCW 74.09.520 and 2022 c 255 s 4 are each amended to  
6 read as follows:

7 (1) The term "medical assistance" may include the following care  
8 and services subject to rules adopted by the authority or department:  
9 (a) Inpatient hospital services; (b) outpatient hospital services;  
10 (c) other laboratory and X-ray services; (d) nursing facility  
11 services; (e) physicians' services, which shall include prescribed  
12 medication and instruction on birth control devices; (f) medical  
13 care, or any other type of remedial care as may be established by the  
14 secretary or director; (g) home health care services; (h) private  
15 duty nursing services; (i) dental services; (j) physical and  
16 occupational therapy and related services; (k) prescribed drugs,  
17 dentures, and prosthetic devices; and eyeglasses prescribed by a  
18 physician skilled in diseases of the eye or by an optometrist,  
19 whichever the individual may select; (l) personal care services, as  
20 provided in this section; (m) hospice services; (n) other diagnostic,  
21 screening, preventive, and rehabilitative services; and (o) like

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

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

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

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

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

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

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

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

38 (5) For Title XIX personal care services administered by the  
39 department, the department shall contract with area agencies on aging

1 or may contract with a federally recognized Indian tribe under RCW  
2 74.39A.090(3):

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

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

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

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

14 (6) In the event that an area agency on aging or federally  
15 recognized Indian tribe is unwilling to enter into or satisfactorily  
16 fulfill a contract or an individual consumer's need for case  
17 management services will be met through an alternative delivery  
18 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 August 27, 2015.  
30 This requirement is subject to the availability of funds.

31 (9) Subject to the availability of amounts appropriated for this  
32 specific purpose, effective January 1, 2018, the authority shall  
33 require provider payment for annual depression screening for youth  
34 ages twelve through eighteen as recommended by the bright futures  
35 guidelines of the American academy of pediatrics, as they existed on  
36 January 1, 2017. Providers may include, but are not limited to,  
37 primary care providers, public health nurses, and other providers in  
38 a clinical setting. This requirement is subject to the availability  
39 of funds appropriated for this specific purpose.

1 (10) Subject to the availability of amounts appropriated for this  
2 specific purpose, effective January 1, 2018, the authority shall  
3 require provider payment for maternal depression screening for  
4 mothers of children ages birth to six months. This requirement is  
5 subject to the availability of funds appropriated for this specific  
6 purpose.

7 (11) Subject to the availability of amounts appropriated for this  
8 specific purpose, the authority shall:

9 (a) Allow otherwise eligible reimbursement for the following  
10 related to mental health assessment and diagnosis of children from  
11 birth through five years of age:

12 (i) Up to five sessions for purposes of intake and assessment, if  
13 necessary;

14 (ii) Assessments in home or community settings, including  
15 reimbursement for provider travel; and

16 (b) Require providers to use the current version of the DC:0-5  
17 diagnostic classification system for mental health assessment and  
18 diagnosis of children from birth through five years of age.

19 (12)(a) Effective January 1, 2024, the authority shall require  
20 provider payment for rapid whole genome sequencing for enrollees age  
21 21 and younger in accordance with medical necessity criteria adopted,  
22 and revised as necessary to account for clinical developments, by the  
23 authority following consideration of standards developed by the  
24 American college of medical genetics and genomics as well as  
25 hospitals in Washington that predominantly serve children.

26 (b) For the purposes of this subsection (12), "rapid whole genome  
27 sequencing" means the unbiased sequencing of all deoxyribonucleic  
28 acid bases in the genome of a patient and, if for the sole benefit of  
29 the patient, a biological parent of such individual for the purpose  
30 of determining whether one or more potentially disease-causing  
31 genetic variants are present in the genome of the patient or the  
32 patient's biological parent. The term includes any analysis,  
33 interpretation, and data report derived from such sequencing.

34 NEW SECTION. Sec. 2. (1) By January 1, 2024, the Washington  
35 state health care authority shall submit to the committees of the  
36 legislature with jurisdiction over health policy matters a brief  
37 summary of the process used to adopt the medical necessity criteria  
38 for rapid whole genome sequencing under RCW 74.09.520(12) and the  
39 final medical necessity criteria.

1 (2) This section expires January 1, 2024.

2 **Sec. 3.** RCW 28B.20.830 and 2021 c 157 s 9 are each amended to  
3 read as follows:

4 (1) The collaborative for the advancement of telemedicine is  
5 created to enhance the understanding and use of health services  
6 provided through telemedicine and other similar models in Washington  
7 state. The collaborative shall be hosted by the University of  
8 Washington telehealth services and shall be comprised of one member  
9 from each of the two largest caucuses of the senate and the house of  
10 representatives, and representatives from the academic community,  
11 hospitals, clinics, and health care providers in primary care and  
12 specialty practices, carriers, and other interested parties.

13 (2) By July 1, 2016, the collaborative shall be convened. The  
14 collaborative shall develop recommendations on improving  
15 reimbursement and access to services, including originating site  
16 restrictions, provider to provider consultative models, and  
17 technologies and models of care not currently reimbursed; identify  
18 the existence of telemedicine best practices, guidelines, billing  
19 requirements, and fraud prevention developed by recognized medical  
20 and telemedicine organizations; and explore other priorities  
21 identified by members of the collaborative. After review of existing  
22 resources, the collaborative shall explore and make recommendations  
23 on whether to create a technical assistance center to support  
24 providers in implementing or expanding services delivered through  
25 telemedicine technologies.

26 (3) The collaborative must submit an initial progress report by  
27 December 1, 2016, with follow-up policy reports including  
28 recommendations by December 1, 2017, December 1, 2018, and December  
29 1, 2021. The reports shall be shared with the relevant professional  
30 associations, governing boards or commissions, and the health care  
31 committees of the legislature.

32 (4) The collaborative shall study store and forward technology,  
33 with a focus on:

34 (a) Utilization;

35 (b) Whether store and forward technology should be paid for at  
36 parity with in-person services;

37 (c) The potential for store and forward technology to improve  
38 rural health outcomes in Washington state; and

39 (d) Ocular services.

1 (5) The meetings of the board shall be open public meetings, with  
2 meeting summaries available on a web page.

3 (6) The collaborative must study the need for an established  
4 patient/provider relationship before providing audio-only  
5 telemedicine, including considering what types of services may be  
6 provided without an established relationship. By December 1, 2021,  
7 the collaborative must submit a report to the legislature on its  
8 recommendations regarding the need for an established relationship  
9 for audio-only telemedicine.

10 (7) The collaborative shall consider strategies to promote and  
11 expand the use of telemedicine to provide genetic counseling  
12 services, especially in rural parts of Washington. The collaborative  
13 shall provide a report to the governor and the relevant committees of  
14 the legislature by December 1, 2023, with a description of the  
15 obstacles to providing genetic counseling services through  
16 telemedicine and recommendations for promoting and expanding the use  
17 of telemedicine to provide genetic counseling services, especially in  
18 rural areas.

19 (8) The future of the collaborative shall be reviewed by the  
20 legislature with consideration of ongoing technical assistance needs  
21 and opportunities. The collaborative terminates December 31, 2023.

--- END ---