

SHB 1392 - S AMD TO WM COMM AMD (S-2795.1/25) 375
By Senator Riccelli

ADOPTED 04/14/2025

1 On page 2, line 19, after "of" strike "\$18" and insert "\$16"

2 On page 2, line 35, after "first" strike "3,000,000" and insert
3 "2,300,000"

4 On page 2, line 38, after "first" strike "3,000,000" and insert
5 "2,300,000"

6 On page 5, line 21, after "services in" strike "the amount of
7 \$35,991,000" and insert "an amount not to exceed \$35,000,000"

8 On page 6, beginning on line 3, after "(1)" strike all material
9 through "subsection." on line 21 and insert "The medicaid access
10 program is hereby created.

11 (2) By January 1st of the second plan year after conditions of
12 section 2 of this act are met, professional services rates for
13 anesthesia, diagnostics, intense outpatient, opioid treatment
14 programs, emergency room, inpatient and outpatient surgery, inpatient
15 visits, low-level behavioral health, maternity services, office and
16 home visits, consults, office administered drugs, vision, and other
17 physician services, for services that are not reimbursed at or above
18 medicare rates as of December 31, 2024, must be increased uniformly
19 across professional service categories by a percentage of
20 corresponding medicare rates as of December 31, 2024, based on
21 availability of funds in the account created in section 5 of this act
22 for rate increases from collections in the preceding plan year.

23 (3) By January 1st of the third plan year after the conditions of
24 section 2 of this act are met, and annually thereafter, the rates for
25 all services listed in subsection (2) of this section shall be
26 adjusted using the most recently published medicare economic index
27 available at the time rates are established for the plan year."

28 Renumber the remaining subsection consecutively and correct any
29 internal references accordingly.

EFFECT: • Changes the amount the Health Care Authority shall assess managed care organizations in the first year following plan approval from \$18 to \$16.

• Reduces the number of member months to which the assessment may be applied from 3,000,000 to 2,300,000 for both managed care organizations and health carriers.

• Changes the amount of funding that may be used in lieu of state general fund from \$35,991,000 to not exceed \$35,000,000.

• Clarifies how professional rate services increases are calculated under the Medicaid Access Program and to which services these increases apply.

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