
HOUSE BILL 2385

State of Washington

69th Legislature

2026 Regular Session

By Representatives Macri, Reed, Doglio, Ormsby, Salahuddin, Hill, and Thai

Prefiled 01/09/26. Read first time 01/12/26. Referred to Committee on Appropriations.

1 AN ACT Relating to the medicaid access program; amending RCW
2 74.76.020 and 74.76.050; and amending 2025 c 359 s 18 (uncodified).

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

4 **Sec. 1.** RCW 74.76.020 and 2025 c 359 s 2 are each amended to
5 read as follows:

6 (1) By September 1, (~~2025~~) 2030, the authority shall submit any
7 state plan amendments or waiver requests to the centers for medicare
8 and medicaid services that are necessary to implement the medicaid
9 access program established in RCW 74.76.050.

10 (2) The assessment, collection, and disbursement of funds for
11 this program shall be conditional upon:

12 (a) Final approval by the centers for medicare and medicaid
13 services of any state plan amendments or waiver requests that are
14 necessary in order to implement the applicable sections of this
15 chapter including, if necessary, waiver of the broad-based or
16 uniformity requirements as specified under section 1903(w)(3)(E) of
17 the federal social security act and 42 C.F.R. Sec. 433.68(e);

18 (b) To the extent necessary, amendment of contracts between the
19 authority and managed care organizations to implement this chapter;
20 and

1 (c) Certification by the office of financial management that
2 appropriations have been adopted that fully support the rates
3 established in RCW 74.76.030 for the upcoming fiscal year.

4 **Sec. 2.** RCW 74.76.050 and 2025 c 359 s 6 are each amended to
5 read as follows:

6 (1) The medicaid access program is hereby created.

7 (2) By January 1st of the second plan year after conditions of
8 RCW 74.76.020 are met, professional services rates for anesthesia,
9 diagnostics, intense outpatient, opioid treatment programs, emergency
10 room, inpatient and outpatient surgery, inpatient visits, low-level
11 behavioral health, maternity services, office and home visits,
12 consults, office administered drugs, vision, and other physician
13 services, for services that are not reimbursed at or above medicare
14 rates as of December 31(~~(2024)~~) st of the prior year, must be
15 increased uniformly across professional service categories by a
16 percentage of corresponding medicare rates as of December 31(~~(2024)~~)
17 st of the prior year, based on availability of funds in the
18 account created in RCW 74.76.040 for rate increases from collections
19 in the preceding plan year.

20 (3) By January 1st of the third plan year after the conditions of
21 RCW 74.76.020 are met, and annually thereafter, the rates for all
22 services listed in subsection (2) of this section shall be adjusted
23 using the most recently published medicare economic index available
24 at the time rates are established for the plan year.

25 (4)(a) Beginning January 1st of the third plan year after the
26 conditions of RCW 74.76.020 are met and by January 1st in each of the
27 two subsequent plan years, the authority shall study the impact of
28 the professional services rate increases described in this section on
29 medicaid access. The authority shall provide information to fiscal
30 and health committees of the legislature whether these rate increases
31 have increased access for medicaid enrollees, using metrics including
32 but not limited to:

33 (i) Increases in utilization of services from licensed health
34 care providers;

35 (ii) Number of contracts with identifiable provider types
36 enrolled to provide services to medicaid enrollees;

37 (iii) Patient access measures in the (~~(CAHPS [consumer assessment~~
38 ~~of healthcare providers and systems])~~) consumer assessment of

1 healthcare providers and systems health plan surveys of managed care
2 organizations; and

3 (iv) Other external quality review metrics.

4 (b) The authority shall provide the information in a fashion that
5 disaggregates managed care organizations and fee-for-service.

6 **Sec. 3.** 2025 c 359 s 18 (uncodified) is amended to read as
7 follows:

8 (1) This act expires if by January 1, (~~2027~~) 2032, the federal
9 centers for medicare and medicaid services does not provide final
10 approval of the state plan amendment or waiver requests under section
11 2 of this act.

12 (2) The Washington state health care authority must provide
13 written notice of the expiration date in subsection (1) of this
14 section to affected parties, the chief clerk of the house of
15 representatives, the secretary of the senate, the office of the code
16 reviser, and others as deemed appropriate by the authority.

--- END ---