

# SENATE BILL REPORT

## SJM 8013

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As of February 16, 2009

**Brief Description:** Calling on Congress to enact legislation to eliminate the 24 month Medicare waiting period for participants in Social Security Disability Insurance.

**Sponsors:** Senators Keiser, Parlette, Pflug, Franklin, Marr, Murray, Shin, Haugen, Kline and Kohl-Welles.

**Brief History:**

**Committee Activity:** Health & Long-Term Care: 2/16/09.

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### SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

**Staff:** Mich'l Needham (786-7442)

**Background:** The federal Medicare program provides health insurance for individuals over age 65, some disabled people under age 65, and people of all ages with End-Stage Renal Disease (permanent kidney failure treated with dialysis or a transplant). The Medicare system was originally administered by the Social Security Administration but in 1977 management was transferred to the Health Care Financing Administration, since renamed the Centers for Medicare and Medicaid Services. The eligibility determination and enrollment processes are still linked with the federal Social Security Administration, who also determines whether individuals with a permanent disability are eligible for social security income. After the social security eligibility is established, individuals may enroll in Medicare insurance after they have completed a 24-month waiting period.

**Summary of Bill:** The Senate Joint Memorial requests the President and members of congress eliminate the 24-month waiting period for Medicare enrollment for those individuals with an approved social security disability.

**Appropriation:** None.

**Fiscal Note:** Not requested.

**Committee/Commission/Task Force Created:** No.

**Staff Summary of Public Testimony:** PRO: We have advocated for this change at the national level for several years. The change in access to Medicare will not impact state

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general funds, and should in fact save state's money. Many people who become certified as having an SSI disability go without insurance coverage. Only 26 percent of these people have access to insurance during this 24 month gap, and so most go without coverage and without necessary medical care or they show up in the emergency rooms and cost more. These are people with disabilities who need medical care, and many of them die in the intervening 24 months because they do not have the care they need. Although we represent the medical needs of those with multiple sclerosis, we are also here to speak for all those with a disease state that would benefit from this change.

**Persons Testifying:** PRO: Susan Brock, Eugene May, Mike Partridge, John Bjornson, National Multiple Sclerosis Society.