

SENATE BILL REPORT

SHB 1312

As of April 7, 2011

Title: An act relating to statutory changes needed to implement a waiver to receive federal assistance for certain state purchased health care programs.

Brief Description: Regarding statutory changes needed to implement a waiver to receive federal assistance for certain state purchased public health care programs.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Cody, Jenkins, Green and Kenney).

Brief History: Passed House: 4/05/11, 57-39.

Committee Activity: Ways & Means:

SENATE COMMITTEE ON WAYS & MEANS

Staff: Tim Yowell (786-7435)

Background: Legislation passed in 2009 directed the Department of Social and Health Services (DSHS) to submit a waiver to expand medical assistance, commonly referred to as Medicaid, for low-income parents and individuals. The federal Patient Protection and Affordable Care Act, passed in March 2010, included language allowing states the opportunity to initiate an early Medicaid expansion for newly eligible adults with incomes up to 133 percent of the federal poverty guideline.

Washington State submitted a waiver request, known as the Washington Transitional Bridge Section 1115(a) Demonstration, to expand Medicaid coverage to individuals enrolled in the state-funded Basic Health Plan and medical care services programs (the Disability Lifeline medical coverage and the Alcohol and Drug Addiction Treatment and Support Act – ADATSA) as transition eligibles. The waiver is focused on providing a bridge to the coverage expansion scheduled for 2014, with the goal of maintaining coverage for approximately 63,300 people enrolled in the state-funded programs.

The waiver request was approved by the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services on January 3, 2011, to allow federal financial participation for the transition eligibles under certain terms and conditions. The waiver terms and conditions require some modification to current statutory language for the Basic Health Program and the Disability Lifeline medical care services.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Summary of Bill: Applicants for Basic Health must be screened for eligibility for Medicaid-financed programs, and those persons eligible for Medicaid categorically needy and medically needy programs are not eligible for Basic Health, except for persons that transition between temporary programs like Medicaid pregnancy coverage. Applications for Basic Health must include a social security number for each family member requesting coverage if available.

Enrollment in the medical care services, provided for the Disability Lifeline recipients and ADATSA recipients, is limited to the budget appropriation. DSHS may freeze enrollment and create a waiting list of eligible persons who may receive benefits when funding is available. When using federal funding, the medical care services may be provided to persons subject to denial or termination from the disability lifeline due to reaching enrollment time limits.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.