

# SENATE BILL REPORT

## SB 5148

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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:** Senators Keiser, Becker and Conway.

**Brief History:**

**Committee Activity:** Health & Long-Term Care: 1/26/11.

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

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

**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 Affordability 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.

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**Summary of Bill:** Applicants for Basic Health must be screened for eligibility for Medicaid financed programs, and those persons eligible for Medicaid financed 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 or an attestation that the person does not have a social security number.

Enrollment in the medical care services, provided for the Disability Lifeline recipients and ADATSA recipients, is not an entitlement and expenditures are limited to the budget appropriation. DSHS may freeze enrollment and create a waiting list of eligible persons that may receive benefits when funding is available.

**Appropriation:** None.

**Fiscal Note:** Requested on January 22, 2011.

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

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

**Staff Summary of Public Testimony:** PRO: We support the waiver request and this bill. However, we do have concern with the reference to eligibility change for Basic Health and would like clarifying language to ensure other more limited programs under the Medicaid umbrella (like alien emergency medical) are not used to keep people out of the more comprehensive coverage. We would also like to ensure there is a smooth transition between programs for people. We would prefer the language for the Disability Lifeline does not include "it is not an entitlement" and that we ensure those who reach their time limits are eligible for coverage under the waiver. We are exploring alternative language with the Health Care Authority for the reference to social security numbers.

**Persons Testifying:** PRO: Pam Crone, Community Health Network of Washington; Sofia Aragon, Washington State Nurses Association.