SENATE BILL REPORT
SB 6419

As of February 5, 2014

Title: An act relating to medicaid programs and expanding access to care in border communities.

Brief Description: Concerning expanding access to medicaid programs in border communities.

Sponsors: Senators Cleveland, Benton, Keiser, Darneille, Frockt, Billig, Chase, Rolfes, Nelson, Dammeier, Fraser, Eide, Kohl-Welles, Kline, Pedersen, Hargrove, Ranker, Conway and McAuliffe.

Brief History:
Committee Activity: Health Care: 2/04/14.

SENATE COMMITTEE ON HEALTH CARE

Staff: Mich'l Needham (786-7442)

Background: The Health Care Authority (HCA), as the state Medicaid agency, contracts with managed care plans for most of the Medicaid medical program and holds some contracts directly with providers and others for fee-for-service. The Department of Social and Health Services (DSHS) contracts for a number of Medicaid services, including behavioral health services with regional support networks, chemical dependency services with counties, and long-term care services and supports with a variety of organizations.

Many of the medical managed care plans include cross-border providers in their networks now. Access to other services contracted with regional support networks and counties may vary considerably based on local determinations.

Some providers of care in border communities have expressed frustration with their inability to access care across the state border when it is more accessible than alternatives that may necessitate transporting a patient long distances or delaying care while beds become available elsewhere.

Summary of Bill: HCA and DSHS must collaborate and seek opportunities to expand access to care for Medicaid enrollees living in border communities, which may require agreements with providers across the state border.

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.

All contracts for Medicaid services issued or renewed after July 1, 2014, must include provisions that allow for care to be accessed across borders, ensuring timely access to necessary care, including inpatient and outpatient services. The contracts must include reciprocal arrangements that allow Washington, Oregon, and Idaho border residents to access care when it is appropriate, available, and cost effective.

The agencies must jointly report to the Health Care committees and fiscal committees of the Legislature by November 1, 2014, with an update on the contractual opportunities and the anticipated impacts on patient access to timely care, the impact on the availability of inpatient and outpatient services, and the fiscal implications for the Medicaid programs.

Appropriation: None.

Fiscal Note: Available.

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 have seen situations with patients not being able to access care that is available right across the river. It is a terrible burden on the patient and their family when they are forced to travel long distances to receive the care they need. It is time to ensure we have consistent state policy across the Medicaid programs and ensure all patients can access the care they need when it is available closer to home. It is important to address cross-border care. The counties are supportive of the proposal for chemical dependency and mental health services, but we do want to ensure the same level of licensing standards and oversight apply to the providers across the border. The problem of accessing care is growing, especially for patients detained in emergency rooms awaiting mental health treatment. Our emergency room is not equipped to provide the appropriate mental health treatment and our hospital budget is impacted when we have to provide one-on-one staffing to sit with the patient while they are held waiting to access treatment.

OTHER: We have problems finding treatment for frail elderly patients with dementia. Their deficits have to cross a threshold that triggers the special care and the combination with geriatrics is hard to find. There are not specialists in southern Washington, but there are three specialists across the river, and it is very frustrating when we cannot access that care and then patients must travel significant distances to find options in Washington. The frail elderly often have a guardian ad litem that needs to be involved in coordination.

Persons Testifying: PRO: Senator Cleveland, prime sponsor; Abby Murphy, WA State Assn. of Counties; Dr. Bessie McCann, citizen.

OTHER: Susan Rose, PhD, Gerontologist.