

# SENATE BILL REPORT

## SB 5317

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As of February 3, 2015

**Title:** An act relating to increasing child health equity by requiring screening for autism and developmental delays for children in medical assistance programs.

**Brief Description:** Requiring universal screening and provider payment for autism and developmental delays for children in medicaid programs.

**Sponsors:** Senators Frockt, Becker, Mullet, Miloscia, Jayapal, Dammeier, Kohl-Welles, Litzow, Pedersen, Hatfield, Keiser, Darneille, Rivers, McAuliffe, Hasegawa, Rolfes, Conway and Chase.

**Brief History:**

**Committee Activity:** Health Care: 2/02/15.

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### SENATE COMMITTEE ON HEALTH CARE

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

**Background:** The American Academy of Pediatrics released comprehensive guidelines for the provision of health services to infants, children, and adolescents, known as Bright Futures. The Bright Futures guidelines have been supported by the federal Health Resources and Services Administration and were included in the federal Affordable Care Act reference to preventive health services required for group and individual health plans.

The Bright Futures guidelines include a schedule of recommended screenings including sensory screenings, developmental and behavioral health assessments, and physical examinations. The developmental and behavioral assessments category includes screening at 9 months, 18 months, and 30 months; and autism screening at 18 months and 24 months.

Medicaid programs are not required to follow the Bright Futures guidelines. However, Medicaid includes benefits under the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) for enrollees under 21 years of age. The EPSDT covers health screening visits for developmental screening for children between 9 and 30 months, and screening for autism when a child is 36 months of age or younger and is suspected of having autism. Following the Bright Futures guidelines would result in two additional developmental screenings at 9 months and another between 24 and 30 months; and two autism screenings at 18 and 24 months.

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*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.*

The 2012 Legislature directed the Washington State Institute for Public Policy (WSIPP) to assess the costs and benefits of implementing the Bright Futures guidelines regarding the well-child visit schedule and universal screening for autism and developmental conditions. The WSIPP report, completed in January 2013, suggests children covered in Medicaid may be under diagnosed with developmental conditions and delays compared with prevalence rates for commercially insured children.

**Summary of Bill:** Effective January 1, 2016, the Health Care Authority must require universal screening and provider payment for autism and developmental delays as recommended by the Bright Futures guidelines, subject to the availability of funds.

**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: This would ensure the same standard of care that is required for all our privately insured children is applied to our Medicaid-covered children. Early screening results in early intervention and it is so important to address developmental delays early. Providing access early may help avoid more extensive services later. Fewer than half of children with a developmental delay are identified prior to starting school and critical time is lost. Testing and diagnosis are the first steps to getting the services that are needed to thrive. Apple Health children deserve the same opportunity to receive a diagnosis and start treatment as other insured children. The screening tool recommended by Bright Futures is a comprehensive tool that identifies more developmental conditions than the surveillance method used today. Thirty percent of children who were diagnosed early and accessed treatment early do not need long-term services.

**Persons Testifying:** PRO: Senator Frockt, prime sponsor; Diana Stadden, The ARC of WA; Sharon Beaudoin, WithinReach; Brad Hood, WA Chapter American Academy of Pediatrics; Christina Peters, Health Coalition for Children and Youth.