

SENATE BILL REPORT

SSB 5317

As Passed Senate, March 5, 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: Senate Committee on Health Care (originally sponsored by 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, 2/09/15 [DPS-WM].
Ways & Means: 2/25/15, 2/27/15 [DPS(HLTH)].
Passed Senate: 3/05/15, 44-0.

SENATE COMMITTEE ON HEALTH CARE

Majority Report: That Substitute Senate Bill No. 5317 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Becker, Chair; Dammeier, Vice Chair; Frockt, Ranking Minority Member; Angel, Bailey, Brown, Cleveland, Conway, Jayapal, Keiser, Parlette and Rivers.

Staff: Mich'l Needham (786-7442)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: That Substitute Senate Bill No. 5317 as recommended by Committee on Health Care be substituted therefor, and the substitute bill do pass.

Signed by Senators Hill, Chair; Braun, Vice Chair; Dammeier, Vice Chair; Honeyford, Vice Chair, Capital Budget Chair; Hargrove, Ranking Member; Keiser, Assistant Ranking Member on the Capital Budget; Ranker, Ranking Minority Member, Operating; Bailey, Becker, Billig, Brown, Conway, Fraser, Hasegawa, Hatfield, Hewitt, Kohl-Welles, O'Ban, Padden, Parlette, Rolfes, Schoesler and Warnick.

Staff: Sandy Stith (786-7710)

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.

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

The Bright Futures guidelines include a schedule of recommended universal developmental and autism screenings. These include sensory screenings, developmental and behavioral health assessments, and physical examinations. Two developmental screenings are added at 9 months and between 24 and 30 months. And, two autism screening are added 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. EPSDT covers health screening visits for developmental screening for children between 9 and 30 months. Screening for autism is covered when a child is 36 months of age or younger and is suspected of having autism. Following the Bright Futures guidelines would allow for two additional developmental screenings at 9 months and another between 24 and 30 months plus two autism screenings at 18 and 24 months.

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 Washington Medicaid may be under diagnosed with developmental conditions and delays compared with prevalence rates for national prevalence benchmarks.

Summary of Substitute 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 of the American Academy of Pediatrics, as they existed on the effective date of this act, 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 on Original Bill (Health Care): 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 (Health Care): 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.

Persons Signed In To Testify But Not Testifying (Health Care): No one.

Staff Summary of Public Testimony (Ways & Means): PRO: We support families and individuals with disabilities. We have many studies that show that 30 percent of all children who receive early intervention services do not need special education services after their third birthday. We need to be able to save money in the future in special education costs by getting the screening done so kids can get access to early intervention services. I was 18 before doctors started to try to determine what my disability was. Funding is really important to me. If you don't get screened and you don't get diagnosed until later in life, it's very hard to cope and it's very hard for schools to serve these children if they don't have the proper diagnosis and treatment early. Children who get screened earlier would be able to leave special education earlier, by third grade. Those monies could be saved by the state for Development Disabilities Administration services if these people did not need later intensive support services. The surveillance screen available under EPSDT identifies around 30 percent of kids, while the tool available in this bill identifies 70 to 80 percent of kids. This will have a significant fiscal impact down the road with these children not needing special education services. Studies also show that early intervention leads to long-term benefit in lower delinquency and crime, less social welfare, and higher success in the labor market.

Persons Testifying (Ways & Means): PRO: Laurie Lippold, WA Chapter American Academy of Pediatrics; Diana Stadden, The Arc of WA State; Brittany Stadden, Self Advocates In Motion; Ivanova Smith, People First of WA.

Persons Signed In To Testify But Not Testifying (Ways & Means): No one.