
SUBSTITUTE SENATE BILL 5317

State of Washington

64th Legislature

2015 Regular Session

By Senate 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)

READ FIRST TIME 02/10/15.

1 AN ACT Relating to increasing child health equity by requiring
2 screening for autism and developmental delays for children in medical
3 assistance programs; amending RCW 74.09.520; and creating a new
4 section.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 NEW SECTION. **Sec. 1.** (1) The bright futures guidelines issued
7 by the American academy of pediatrics outline recommended well-child
8 visit schedules and universal screening of children for autism and
9 developmental delays. Private health plans established after March
10 2010 are required to comply with the bright futures guidelines as the
11 standard for preventive services. The federal law does not require
12 medicaid programs to follow the guidelines; however, thirty states
13 completely cover the bright futures guidelines, six states cover all
14 but one well-child screen, and six additional states cover all but
15 developmental and autism screens as part of their medicaid programs.

16 (2) The 2012 Washington state legislature directed the Washington
17 state institute for public policy to assess the costs and benefits of
18 implementing the guidelines. The research indicates that fewer than
19 half of children with developmental delays are identified before
20 starting school and roughly half of children with autism spectrum
21 disorder are diagnosed only after entering school, by which time

1 significant delays may have occurred and opportunities for treatment
2 may have been missed. Adopting the universal screening guidelines
3 improves early diagnosis and enables early intervention with
4 appropriate therapies and services. The annual cost to society for
5 caring for children with autism or developmental delays can be
6 significant, including cost of services, special education, informal
7 care, and lost productivity. Early intervention and access to
8 appropriate therapies mitigate long-term societal costs and improve
9 the health and opportunity for the child.

10 (3) The more adverse experiences a child has, such as the burden
11 of family economic hardship and social bias, the greater the
12 likelihood of developmental delays and later health problems. Over
13 forty-six percent of Washington's children have medicaid apple health
14 for kids and have a much greater likelihood of reporting poor to very
15 poor health compared to children who have commercial insurance.
16 Disparities also exist in the diagnosis and initiation of treatment
17 services for children of color. Research shows that children of color
18 are diagnosed later and begin receiving early intervention services
19 later. This health equity gap can be addressed by identifying and
20 supporting children early through universal screening.

21 (4) Primary care providers currently see ninety-nine percent of
22 children between birth and three years of age and are uniquely
23 situated to access nearly all children with universal screening.

24 **Sec. 2.** RCW 74.09.520 and 2011 1st sp.s. c 15 s 27 are each
25 amended to read as follows:

26 (1) The term "medical assistance" may include the following care
27 and services subject to rules adopted by the authority or department:

28 (a) Inpatient hospital services; (b) outpatient hospital services;
29 (c) other laboratory and X-ray services; (d) nursing facility
30 services; (e) physicians' services, which shall include prescribed
31 medication and instruction on birth control devices; (f) medical
32 care, or any other type of remedial care as may be established by the
33 secretary or director; (g) home health care services; (h) private
34 duty nursing services; (i) dental services; (j) physical and
35 occupational therapy and related services; (k) prescribed drugs,
36 dentures, and prosthetic devices; and eyeglasses prescribed by a
37 physician skilled in diseases of the eye or by an optometrist,
38 whichever the individual may select; (l) personal care services, as
39 provided in this section; (m) hospice services; (n) other diagnostic,

1 screening, preventive, and rehabilitative services; and (o) like
2 services when furnished to a child by a school district in a manner
3 consistent with the requirements of this chapter. For the purposes of
4 this section, neither the authority nor the department may cut off
5 any prescription medications, oxygen supplies, respiratory services,
6 or other life-sustaining medical services or supplies.

7 "Medical assistance," notwithstanding any other provision of law,
8 shall not include routine foot care, or dental services delivered by
9 any health care provider, that are not mandated by Title XIX of the
10 social security act unless there is a specific appropriation for
11 these services.

12 (2) The department shall adopt, amend, or rescind such
13 administrative rules as are necessary to ensure that Title XIX
14 personal care services are provided to eligible persons in
15 conformance with federal regulations.

16 (a) These administrative rules shall include financial
17 eligibility indexed according to the requirements of the social
18 security act providing for medicaid eligibility.

19 (b) The rules shall require clients be assessed as having a
20 medical condition requiring assistance with personal care tasks.
21 Plans of care for clients requiring health-related consultation for
22 assessment and service planning may be reviewed by a nurse.

23 (c) The department shall determine by rule which clients have a
24 health-related assessment or service planning need requiring
25 registered nurse consultation or review. This definition may include
26 clients that meet indicators or protocols for review, consultation,
27 or visit.

28 (3) The department shall design and implement a means to assess
29 the level of functional disability of persons eligible for personal
30 care services under this section. The personal care services benefit
31 shall be provided to the extent funding is available according to the
32 assessed level of functional disability. Any reductions in services
33 made necessary for funding reasons should be accomplished in a manner
34 that assures that priority for maintaining services is given to
35 persons with the greatest need as determined by the assessment of
36 functional disability.

37 (4) Effective July 1, 1989, the authority shall offer hospice
38 services in accordance with available funds.

1 (5) For Title XIX personal care services administered by aging
2 and disability services administration of the department, the
3 department shall contract with area agencies on aging:

4 (a) To provide case management services to individuals receiving
5 Title XIX personal care services in their own home; and

6 (b) To reassess and reauthorize Title XIX personal care services
7 or other home and community services as defined in RCW 74.39A.009 in
8 home or in other settings for individuals consistent with the intent
9 of this section:

10 (i) Who have been initially authorized by the department to
11 receive Title XIX personal care services or other home and community
12 services as defined in RCW 74.39A.009; and

13 (ii) Who, at the time of reassessment and reauthorization, are
14 receiving such services in their own home.

15 (6) In the event that an area agency on aging is unwilling to
16 enter into or satisfactorily fulfill a contract or an individual
17 consumer's need for case management services will be met through an
18 alternative delivery system, the department is authorized to:

19 (a) Obtain the services through competitive bid; and

20 (b) Provide the services directly until a qualified contractor
21 can be found.

22 (7) Subject to the availability of amounts appropriated for this
23 specific purpose, the authority may offer medicare part D
24 prescription drug copayment coverage to full benefit dual eligible
25 beneficiaries.

26 (8) Effective January 1, 2016, the authority shall require
27 universal screening and provider payment for autism and developmental
28 delays as recommended by the bright futures guidelines of the
29 American academy of pediatrics, as they existed on the effective date
30 of this section. This requirement is subject to the availability of
31 funds.

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