

SSB 6051 - H COMM AMD
By Committee on Judiciary

ADOPTED 02/27/2018

1 Strike everything after the enacting clause and insert the
2 following:

3 "NEW SECTION. **Sec. 1.** The legislature finds that medicaid
4 provider fraud and the abuse and neglect of persons in nursing
5 facilities, adult family homes, and long-term care services present a
6 serious risk of harm to the people of the state of Washington in
7 general and to vulnerable adults in particular. The legislature
8 intends with this chapter to enable the medicaid fraud control unit
9 within the office of the attorney general to achieve its limited but
10 vital mission to detect, deter, and prosecute the specialized areas
11 of medicaid fraud, abuse, and neglect in Washington's medicaid
12 system. This jurisdiction will also facilitate the medicaid fraud
13 control unit's capacity to fulfill its investigative and
14 prosecutorial obligations under the federal grant, 42 U.S.C. Sec.
15 1396b(q), to ensure that the federal grant funding requirements for
16 Washington's medicaid program are met. Failure to meet these federal
17 program integrity standards could jeopardize the federal funding for
18 Washington's medicaid program. Furthermore, the legislature intends
19 by this chapter that the medicaid fraud control unit will fully
20 coordinate its efforts with county and local prosecutors and law
21 enforcement to maximize effectiveness and promote efficiency.

22 NEW SECTION. **Sec. 2.** (1) The attorney general shall establish
23 and maintain within his or her office the medicaid fraud control
24 unit.

25 (2) The attorney general shall employ and train personnel to
26 achieve the purposes of this chapter, including attorneys,
27 investigators, auditors, clerical support personnel, and other
28 personnel as the attorney general determines necessary.

29 (3) The medicaid fraud control unit has the authority and
30 criminal jurisdiction to investigate and prosecute medicaid provider
31 fraud, abuse and neglect matters as enumerated in 42 U.S.C. Sec.

1 1396b(q)(4) where authority is granted by the federal government, and
2 other federal health care program fraud as set forth in 42 U.S.C.
3 Sec. 1396b(q).

4 (4) The medicaid fraud control unit shall cooperate with federal
5 and local investigators and prosecutors in coordinating local, state,
6 and federal investigations and prosecutions involving fraud in the
7 provision or administration of medical assistance, goods or services
8 pursuant to medicaid, medicaid managed care, abuse and neglect
9 matters as enumerated in 42 U.S.C. Sec. 1396b(q)(4), or medicare
10 where such authority is obtained from the federal government, and
11 provide those federal officers with any information in its possession
12 regarding such an investigation or prosecution.

13 (5) The medicaid fraud control unit shall protect the privacy of
14 patients and establish procedures to ensure confidentiality for all
15 records, in accordance with state and federal laws, including but not
16 limited to chapter 70.02 RCW and the federal health insurance
17 portability and accountability act.

18 (6) The attorney general may appoint medicaid fraud control
19 investigators to detect, investigate, and apprehend when it appears
20 that a violation of criminal law relating to medicaid fraud, medicaid
21 managed care fraud, medicare fraud, or abuse and neglect matters as
22 enumerated in 42 U.S.C. Sec. 1396b(q)(4) has been or is about to be
23 committed and specify the extent and limitations of the
24 investigators' duties and authority in carrying out the limited scope
25 and purposes of this chapter.

26 (7) The department of social and health services or law
27 enforcement agencies that receive mandatory reports under RCW
28 74.34.035 may share such reports in a timely manner with the medicaid
29 fraud control unit within the office of the attorney general.

30 NEW SECTION. **Sec. 3.** Sections 1 and 2 of this act constitute a
31 new chapter in Title 74 RCW."

32 Correct the title.

EFFECT: Provides that the Department of Social and Health
Services and law enforcement agencies that receive reports of
suspected abandonment, abuse, financial exploitation, or neglect of a

vulnerable adult from mandatory reporters may share the reports in a timely manner with the Medicaid Fraud Control Unit.

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