

# FINAL BILL REPORT

## SHB 1348

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Synopsis as Enacted

**Brief Description:** Providing medical assistance to incarcerated persons.

**Sponsors:** House Committee on Health Care & Wellness (originally sponsored by Representatives Davis, Schmick, Frame, Leavitt, Simmons, Valdez, Fitzgibbon, Orwall, Ortiz-Self, Slatter, Caldier, Stonier, Peterson, Ramel, Goodman, Taylor, Sutherland, Ryu, Hackney, Lovick, Barkis, Pollet, Macri, Callan, Santos, Ormsby, Tharinger, Riccelli, Lekanoff, Harris-Talley and Harris).

**House Committee on Health Care & Wellness**  
**House Committee on Appropriations**  
**Senate Committee on Human Services, Reentry & Rehabilitation**

### **Background:**

Medicaid is a program jointly administered by the federal and state government that provides health benefits to eligible individuals. Federal law prohibits Medicaid benefits from being provided to a person who is incarcerated, except for selected inpatient services. State law requires the suspension of Medicaid benefits for a person who is incarcerated, rather than the termination of such benefits. The person must be allowed to apply for suspended Medicaid benefits regardless of whether the person's release date is known.

### **Summary:**

If a person is enrolled in Medicaid at the time of incarceration, the person's incarceration status may not affect his or her enrollment in Medicaid during the first 29 days of incarceration in a state or local correctional institution. A person who is not enrolled in Medicaid at the time of incarceration may enroll in Medicaid during incarceration. The Medicaid status for such a person may not be affected during the first 29 days of incarceration.

After incarceration for 30 days or more, the person's Medicaid benefits are subject to

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suspension. Suspension is only required if the Health Care Authority (HCA) receives information that a person enrolled in Medicaid is confined in a setting in which federal financial participation is disallowed by the state's agreements with the federal government. The settings in which suspension is required are expanded to include other treatment facilities.

The Department of Corrections or the chief law enforcement officer responsible for the operation of a jail must make reasonable efforts to collaborate with Medicaid managed care organizations for purposes of care coordination activities and improving health care delivery and release planning for persons confined in the jail.

The HCA may seek any necessary state plan amendments or waivers to implement this requirement.

**Votes on Final Passage:**

House	97	0	
Senate	49	0	(Senate amended)
House	97	0	(House concurred)

**Effective:** July 25, 2021