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**HOUSE BILL 1093**

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**State of Washington**

**69th Legislature**

**2025 Regular Session**

**By** Representatives Kloba, Thai, Ryu, Morgan, Reed, Macri, Callan, Farivar, Doglio, Simmons, Peterson, Wylie, Pollet, Ormsby, and Hill

Prefiled 12/18/24. Read first time 01/13/25. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to providing coverage for massage therapy under  
2 medical assistance plans; and reenacting and amending RCW 74.09.520.

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

4 **Sec. 1.** RCW 74.09.520 and 2023 c 315 s 1 and 2023 c 299 s 1 are  
5 each reenacted and amended to read as follows:

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

8 (a) Inpatient hospital services; (b) outpatient hospital services;

9 (c) other laboratory and X-ray services; (d) nursing facility  
10 services; (e) physicians' services, which shall include prescribed

11 medication and instruction on birth control devices; (f) medical  
12 care, or any other type of remedial care as may be established by the

13 secretary or director; (g) home health care services; (h) private  
14 duty nursing services; (i) dental services; (j) physical and

15 occupational therapy and related services; (k) prescribed drugs,  
16 dentures, and prosthetic devices; and eyeglasses prescribed by a

17 physician skilled in diseases of the eye or by an optometrist,  
18 whichever the individual may select; (l) personal care services, as

19 provided in this section; (m) hospice services; (n) other diagnostic,  
20 screening, preventive, and rehabilitative services; and (o) like

21 services when furnished to a child by a school district in a manner

1 consistent with the requirements of this chapter. For the purposes of  
2 this section, neither the authority nor the department may cut off  
3 any prescription medications, oxygen supplies, respiratory services,  
4 or other life-sustaining medical services or supplies.

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

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

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

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

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

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

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

37 (5) For Title XIX personal care services administered by the  
38 department, the department shall contract with area agencies on aging  
39 or may contract with a federally recognized Indian tribe under RCW  
40 74.39A.090(3):

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

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

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

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

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

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

18 (b) Provide the services directly until a qualified contractor  
19 can be found.

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

24 (8) Effective January 1, 2016, the authority shall require  
25 universal screening and provider payment for autism and developmental  
26 delays as recommended by the bright futures guidelines of the  
27 American academy of pediatrics, as they existed on August 27, 2015.  
28 This requirement is subject to the availability of funds.

29 (9) Subject to the availability of amounts appropriated for this  
30 specific purpose, effective January 1, 2018, the authority shall  
31 require provider payment for annual depression screening for youth  
32 ages twelve through eighteen as recommended by the bright futures  
33 guidelines of the American academy of pediatrics, as they existed on  
34 January 1, 2017. Providers may include, but are not limited to,  
35 primary care providers, public health nurses, and other providers in  
36 a clinical setting. This requirement is subject to the availability  
37 of funds appropriated for this specific purpose.

38 (10) Subject to the availability of amounts appropriated for this  
39 specific purpose, effective January 1, 2018, the authority shall  
40 require provider payment for maternal depression screening for

1 mothers of children ages birth to six months. This requirement is  
2 subject to the availability of funds appropriated for this specific  
3 purpose.

4 (11) Subject to the availability of amounts appropriated for this  
5 specific purpose, the authority shall:

6 (a) Allow otherwise eligible reimbursement for the following  
7 related to mental health assessment and diagnosis of children from  
8 birth through five years of age:

9 (i) Up to five sessions for purposes of intake and assessment, if  
10 necessary;

11 (ii) Assessments in home or community settings, including  
12 reimbursement for provider travel; and

13 (b) Require providers to use the current version of the DC:0-5  
14 diagnostic classification system for mental health assessment and  
15 diagnosis of children from birth through five years of age.

16 (12) Effective January 1, 2024, the authority shall require  
17 coverage for noninvasive preventive colorectal cancer screening tests  
18 assigned either a grade of A or grade of B by the United States  
19 preventive services task force and shall require coverage for  
20 colonoscopies performed as a result of a positive result from such a  
21 test.

22 (13)(a) The authority shall require or provide payment to the  
23 hospital for any day of a hospital stay in which an adult or child  
24 patient enrolled in medical assistance, including home and community  
25 services or with a medicaid managed care organization, under this  
26 chapter:

27 (i) Does not meet the criteria for acute inpatient level of care  
28 as defined by the authority;

29 (ii) Meets the criteria for discharge, as defined by the  
30 authority or department, to any appropriate placement including, but  
31 not limited to:

32 (A) A nursing home licensed under chapter 18.51 RCW;

33 (B) An assisted living facility licensed under chapter 18.20 RCW;

34 (C) An adult family home licensed under chapter 70.128 RCW; or

35 (D) A setting in which residential services are provided or  
36 funded by the developmental disabilities administration of the  
37 department, including supported living as defined in RCW 71A.10.020;  
38 and

1 (iii) Is not discharged from the hospital because placement in  
2 the appropriate location described in (a)(ii) of this subsection is  
3 not available.

4 (b) The authority shall adopt rules identifying which services  
5 are included in the payment described in (a) of this subsection and  
6 which services may be billed separately, including specific revenue  
7 codes or services required on the inpatient claim.

8 (c) Allowable medically necessary services performed during a  
9 stay described in (a) of this subsection shall be billed by and paid  
10 to the hospital separately. Such services may include but are not  
11 limited to hemodialysis, laboratory charges, and x-rays.

12 (d) Pharmacy services and pharmaceuticals shall be billed by and  
13 paid to the hospital separately.

14 (e) The requirements of this subsection do not alter requirements  
15 for billing or payment for inpatient care.

16 (f) The authority shall adopt, amend, or rescind such  
17 administrative rules as necessary to facilitate calculation and  
18 payment of the amounts described in this subsection, including for  
19 clients of medicaid managed care organizations.

20 (g) The authority shall adopt rules requiring medicaid managed  
21 care organizations to establish specific and uniform administrative  
22 and review processes for payment under this subsection.

23 (h) For patients meeting the criteria in (a)(ii)(A) of this  
24 subsection, hospitals must utilize swing beds or skilled nursing beds  
25 to the extent the services are available within their facility and  
26 the associated reimbursement methodology prior to the billing under  
27 the methodology in (a) of this subsection, if the hospital determines  
28 that such swing bed or skilled nursing bed placement is appropriate  
29 for the patient's care needs, the patient is appropriate for the  
30 existing patient mix, and appropriate staffing is available.

31 (14) Beginning January 1, 2027, the authority shall provide  
32 coverage for massage therapy performed by a licensed massage  
33 therapist when medically necessary as a nonpharmacological  
34 alternative for the treatment or management of pain and with a  
35 referral from a provider authorized to order or refer items or  
36 services.

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