

**RCW 74.76.050 Medicaid access program—Rates—Study. (Contingent expiration date.)** (1) The medicaid access program is hereby created.

(2) By January 1st of the second plan year after conditions of RCW 74.76.020 are met, professional services rates for anesthesia, diagnostics, intense outpatient, opioid treatment programs, emergency room, inpatient and outpatient surgery, inpatient visits, low-level behavioral health, maternity services, office and home visits, consults, office administered drugs, vision, and other physician services, for services that are not reimbursed at or above medicare rates as of December 31, 2024, must be increased uniformly across professional service categories by a percentage of corresponding medicare rates as of December 31, 2024, based on availability of funds in the account created in RCW 74.76.040 for rate increases from collections in the preceding plan year.

(3) By January 1st of the third plan year after the conditions of RCW 74.76.020 are met, and annually thereafter, the rates for all services listed in subsection (2) of this section shall be adjusted using the most recently published medicare economic index available at the time rates are established for the plan year.

(4) (a) Beginning January 1st of the third plan year after the conditions of RCW 74.76.020 are met and by January 1st in each of the two subsequent plan years, the authority shall study the impact of the professional services rate increases described in this section on medicaid access. The authority shall provide information to fiscal and health committees of the legislature whether these rate increases have increased access for medicaid enrollees, using metrics including but not limited to:

(i) Increases in utilization of services from licensed health care providers;

(ii) Number of contracts with identifiable provider types enrolled to provide services to medicaid enrollees;

(iii) Patient access measures in the CAHPS [consumer assessment of healthcare providers and systems] health plan surveys of managed care organizations; and

(iv) Other external quality review metrics.

(b) The authority shall provide the information in a fashion that disaggregates managed care organizations and fee-for-service. [2025 c 359 s 6.]

**Effective date—2025 c 359 ss 1-12, 14-16, and 18-20:** See note following RCW 74.76.010.

**Contingent expiration date—2025 c 359:** See note following RCW 74.76.010.