
HOUSE BILL 1738

State of Washington**62nd Legislature****2011 Regular Session****By** Representatives Cody and Jinkins; by request of Governor Gregoire

Read first time 02/01/11. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to changing the designation of the medicaid single
2 state agency from the department of social and health services to the
3 health care authority and transferring the related powers, functions,
4 and duties to the health care authority; amending RCW 74.09.037,
5 74.09.050, 74.09.055, 74.09.075, 74.09.080, 74.09.120, 74.09.160,
6 74.09.180, 74.09.185, 74.09.190, 74.09.200, 74.09.210, 74.09.240,
7 74.09.260, 74.09.280, 74.09.290, 74.09.300, 74.09.470, 74.09.480,
8 74.09.490, 74.09.500, 74.09.510, 74.09.515, 74.09.520, 74.09.521,
9 74.09.5222, 74.09.5225, 74.09.530, 74.09.540, 74.09.555, 74.09.565,
10 74.09.575, 74.09.585, 74.09.595, 74.09.655, 74.09.658, 74.09.659,
11 74.09.700, 74.09.710, 74.09.715, 74.09.720, 74.09.725, 74.09.730,
12 74.09.770, 74.09.790, 74.09.800, 74.09.810, 74.09.820, 41.05.011,
13 41.05.015, 41.05.021, 41.05.036, 41.05.037, 41.05.140, 41.05.185,
14 43.20A.365, 74.04.005, 74.04.015, 74.04.025, 74.04.050, 74.04.055,
15 74.04.060, 74.04.062, 74.04.290, 7.68.080, 43.41.160, 43.41.260,
16 43.70.670, 47.06B.020, 47.06B.060, 47.06B.070, 48.01.235, 48.43.008,
17 48.43.517, 69.41.030, 69.41.190, 70.01.010, 70.47.010, 70.47.110,
18 70.48.130, 70.168.040, and 70.225.040; reenacting and amending RCW
19 74.09.010, 74.09.035, 74.09.522, and 70.47.020; adding new sections to
20 chapter 74.09 RCW; adding a new chapter to Title 41 RCW; creating new
21 sections; recodifying RCW 43.20A.365; repealing RCW 74.09.015,

1 74.09.085, 74.09.110, 74.09.5221, 74.09.5227, 74.09.755, 43.20A.860,
2 and 74.04.270; providing an effective date; providing an expiration
3 date; and declaring an emergency.

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

5 NEW SECTION. **Sec. 1.** The legislature finds that:

6 (1) Washington state government must be organized to be efficient,
7 cost-effective, and responsive to its residents;

8 (2) The cost of state-purchased health care continues to grow at an
9 unsustainable rate, now representing nearly one-third of the state's
10 budget and hindering our ability to invest in other essential services
11 such as education and public safety;

12 (3) Responsibility for state health care purchasing is currently
13 spread over multiple agencies, but successful interagency collaboration
14 on quality and cost initiatives has helped demonstrate the benefits to
15 the state of centralized health care purchasing;

16 (4) Consolidating the majority of state health care purchasing into
17 a single state agency will best position the state to work with others,
18 including private sector purchasers, health insurance carriers, health
19 care providers, and consumers to increase the quality and affordability
20 of health care for all state residents;

21 (5) The development and implementation of uniform state policies
22 for all state-purchased health care is among the purposes for which the
23 health care authority was originally created; and

24 (6) The state will be best able to take advantage of the
25 opportunities and meet its obligations under the federal affordable
26 care act, including establishment of a health benefit exchange and
27 medicaid expansion, if primary responsibility for doing so rests with
28 a single state agency.

29 The legislature therefore intends, where appropriate, to
30 consolidate state health care purchasing within the health care
31 authority, positioning the state to use its full purchasing power to
32 get the greatest value for its money, and allowing other agencies to
33 focus even more intently on their core missions.

34 **Sec. 2.** RCW 74.09.010 and 2010 1st sp.s. c 8 s 28 are each
35 reenacted and amended to read as follows:

1 (~~(As used in this chapter:)~~) The definitions in this section apply
2 throughout this chapter unless the context clearly requires otherwise.

3 (1) "Authority" means the Washington state health care authority.

4 (2) "Children's health program" means the health care services
5 program provided to children under eighteen years of age and in
6 households with incomes at or below the federal poverty level as
7 annually defined by the federal department of health and human services
8 as adjusted for family size, and who are not otherwise eligible for
9 medical assistance or the limited casualty program for the medically
10 needy.

11 (~~(2) "Committee" means the children's health services committee~~
12 ~~created in section 3 of this act.)~~)

13 (3) "County" means the board of county commissioners, county
14 council, county executive, or tribal jurisdiction, or its designee.
15 (~~(A combination of two or more county authorities or tribal~~
16 ~~jurisdictions may enter into joint agreements to fulfill the~~
17 ~~requirements of RCW 74.09.415 through 74.09.435.)~~)

18 (4) "Department" means the department of social and health
19 services.

20 (5) "Department of health" means the Washington state department of
21 health created pursuant to RCW 43.70.020.

22 (6) "Director" means the director of the Washington state health
23 care authority.

24 (7) "Full benefit dual eligible beneficiary" means an individual
25 who, for any month: Has coverage for the month under a medicare
26 prescription drug plan or medicare advantage plan with part D coverage;
27 and is determined eligible by the state for full medicaid benefits for
28 the month under any eligibility category in the state's medicaid plan
29 or a section 1115 demonstration waiver that provides pharmacy benefits.

30 (~~(7)~~) (8) "Internal management" means the administration of
31 medical assistance, medical care services, the children's health
32 program, and the limited casualty program.

33 (~~(8)~~) (9) "Limited casualty program" means the medical care
34 program provided to medically needy persons as defined under Title XIX
35 of the federal social security act, and to medically indigent persons
36 who are without income or resources sufficient to secure necessary
37 medical services.

1 (~~(9)~~) (10) "Medical assistance" means the federal aid medical
2 care program provided to categorically needy persons as defined under
3 Title XIX of the federal social security act.

4 (~~(10)~~) (11) "Medical care services" means the limited scope of
5 care financed by state funds and provided to disability lifeline
6 benefits recipients, and recipients of alcohol and drug addiction
7 services provided under chapter 74.50 RCW.

8 (~~(11)~~) (12) "Nursing home" means nursing home as defined in RCW
9 18.51.010.

10 (~~(12)~~) (13) "Poverty" means the federal poverty level determined
11 annually by the United States department of health and human services,
12 or successor agency.

13 (~~(13)~~) (14) "Secretary" means the secretary of social and health
14 services.

15 **Sec. 3.** RCW 74.09.035 and 2010 1st sp.s. c 8 s 29 and 2010 c 94 s
16 22 are each reenacted and amended to read as follows:

17 (1) To the extent of available funds, medical care services may be
18 provided to recipients of disability lifeline benefits, persons denied
19 disability lifeline benefits under RCW 74.04.005(5)(b) or 74.04.655 who
20 otherwise meet the requirements of RCW 74.04.005(5)(a), and recipients
21 of alcohol and drug addiction services provided under chapter 74.50
22 RCW, in accordance with medical eligibility requirements established by
23 the (~~department~~) authority. To the extent authorized in the
24 operating budget, upon implementation of a federal medicaid 1115 waiver
25 providing federal matching funds for medical care services, these
26 services also may be provided to persons who have been terminated from
27 disability lifeline benefits under RCW 74.04.005(5)(h).

28 (2) Determination of the amount, scope, and duration of medical
29 care services shall be limited to coverage as defined by the
30 (~~department~~) authority, except that adult dental, and routine foot
31 care shall not be included unless there is a specific appropriation for
32 these services.

33 (3) The (~~department~~) authority shall enter into performance-based
34 contracts with one or more managed health care systems for the
35 provision of medical care services to recipients of disability lifeline
36 benefits. The contract must provide for integrated delivery of medical
37 and mental health services.

1 (4) The ((~~department~~)) authority shall establish standards of
2 assistance and resource and income exemptions, which may include
3 deductibles and co-insurance provisions. In addition, the
4 ((~~department~~)) authority may include a prohibition against the
5 voluntary assignment of property or cash for the purpose of qualifying
6 for assistance.

7 (5) Residents of skilled nursing homes, intermediate care
8 facilities, and intermediate care facilities for ((~~the mentally~~
9 ~~retarded~~)) persons with intellectual disabilities, as that term is
10 described by federal law, who are eligible for medical care services
11 shall be provided medical services to the same extent as provided to
12 those persons eligible under the medical assistance program.

13 (6) Payments made by the ((~~department~~)) authority under this
14 program shall be the limit of expenditures for medical care services
15 solely from state funds.

16 (7) Eligibility for medical care services shall commence with the
17 date of certification for disability lifeline benefits or the date of
18 eligibility for alcohol and drug addiction services provided under
19 chapter 74.50 RCW.

20 **Sec. 4.** RCW 74.09.037 and 2004 c 115 s 3 are each amended to read
21 as follows:

22 Any card issued ((~~after December 31, 2005,~~)) by the ((~~department~~))
23 authority or a managed health care system to a person receiving
24 services under this chapter, that must be presented to providers for
25 purposes of claims processing, may not display an identification number
26 that includes more than a four-digit portion of the person's complete
27 social security number.

28 **Sec. 5.** RCW 74.09.050 and 2000 c 5 s 15 are each amended to read
29 as follows:

30 (1) The ((~~secretary~~)) director shall appoint such professional
31 personnel and other assistants and employees, including professional
32 medical screeners, as may be reasonably necessary to carry out the
33 provisions of this chapter. The medical screeners shall be supervised
34 by one or more physicians who shall be appointed by the ((~~secretary~~))
35 director or his or her designee. The ((~~secretary~~)) director shall

1 appoint a medical director who is licensed under chapter 18.57 or 18.71
2 RCW.

3 (2) Whenever the director's authority is not specifically limited
4 by law, he or she has complete charge and supervisory powers over the
5 authority. The director is authorized to create such administrative
6 structures as deemed appropriate, except as otherwise specified by law.
7 The director has the power to employ such assistants and personnel as
8 may be necessary for the general administration of the authority.
9 Except as elsewhere specified, such employment must be in accordance
10 with the rules of the state civil service law, chapter 41.06 RCW.

11 **Sec. 6.** RCW 74.09.055 and 2006 c 24 s 1 are each amended to read
12 as follows:

13 The (~~department~~) authority is authorized to establish copayment,
14 deductible, or coinsurance, or other cost-sharing requirements for
15 recipients of any medical programs defined in RCW 74.09.010, except
16 that premiums shall not be imposed on children in households at or
17 below two hundred percent of the federal poverty level.

18 **Sec. 7.** RCW 74.09.075 and 1979 c 141 s 337 are each amended to
19 read as follows:

20 The department or authority, as appropriate, shall provide (~~(a)~~)
21 (1) for evaluation of employability when a person is applying for
22 public assistance representing a medical condition as a basis for need,
23 and (~~(b)~~) (2) for medical reports to be used in the evaluation of
24 total and permanent disability. It shall further provide for medical
25 consultation and assistance in determining the need for special diets,
26 housekeeper and attendant services, and other requirements as found
27 necessary because of the medical condition under the rules promulgated
28 by the secretary or director.

29 **Sec. 8.** RCW 74.09.080 and 1979 c 141 s 338 are each amended to
30 read as follows:

31 In carrying out the administrative responsibility of this chapter,
32 the department or authority, as appropriate, may contract with an
33 individual or a group, may utilize existing local state public
34 assistance offices, or establish separate welfare medical care offices
35 on a county or multicounty unit basis as found necessary.

1 **Sec. 9.** RCW 74.09.120 and 2010 c 94 s 23 are each amended to read
2 as follows:

3 (~~The department shall purchase necessary physician and dentist~~
4 ~~services by contract or "fee for service."~~) (1) The department shall
5 purchase nursing home care by contract and payment for the care shall
6 be in accordance with the provisions of chapter 74.46 RCW and rules
7 adopted by the department (~~under the authority of RCW 74.46.800~~). No
8 payment shall be made to a nursing home which does not permit
9 inspection by the authority and the department (~~of social and health~~
10 ~~services~~) of every part of its premises and an examination of all
11 records, including financial records, methods of administration,
12 general and special dietary programs, the disbursement of drugs and
13 methods of supply, and any other records the authority or the
14 department deems relevant to the regulation of nursing home operations,
15 enforcement of standards for resident care, and payment for nursing
16 home services.

17 (2) The department may purchase nursing home care by contract in
18 veterans' homes operated by the state department of veterans affairs
19 and payment for the care shall be in accordance with the provisions of
20 chapter 74.46 RCW and rules adopted by the department under the
21 authority of RCW 74.46.800.

22 (3) The department may purchase care in institutions for persons
23 with intellectual disabilities, also known as intermediate care
24 facilities for persons with intellectual disabilities. The department
25 shall establish rules for reasonable accounting and reimbursement
26 systems for such care. Institutions for persons with intellectual
27 disabilities include licensed nursing homes, public institutions,
28 licensed boarding homes with fifteen beds or less, and hospital
29 facilities certified as intermediate care facilities for persons with
30 intellectual disabilities under the federal medicaid program to provide
31 health, habilitative, or rehabilitative services and twenty-four hour
32 supervision for persons with intellectual disabilities or related
33 conditions and includes in the program "active treatment" as federally
34 defined.

35 (4) The department may purchase care in institutions for mental
36 diseases by contract. The department shall establish rules for
37 reasonable accounting and reimbursement systems for such care.
38 Institutions for mental diseases are certified under the federal

1 medicaid program and primarily engaged in providing diagnosis,
2 treatment, or care to persons with mental diseases, including medical
3 attention, nursing care, and related services.

4 (5) Both the department and the authority may each purchase all
5 other services provided under this chapter by contract or at rates
6 established by the department or the authority respectively.

7 **Sec. 10.** RCW 74.09.160 and 1991 c 103 s 1 are each amended to read
8 as follows:

9 Each vendor or group who has a contract and is rendering service to
10 eligible persons as defined in this chapter shall submit such charges
11 as agreed upon between the department or authority, as appropriate, and
12 the individual or group no later than twelve months from the date of
13 service. If the final charges are not presented within the twelve-
14 month period, they shall not be a charge against the state. Said
15 twelve-month period may also be extended by regulation, but only if
16 required by applicable federal law or regulation, and to no more than
17 the extension of time so required. ~~((For services rendered prior to
18 July 28, 1991, final charges shall not be a charge against the state
19 unless they are presented within one hundred twenty days from the date
20 of service.))~~

21 **Sec. 11.** RCW 74.09.180 and 1997 c 236 s 1 are each amended to read
22 as follows:

23 (1) The provisions of this chapter shall not apply to recipients
24 whose personal injuries are occasioned by negligence or wrong of
25 another: PROVIDED, HOWEVER, That the ~~((secretary))~~ director may
26 furnish assistance, under the provisions of this chapter, for the
27 results of injuries to or illness of a recipient, and the
28 ~~((department))~~ authority shall thereby be subrogated to the recipient's
29 rights against the recovery had from any tort feisor or the tort
30 feisor's insurer, or both, and shall have a lien thereupon to the
31 extent of the value of the assistance furnished by the ~~((department))~~
32 authority. To secure reimbursement for assistance provided under this
33 section, the ~~((department))~~ authority may pursue its remedies under
34 ~~((RCW 43.20B.060))~~ section 95 of this act.

35 (2) The rights and remedies provided to the ~~((department))~~
36 authority in this section to secure reimbursement for assistance,

1 including the ((department's)) authority's lien and subrogation rights,
2 may be delegated to a managed health care system by contract entered
3 into pursuant to RCW 74.09.522. A managed health care system may
4 enforce all rights and remedies delegated to it by the ((department))
5 authority to secure and recover assistance provided under a managed
6 health care system consistent with its agreement with the
7 ((department)) authority.

8 **Sec. 12.** RCW 74.09.185 and 1995 c 34 s 6 are each amended to read
9 as follows:

10 To the extent that payment for covered expenses has been made under
11 medical assistance for health care items or services furnished to an
12 individual, in any case where a third party has a legal liability to
13 make payments, the state is considered to have acquired the rights of
14 the individual to payment by any other party for those health care
15 items or services. Recovery pursuant to the subrogation rights,
16 assignment, or enforcement of the lien granted to the ((department))
17 authority by this section shall not be reduced, prorated, or applied to
18 only a portion of a judgment, award, or settlement, except as provided
19 in ((RCW 43.20B.050 and 43.20B.060)) sections 94 and 95 of this act.
20 The doctrine of equitable subrogation shall not apply to defeat,
21 reduce, or prorate recovery by the ((department)) authority as to its
22 assignment, lien, or subrogation rights.

23 **Sec. 13.** RCW 74.09.190 and 1979 c 141 s 342 are each amended to
24 read as follows:

25 Nothing in this chapter shall be construed as empowering the
26 secretary or director to compel any recipient of public assistance and
27 a medical indigent person to undergo any physical examination, surgical
28 operation, or accept any form of medical treatment contrary to the
29 wishes of said person who relies on or is treated by prayer or
30 spiritual means in accordance with the creed and tenets of any well
31 recognized church or religious denomination.

32 **Sec. 14.** RCW 74.09.200 and 1979 ex.s. c 152 s 1 are each amended
33 to read as follows:

34 The legislature finds and declares it to be in the public interest
35 and for the protection of the health and welfare of the residents of

1 the state of Washington that a proper regulatory and inspection program
2 be instituted in connection with the providing of medical, dental, and
3 other health services to recipients of public assistance and medically
4 indigent persons. In order to effectively accomplish such purpose and
5 to assure that the recipient of such services receives such services as
6 are paid for by the state of Washington, the acceptance by the
7 recipient of such services, and by practitioners of reimbursement for
8 performing such services, shall authorize the secretary (~~of the~~
9 ~~department of social and health services~~) or (~~his designee~~)
10 director, to inspect and audit all records in connection with the
11 providing of such services.

12 **Sec. 15.** RCW 74.09.210 and 1989 c 175 s 146 are each amended to
13 read as follows:

14 (1) No person, firm, corporation, partnership, association, agency,
15 institution, or other legal entity, but not including an individual
16 public assistance recipient of health care, shall, on behalf of himself
17 or others, obtain or attempt to obtain benefits or payments under this
18 chapter in a greater amount than that to which entitled by means of:

19 (a) A willful false statement;

20 (b) By willful misrepresentation, or by concealment of any material
21 facts; or

22 (c) By other fraudulent scheme or device, including, but not
23 limited to:

24 (i) Billing for services, drugs, supplies, or equipment that were
25 unfurnished, of lower quality, or a substitution or misrepresentation
26 of items billed; or

27 (ii) Repeated billing for purportedly covered items, which were not
28 in fact so covered.

29 (2) Any person or entity knowingly violating any of the provisions
30 of subsection (1) of this section shall be liable for repayment of any
31 excess benefits or payments received, plus interest at the rate and in
32 the manner provided in RCW 43.20B.695. Such person or other entity
33 shall further, in addition to any other penalties provided by law, be
34 subject to civil penalties. The secretary or director, as appropriate,
35 may assess civil penalties in an amount not to exceed three times the
36 amount of such excess benefits or payments: PROVIDED, That these civil

1 penalties shall not apply to any acts or omissions occurring prior to
2 September 1, 1979. RCW 43.20A.215 governs notice of a civil fine and
3 provides the right to an adjudicative proceeding.

4 (3) A criminal action need not be brought against a person for that
5 person to be civilly liable under this section.

6 (4) In all proceedings under this section, service, adjudicative
7 proceedings, and judicial review of such determinations shall be in
8 accordance with chapter 34.05 RCW, the administrative procedure act.

9 (5) Civil penalties shall be deposited in the general fund upon
10 their receipt.

11 **Sec. 16.** RCW 74.09.240 and 1995 c 319 s 1 are each amended to read
12 as follows:

13 (1) Any person, including any corporation, that solicits or
14 receives any remuneration (including any kickback, bribe, or rebate)
15 directly or indirectly, overtly or covertly, in cash or in kind

16 (a) in return for referring an individual to a person for the
17 furnishing or arranging for the furnishing of any item or service for
18 which payment may be made in whole or in part under this chapter, or

19 (b) in return for purchasing, leasing, ordering, or arranging for
20 or recommending purchasing, leasing, or ordering any goods, facility,
21 service, or item for which payment may be made in whole or in part
22 under this chapter,

23 shall be guilty of a class C felony; however, the fine, if imposed,
24 shall not be in an amount more than twenty-five thousand dollars,
25 except as authorized by RCW 9A.20.030.

26 (2) Any person, including any corporation, that offers or pays any
27 remuneration (including any kickback, bribe, or rebate) directly or
28 indirectly, overtly or covertly, in cash or in kind to any person to
29 induce such person

30 (a) to refer an individual to a person for the furnishing or
31 arranging for the furnishing of any item or service for which payment
32 may be made, in whole or in part, under this chapter, or

33 (b) to purchase, lease, order, or arrange for or recommend
34 purchasing, leasing, or ordering any goods, facility, service, or item
35 for which payment may be made in whole or in part under this chapter,
36 shall be guilty of a class C felony; however, the fine, if imposed,

1 shall not be in an amount more than twenty-five thousand dollars,
2 except as authorized by RCW 9A.20.030.

3 (3)(a) Except as provided in 42 U.S.C. 1395 nn, physicians are
4 prohibited from self-referring any client eligible under this chapter
5 for the following designated health services to a facility in which the
6 physician or an immediate family member has a financial relationship:

- 7 (i) Clinical laboratory services;
- 8 (ii) Physical therapy services;
- 9 (iii) Occupational therapy services;
- 10 (iv) Radiology including magnetic resonance imaging, computerized
11 axial tomography, and ultrasound services;
- 12 (v) Durable medical equipment and supplies;
- 13 (vi) Parenteral and enteral nutrients equipment and supplies;
- 14 (vii) Prosthetics, orthotics, and prosthetic devices;
- 15 (viii) Home health services;
- 16 (ix) Outpatient prescription drugs;
- 17 (x) Inpatient and outpatient hospital services;
- 18 (xi) Radiation therapy services and supplies.

19 (b) For purposes of this subsection, "financial relationship" means
20 the relationship between a physician and an entity that includes
21 either:

- 22 (i) An ownership or investment interest; or
- 23 (ii) A compensation arrangement.

24 For purposes of this subsection, "compensation arrangement" means
25 an arrangement involving remuneration between a physician, or an
26 immediate family member of a physician, and an entity.

27 (c) The department or authority, as appropriate, is authorized to
28 adopt by rule amendments to 42 U.S.C. 1395 nn enacted after July 23,
29 1995.

30 (d) This section shall not apply in any case covered by a general
31 exception specified in 42 U.S.C. Sec. 1395 nn.

32 (4) Subsections (1) and (2) of this section shall not apply to:

33 (a) A discount or other reduction in price obtained by a provider
34 of services or other entity under this chapter if the reduction in
35 price is properly disclosed and appropriately reflected in the costs
36 claimed or charges made by the provider or entity under this
37 chapter((τ))i and

1 (b) Any amount paid by an employer to an employee (who has a bona
2 fide employment relationship with such employer) for employment in the
3 provision of covered items or services.

4 (5) Subsections (1) and (2) of this section, if applicable to the
5 conduct involved, shall supersede the criminal provisions of chapter
6 19.68 RCW, but shall not preclude administrative proceedings authorized
7 by chapter 19.68 RCW.

8 **Sec. 17.** RCW 74.09.260 and 1991 sp.s. c 8 s 7 are each amended to
9 read as follows:

10 Any person, including any corporation, that knowingly:

11 (1) Charges, for any service provided to a patient under any
12 medical care plan authorized under this chapter, money or other
13 consideration at a rate in excess of the rates established by the
14 department (~~(of social and health services)~~) or authority, as
15 appropriate; or

16 (2) Charges, solicits, accepts, or receives, in addition to any
17 amount otherwise required to be paid under such plan, any gift, money,
18 donation, or other consideration (other than a charitable, religious,
19 or philanthropic contribution from an organization or from a person
20 unrelated to the patient):

21 (a) As a precondition of admitting a patient to a hospital or
22 nursing facility; or

23 (b) As a requirement for the patient's continued stay in such
24 facility,
25 when the cost of the services provided therein to the patient is paid
26 for, in whole or in part, under such plan, shall be guilty of a class
27 C felony: PROVIDED, That the fine, if imposed, shall not be in an
28 amount more than twenty-five thousand dollars, except as authorized by
29 RCW 9A.20.030.

30 **Sec. 18.** RCW 74.09.280 and 1979 ex.s. c 152 s 9 are each amended
31 to read as follows:

32 The secretary (~~(of social and health services)~~) or director may by
33 rule require that any application, statement, or form filled out by
34 suppliers of medical care under this chapter shall contain or be
35 verified by a written statement that it is made under the penalties of
36 perjury and such declaration shall be in lieu of any oath otherwise

1 required, and each such paper shall in such event so state. The making
2 or subscribing of any such papers or forms containing any false or
3 misleading information may be prosecuted and punished under chapter
4 9A.72 RCW.

5 **Sec. 19.** RCW 74.09.290 and 1994 sp.s. c 9 s 749 are each amended
6 to read as follows:

7 The secretary (~~(of the department of social and health services)~~)
8 or (~~(his authorized representative)~~) director shall have the authority
9 to:

10 (1) Conduct audits and investigations of providers of medical and
11 other services furnished pursuant to this chapter, except that the
12 Washington state medical quality assurance commission shall generally
13 serve in an advisory capacity to the secretary or director in the
14 conduct of audits or investigations of physicians. Any overpayment
15 discovered as a result of an audit of a provider under this authority
16 shall be offset by any underpayments discovered in that same audit
17 sample. In order to determine the provider's actual, usual, customary,
18 or prevailing charges, the secretary or director may examine such
19 random representative records as necessary to show accounts billed and
20 accounts received except that in the conduct of such examinations,
21 patient names, other than public assistance applicants or recipients,
22 shall not be noted, copied, or otherwise made available to the
23 department or authority. In order to verify costs incurred by the
24 department or authority for treatment of public assistance applicants
25 or recipients, the secretary or director may examine patient records or
26 portions thereof in connection with services to such applicants or
27 recipients rendered by a health care provider, notwithstanding the
28 provisions of RCW 5.60.060, 18.53.200, 18.83.110, or any other statute
29 which may make or purport to make such records privileged or
30 confidential: PROVIDED, That no original patient records shall be
31 removed from the premises of the health care provider, and that the
32 disclosure of any records or information by the department (~~(of social
33 and health services)~~) or the authority is prohibited and shall be
34 punishable as a class C felony according to chapter 9A.20 RCW, unless
35 such disclosure is directly connected to the official purpose for which
36 the records or information were obtained: PROVIDED FURTHER, That the
37 disclosure of patient information as required under this section shall

1 not subject any physician or other health services provider to any
2 liability for breach of any confidential relationship between the
3 provider and the patient, but no evidence resulting from such
4 disclosure may be used in any civil, administrative, or criminal
5 proceeding against the patient unless a waiver of the applicable
6 evidentiary privilege is obtained: PROVIDED FURTHER, That the
7 secretary or director shall destroy all copies of patient medical
8 records in their possession upon completion of the audit, investigation
9 or proceedings;

10 (2) Approve or deny applications to participate as a provider of
11 services furnished pursuant to this chapter;

12 (3) Terminate or suspend eligibility to participate as a provider
13 of services furnished pursuant to this chapter; and

14 (4) Adopt, promulgate, amend, and repeal administrative rules, in
15 accordance with the administrative procedure act, chapter 34.05 RCW, to
16 carry out the policies and purposes of RCW 74.09.200 through 74.09.290.

17 **Sec. 20.** RCW 74.09.300 and 1979 ex.s. c 152 s 11 are each amended
18 to read as follows:

19 Whenever the secretary (~~(of the department of social and health~~
20 ~~services)) or director imposes a civil penalty under RCW 74.09.210, or~~
21 terminates or suspends a provider's eligibility under RCW 74.09.290, he
22 or she shall, if the provider is licensed pursuant to Titles 18, 70, or
23 71 RCW, give written notice of such imposition, termination, or
24 suspension to the appropriate licensing agency or disciplinary board.

25 **Sec. 21.** RCW 74.09.470 and 2009 c 463 s 2 are each amended to read
26 as follows:

27 (1) Consistent with the goals established in RCW 74.09.402, through
28 the apple health for kids program authorized in this section, the
29 (~~department~~) authority shall provide affordable health care coverage
30 to children under the age of nineteen who reside in Washington state
31 and whose family income at the time of enrollment is not greater than
32 two hundred fifty percent of the federal poverty level as adjusted for
33 family size and determined annually by the federal department of health
34 and human services, and effective January 1, 2009, and only to the
35 extent that funds are specifically appropriated therefor, to children
36 whose family income is not greater than three hundred percent of the

1 federal poverty level. In administering the program, the
2 ((department)) authority shall take such actions as may be necessary to
3 ensure the receipt of federal financial participation under the medical
4 assistance program, as codified at Title XIX of the federal social
5 security act, the state children's health insurance program, as
6 codified at Title XXI of the federal social security act, and any other
7 federal funding sources that are now available or may become available
8 in the future. The ((department)) authority and the caseload forecast
9 council shall estimate the anticipated caseload and costs of the
10 program established in this section.

11 (2) The ((department)) authority shall accept applications for
12 enrollment for children's health care coverage; establish appropriate
13 minimum-enrollment periods, as may be necessary; and determine
14 eligibility based on current family income. The ((department))
15 authority shall make eligibility determinations within the time frames
16 for establishing eligibility for children on medical assistance, as
17 defined by RCW 74.09.510. The application and annual renewal processes
18 shall be designed to minimize administrative barriers for applicants
19 and enrolled clients, and to minimize gaps in eligibility for families
20 who are eligible for coverage. If a change in family income results in
21 a change in the source of funding for coverage, the ((department))
22 authority shall transfer the family members to the appropriate source
23 of funding and notify the family with respect to any change in premium
24 obligation, without a break in eligibility. The ((department))
25 authority shall use the same eligibility redetermination and appeals
26 procedures as those provided for children on medical assistance
27 programs. The ((department)) authority shall modify its eligibility
28 renewal procedures to lower the percentage of children failing to
29 annually renew. The ((department)) authority shall manage its
30 outreach, application, and renewal procedures with the goals of: (a)
31 Achieving year by year improvements in enrollment, enrollment rates,
32 renewals, and renewal rates; (b) maximizing the use of existing program
33 databases to obtain information related to earned and unearned income
34 for purposes of eligibility determination and renewals, including, but
35 not limited to, the basic food program, the child care subsidy program,
36 federal social security administration programs, and the employment
37 security department wage database; (c) streamlining renewal processes
38 to rely primarily upon data matches, online submissions, and telephone

1 interviews; and (d) implementing any other eligibility determination
2 and renewal processes to allow the state to receive an enhanced federal
3 matching rate and additional federal outreach funding available through
4 the federal children's health insurance program reauthorization act of
5 2009 by January 2010. The department shall advise the governor and the
6 legislature regarding the status of these efforts by September 30,
7 2009. The information provided should include the status of the
8 department's efforts, the anticipated impact of those efforts on
9 enrollment, and the costs associated with that enrollment.

10 (3) To ensure continuity of care and ease of understanding for
11 families and health care providers, and to maximize the efficiency of
12 the program, the amount, scope, and duration of health care services
13 provided to children under this section shall be the same as that
14 provided to children under medical assistance, as defined in RCW
15 74.09.520.

16 (4) The primary mechanism for purchasing health care coverage under
17 this section shall be through contracts with managed health care
18 systems as defined in RCW 74.09.522, subject to conditions,
19 limitations, and appropriations provided in the biennial appropriations
20 act. However, the ((department)) authority shall make every effort
21 within available resources to purchase health care coverage for
22 uninsured children whose families have access to dependent coverage
23 through an employer-sponsored health plan or another source when it is
24 cost-effective for the state to do so, and the purchase is consistent
25 with requirements of Title XIX and Title XXI of the federal social
26 security act. To the extent allowable under federal law, the
27 ((department)) authority shall require families to enroll in available
28 employer-sponsored coverage, as a condition of participating in the
29 program established under this section, when it is cost-effective for
30 the state to do so. Families who enroll in available employer-
31 sponsored coverage under this section shall be accounted for separately
32 in the annual report required by RCW 74.09.053.

33 (5)(a) To reflect appropriate parental responsibility, the
34 ((department)) authority shall develop and implement a schedule of
35 premiums for children's health care coverage due to the ((department))
36 authority from families with income greater than two hundred percent of
37 the federal poverty level. For families with income greater than two
38 hundred fifty percent of the federal poverty level, the premiums shall

1 be established in consultation with the senate majority and minority
2 leaders and the speaker and minority leader of the house of
3 representatives. Premiums shall be set at a reasonable level that does
4 not pose a barrier to enrollment. The amount of the premium shall be
5 based upon family income and shall not exceed the premium limitations
6 in Title XXI of the federal social security act. Premiums shall not be
7 imposed on children in households at or below two hundred percent of
8 the federal poverty level as articulated in RCW 74.09.055.

9 (b) Beginning no later than January 1, 2010, the ((~~department~~))
10 authority shall offer families whose income is greater than three
11 hundred percent of the federal poverty level the opportunity to
12 purchase health care coverage for their children through the programs
13 administered under this section without an explicit premium subsidy
14 from the state. The design of the health benefit package offered to
15 these children should provide a benefit package substantially similar
16 to that offered in the apple health for kids program, and may differ
17 with respect to cost-sharing, and other appropriate elements from that
18 provided to children under subsection (3) of this section including,
19 but not limited to, application of preexisting conditions, waiting
20 periods, and other design changes needed to offer affordable coverage.
21 The amount paid by the family shall be in an amount equal to the rate
22 paid by the state to the managed health care system for coverage of the
23 child, including any associated and administrative costs to the state
24 of providing coverage for the child. Any pooling of the program
25 enrollees that results in state fiscal impact must be identified and
26 brought to the legislature for consideration.

27 (6) The ((~~department~~)) authority shall undertake and continue a
28 proactive, targeted outreach and education effort with the goal of
29 enrolling children in health coverage and improving the health literacy
30 of youth and parents. The ((~~department~~)) authority shall collaborate
31 with the department of social and health services, department of
32 health, local public health jurisdictions, the office of the
33 superintendent of public instruction, the department of early learning,
34 health educators, health care providers, health carriers, community-
35 based organizations, and parents in the design and development of this
36 effort. The outreach and education effort shall include the following
37 components:

1 (a) Broad dissemination of information about the availability of
2 coverage, including media campaigns;

3 (b) Assistance with completing applications, and community-based
4 outreach efforts to help people apply for coverage. Community-based
5 outreach efforts should be targeted to the populations least likely to
6 be covered;

7 (c) Use of existing systems, such as enrollment information from
8 the free and reduced-price lunch program, the department of early
9 learning child care subsidy program, the department of health's women,
10 infants, and children program, and the early childhood education and
11 assistance program, to identify children who may be eligible but not
12 enrolled in coverage;

13 (d) Contracting with community-based organizations and government
14 entities to support community-based outreach efforts to help families
15 apply for coverage. These efforts should be targeted to the
16 populations least likely to be covered. The ((~~department~~)) authority
17 shall provide informational materials for use by government entities
18 and community-based organizations in their outreach activities, and
19 should identify any available federal matching funds to support these
20 efforts;

21 (e) Development and dissemination of materials to engage and inform
22 parents and families statewide on issues such as: The benefits of
23 health insurance coverage; the appropriate use of health services,
24 including primary care provided by health care practitioners licensed
25 under chapters 18.71, 18.57, 18.36A, and 18.79 RCW, and emergency
26 services; the value of a medical home, well-child services and
27 immunization, and other preventive health services with linkages to
28 department of health child profile efforts; identifying and managing
29 chronic conditions such as asthma and diabetes; and the value of good
30 nutrition and physical activity;

31 (f) An evaluation of the outreach and education efforts, based upon
32 clear, cost-effective outcome measures that are included in contracts
33 with entities that undertake components of the outreach and education
34 effort;

35 (g) An implementation plan to develop online application capability
36 that is integrated with the ((~~department's~~)) automated client
37 eligibility system, and to develop data linkages with the office of the

1 superintendent of public instruction for free and reduced-price lunch
2 enrollment information and the department of early learning for child
3 care subsidy program enrollment information.

4 (7) The (~~department~~) authority shall take action to increase the
5 number of primary care physicians providing dental disease preventive
6 services including oral health screenings, risk assessment, family
7 education, the application of fluoride varnish, and referral to a
8 dentist as needed.

9 (8) The department shall monitor the rates of substitution between
10 private-sector health care coverage and the coverage provided under
11 this section (~~and shall report to appropriate committees of the~~
12 ~~legislature by December 2010~~)).

13 **Sec. 22.** RCW 74.09.480 and 2009 c 463 s 4 are each amended to read
14 as follows:

15 (1) The (~~department~~) authority, in collaboration with the
16 department of health, department of social and health services, health
17 carriers, local public health jurisdictions, children's health care
18 providers including pediatricians, family practitioners, and pediatric
19 subspecialists, community and migrant health centers, parents, and
20 other purchasers, shall establish a concise set of explicit performance
21 measures that can indicate whether children enrolled in the program are
22 receiving health care through an established and effective medical
23 home, and whether the overall health of enrolled children is improving.
24 Such indicators may include, but are not limited to:

25 (a) Childhood immunization rates;

26 (b) Well child care utilization rates, including the use of
27 behavioral and oral health screening, and validated, structured
28 developmental screens using tools, that are consistent with nationally
29 accepted pediatric guidelines and recommended administration schedule,
30 once funding is specifically appropriated for this purpose;

31 (c) Care management for children with chronic illnesses;

32 (d) Emergency room utilization;

33 (e) Visual acuity and eye health;

34 (f) Preventive oral health service utilization; and

35 (g) Children's mental health status. In defining these measures
36 the (~~department~~) authority shall be guided by the measures provided
37 in RCW 71.36.025.

1 Performance measures and targets for each performance measure must
2 be established and monitored each biennium, with a goal of achieving
3 measurable, improved health outcomes for the children of Washington
4 state each biennium.

5 (2) Beginning in calendar year 2009, targeted provider rate
6 increases shall be linked to quality improvement measures established
7 under this section. The ~~((department))~~ authority, in conjunction with
8 those groups identified in subsection (1) of this section, shall
9 develop parameters for determining criteria for increased payment,
10 alternative payment methodologies, or other incentives for those
11 practices and health plans that incorporate evidence-based practice and
12 improve and achieve sustained improvement with respect to the measures.

13 (3) The department shall provide a report to the governor and the
14 legislature related to provider performance on these measures,
15 beginning in September 2010 for 2007 through 2009 and the authority
16 shall provide the report biennially thereafter. ~~((The department shall~~
17 ~~advise the legislature as to its progress towards developing this~~
18 ~~biennial reporting system by September 30, 2009.))~~

19 **Sec. 23.** RCW 74.09.490 and 2007 c 359 s 5 are each amended to read
20 as follows:

21 (1)~~((a))~~ The ~~((department))~~ authority, in consultation with the
22 evidence-based practice institute established in RCW 71.24.061, shall
23 develop and implement policies to improve prescribing practices for
24 treatment of emotional or behavioral disturbances in children, improve
25 the quality of children's mental health therapy through increased use
26 of evidence-based and research-based practices and reduced variation in
27 practice, improve communication and care coordination between primary
28 care and mental health providers, and prioritize care in the family
29 home or care which integrates the family where out-of-home placement is
30 required.

31 ~~((b))~~ (2) The ~~((department))~~ authority shall identify those
32 children with emotional or behavioral disturbances who may be at high
33 risk due to off-label use of prescription medication, use of multiple
34 medications, high medication dosage, or lack of coordination among
35 multiple prescribing providers, and establish one or more mechanisms to
36 evaluate the appropriateness of the medication these children are

1 using, including but not limited to obtaining second opinions from
2 experts in child psychiatry.

3 ~~((e))~~ (3) The ~~((department))~~ authority shall review the
4 psychotropic medications of all children under five and establish one
5 or more mechanisms to evaluate the appropriateness of the medication
6 these children are using, including but not limited to obtaining second
7 opinions from experts in child psychiatry.

8 ~~((d))~~ (4) The ~~((department))~~ authority shall track prescriptive
9 practices with respect to psychotropic medications with the goal of
10 reducing the use of medication.

11 ~~((e))~~ (5) The ~~((department))~~ authority shall encourage the use of
12 cognitive behavioral therapies and other treatments which are
13 empirically supported or evidence-based, in addition to or in the place
14 of prescription medication where appropriate.

15 ~~((2) The department shall convene a representative group of
16 regional support networks, community mental health centers, and managed
17 health care systems contracting with the department under RCW 74.09.522
18 to:~~

19 ~~(a) Establish mechanisms and develop contract language that ensures
20 increased coordination of and access to medicaid mental health benefits
21 available to children and their families, including ensuring access to
22 services that are identified as a result of a developmental screen
23 administered through early periodic screening, diagnosis, and
24 treatment;~~

25 ~~(b) Define managed health care system and regional support network
26 contractual performance standards that track access to and utilization
27 of services; and~~

28 ~~(c) Set standards for reducing the number of children that are
29 prescribed antipsychotic drugs and receive no outpatient mental health
30 services with their medication.~~

31 ~~(3) The department shall submit a report on progress and any
32 findings under this section to the legislature by January 1, 2009.)~~

33 **Sec. 24.** RCW 74.09.500 and 1979 c 141 s 343 are each amended to
34 read as follows:

35 There is hereby established a new program of federal-aid assistance
36 to be known as medical assistance to be administered by the ~~((state
37 department of social and health services))~~ authority. The ~~((department~~

1 ~~of social and health services~~) authority is authorized to comply with
2 the federal requirements for the medical assistance program provided in
3 the social security act and particularly Title XIX of Public Law (89-
4 97), as amended, in order to secure federal matching funds for such
5 program.

6 **Sec. 25.** RCW 74.09.510 and 2010 c 94 s 24 are each amended to read
7 as follows:

8 Medical assistance may be provided in accordance with eligibility
9 requirements established by the (~~department~~) authority, as defined in
10 the social security Title XIX state plan for mandatory categorically
11 needy persons and:

12 (1) Individuals who would be eligible for cash assistance except
13 for their institutional status;

14 (2) Individuals who are under twenty-one years of age, who would be
15 eligible for medicaid, but do not qualify as dependent children and who
16 are in (a) foster care, (b) subsidized adoption, (c) a nursing facility
17 or an intermediate care facility for persons with intellectual
18 disabilities, or (d) inpatient psychiatric facilities;

19 (3) Individuals who:

20 (a) Are under twenty-one years of age;

21 (b) On or after July 22, 2007, were in foster care under the legal
22 responsibility of the department or a federally recognized tribe
23 located within the state; and

24 (c) On their eighteenth birthday, were in foster care under the
25 legal responsibility of the department or a federally recognized tribe
26 located within the state;

27 (4) Persons who are aged, blind, or disabled who: (a) Receive only
28 a state supplement, or (b) would not be eligible for cash assistance if
29 they were not institutionalized;

30 (5) Categorically eligible individuals who meet the income and
31 resource requirements of the cash assistance programs;

32 (6) Individuals who are enrolled in managed health care systems,
33 who have otherwise lost eligibility for medical assistance, but who
34 have not completed a current six-month enrollment in a managed health
35 care system, and who are eligible for federal financial participation
36 under Title XIX of the social security act;

1 (7) Children and pregnant women allowed by federal statute for whom
2 funding is appropriated;

3 (8) Working individuals with disabilities authorized under section
4 1902(a)(10)(A)(ii) of the social security act for whom funding is
5 appropriated;

6 (9) Other individuals eligible for medical services under RCW
7 74.09.035 and 74.09.700 for whom federal financial participation is
8 available under Title XIX of the social security act;

9 (10) Persons allowed by section 1931 of the social security act for
10 whom funding is appropriated; and

11 (11) Women who: (a) Are under sixty-five years of age; (b) have
12 been screened for breast and cervical cancer under the national breast
13 and cervical cancer early detection program administered by the
14 department of health or tribal entity and have been identified as
15 needing treatment for breast or cervical cancer; and (c) are not
16 otherwise covered by health insurance. Medical assistance provided
17 under this subsection is limited to the period during which the woman
18 requires treatment for breast or cervical cancer, and is subject to any
19 conditions or limitations specified in the omnibus appropriations act.

20 **Sec. 26.** RCW 74.09.515 and 2007 c 359 s 8 are each amended to read
21 as follows:

22 (1) The ((department)) authority shall adopt rules and policies
23 providing that when youth who were enrolled in a medical assistance
24 program immediately prior to confinement are released from confinement,
25 their medical assistance coverage will be fully reinstated on the day
26 of their release, subject to any expedited review of their continued
27 eligibility for medical assistance coverage that is required under
28 federal or state law.

29 (2) The ((department)) authority, in collaboration with the
30 department, county juvenile court administrators, and regional support
31 networks, shall establish procedures for coordination between
32 department field offices, juvenile rehabilitation administration
33 institutions, and county juvenile courts that result in prompt
34 reinstatement of eligibility and speedy eligibility determinations for
35 youth who are likely to be eligible for medical assistance services
36 upon release from confinement. Procedures developed under this
37 subsection must address:

1 (a) Mechanisms for receiving medical assistance services'
2 applications on behalf of confined youth in anticipation of their
3 release from confinement;

4 (b) Expeditious review of applications filed by or on behalf of
5 confined youth and, to the extent practicable, completion of the review
6 before the youth is released; and

7 (c) Mechanisms for providing medical assistance services' identity
8 cards to youth eligible for medical assistance services immediately
9 upon their release from confinement.

10 (3) For purposes of this section, "confined" or "confinement" means
11 detained in a facility operated by or under contract with the
12 department of social and health services, juvenile rehabilitation
13 administration, or detained in a juvenile detention facility operated
14 under chapter 13.04 RCW.

15 (4) The (~~department~~) authority shall adopt standardized statewide
16 screening and application practices and forms designed to facilitate
17 the application of a confined youth who is likely to be eligible for a
18 medical assistance program.

19 **Sec. 27.** RCW 74.09.520 and 2007 c 3 s 1 are each amended to read
20 as follows:

21 (1) The term "medical assistance" may include the following care
22 and services subject to available funds and subject to rules adopted by
23 the authority or department, as appropriate: (a) Inpatient hospital
24 services; (b) outpatient hospital services; (c) other laboratory and X-
25 ray services; (d) nursing facility services; (e) physicians' services,
26 which shall include prescribed medication and instruction on birth
27 control devices; (f) medical care, or any other type of remedial care
28 as may be established by the secretary or director; (g) home health
29 care services; (h) private duty nursing services; (i) dental services;
30 (j) physical and occupational therapy and related services; (k)
31 prescribed drugs, dentures, and prosthetic devices; and eyeglasses
32 prescribed by a physician skilled in diseases of the eye or by an
33 optometrist, whichever the individual may select; (l) personal care
34 services, as provided in this section; (m) hospice services; (n) other
35 diagnostic, screening, preventive, and rehabilitative services; and (o)
36 like services when furnished to a child by a school district in a
37 manner consistent with the requirements of this chapter. For the

1 purposes of this section, neither the authority nor the department may
2 ((not)) cut off any prescription medications, oxygen supplies,
3 respiratory services, or other life-sustaining medical services or
4 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 these
9 services.

10 ~~(2) ((The department shall amend the state plan for medical~~
11 ~~assistance under Title XIX of the federal social security act to~~
12 ~~include personal care services, as defined in 42 C.F.R. 440.170(f), in~~
13 ~~the categorically needy program.~~

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

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

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

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

29 ((+4)) (3) The department shall design and implement a means to
30 assess the level of functional disability of persons eligible for
31 personal care services under this section. The personal care services
32 benefit shall be provided to the extent funding is available according
33 to the assessed level of functional disability. Any reductions in
34 services made necessary for funding reasons should be accomplished in
35 a manner that assures that priority for maintaining services is given
36 to persons with the greatest need as determined by the assessment of
37 functional disability.

1 ~~((+5))~~ (4) Effective July 1, 1989, the ~~((department))~~ authority
2 shall offer hospice services in accordance with available funds.

3 ~~((+6))~~ (5) For Title XIX personal care services administered by
4 aging and disability services administration of the department, the
5 department shall contract with area agencies on aging:

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

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

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

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

17 ~~((+7))~~ (6) In the event that an area agency on aging is unwilling
18 to enter into or satisfactorily fulfill a contract or an individual
19 consumer's need for case management services will be met through an
20 alternative delivery system, the department is authorized to:

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

22 (b) Provide the services directly until a qualified contractor can
23 be found.

24 ~~((+8))~~ (7) Subject to the availability of amounts appropriated for
25 this specific purpose, ~~((effective July 1, 2007,))~~ the ~~((department))~~
26 authority may offer medicare part D prescription drug copayment
27 coverage to full benefit dual eligible beneficiaries.

28 **Sec. 28.** RCW 74.09.521 and 2009 c 388 s 1 are each amended to read
29 as follows:

30 (1) To the extent that funds are specifically appropriated for this
31 purpose the ~~((department))~~ authority shall revise its medicaid healthy
32 options managed care and fee-for-service program standards under
33 medicaid, Title XIX of the federal social security act to improve
34 access to mental health services for children who do not meet the
35 regional support network access to care standards. ~~((Effective July 1,~~
36 ~~2008, the))~~ The program standards shall be revised to allow outpatient
37 therapy services to be provided by licensed mental health

1 professionals, as defined in RCW 71.34.020, or by a mental health
2 professional regulated under Title 18 RCW who is under the direct
3 supervision of a licensed mental health professional, and up to twenty
4 outpatient therapy hours per calendar year, including family therapy
5 visits integral to a child's treatment. This section shall be
6 administered in a manner consistent with federal early and periodic
7 screening, diagnosis, and treatment requirements related to the receipt
8 of medically necessary services when a child's need for such services
9 is identified through developmental screening.

10 (2) The (~~department~~) authority and the children's mental health
11 evidence-based practice institute established in RCW 71.24.061 shall
12 collaborate to encourage and develop incentives for the use of
13 prescribing practices and evidence-based and research-based treatment
14 practices developed under RCW 74.09.490 by mental health professionals
15 serving children under this section.

16 **Sec. 29.** RCW 74.09.522 and 1997 c 59 s 15 and 1997 c 34 s 1 are
17 each reenacted and amended to read as follows:

18 (1) For the purposes of this section, "managed health care system"
19 means any health care organization, including health care providers,
20 insurers, health care service contractors, health maintenance
21 organizations, health insuring organizations, or any combination
22 thereof, that provides directly or by contract health care services
23 covered under RCW 74.09.520 and rendered by licensed providers, on a
24 prepaid capitated basis and that meets the requirements of section
25 1903(m)(1)(A) of Title XIX of the federal social security act or
26 federal demonstration waivers granted under section 1115(a) of Title XI
27 of the federal social security act.

28 (2) The (~~department of social and health services~~) authority
29 shall enter into agreements with managed health care systems to provide
30 health care services to recipients of temporary assistance for needy
31 families under the following conditions:

32 (a) Agreements shall be made for at least thirty thousand
33 recipients statewide;

34 (b) Agreements in at least one county shall include enrollment of
35 all recipients of temporary assistance for needy families;

36 (c) To the extent that this provision is consistent with section
37 1903(m) of Title XIX of the federal social security act or federal

1 demonstration waivers granted under section 1115(a) of Title XI of the
2 federal social security act, recipients shall have a choice of systems
3 in which to enroll and shall have the right to terminate their
4 enrollment in a system: PROVIDED, That the ((department)) authority
5 may limit recipient termination of enrollment without cause to the
6 first month of a period of enrollment, which period shall not exceed
7 twelve months: AND PROVIDED FURTHER, That the ((department)) authority
8 shall not restrict a recipient's right to terminate enrollment in a
9 system for good cause as established by the ((department)) authority by
10 rule;

11 (d) To the extent that this provision is consistent with section
12 1903(m) of Title XIX of the federal social security act, participating
13 managed health care systems shall not enroll a disproportionate number
14 of medical assistance recipients within the total numbers of persons
15 served by the managed health care systems, except as authorized by the
16 ((department)) authority under federal demonstration waivers granted
17 under section 1115(a) of Title XI of the federal social security act;

18 (e) In negotiating with managed health care systems the
19 ((department)) authority shall adopt a uniform procedure to negotiate
20 and enter into contractual arrangements, including standards regarding
21 the quality of services to be provided; and financial integrity of the
22 responding system;

23 (f) The ((department)) authority shall seek waivers from federal
24 requirements as necessary to implement this chapter;

25 (g) The ((department)) authority shall, wherever possible, enter
26 into prepaid capitation contracts that include inpatient care.
27 However, if this is not possible or feasible, the ((department))
28 authority may enter into prepaid capitation contracts that do not
29 include inpatient care;

30 (h) The ((department)) authority shall define those circumstances
31 under which a managed health care system is responsible for out-of-plan
32 services and assure that recipients shall not be charged for such
33 services; and

34 (i) Nothing in this section prevents the ((department)) authority
35 from entering into similar agreements for other groups of people
36 eligible to receive services under this chapter.

37 (3) The ((department)) authority shall ensure that publicly
38 supported community health centers and providers in rural areas, who

1 show serious intent and apparent capability to participate as managed
2 health care systems are seriously considered as contractors. The
3 ((department)) authority shall coordinate its managed care activities
4 with activities under chapter 70.47 RCW.

5 (4) The ((department)) authority shall work jointly with the state
6 of Oregon and other states in this geographical region in order to
7 develop recommendations to be presented to the appropriate federal
8 agencies and the United States congress for improving health care of
9 the poor, while controlling related costs.

10 (5) The legislature finds that competition in the managed health
11 care marketplace is enhanced, in the long term, by the existence of a
12 large number of managed health care system options for medicaid
13 clients. In a managed care delivery system, whose goal is to focus on
14 prevention, primary care, and improved enrollee health status,
15 continuity in care relationships is of substantial importance, and
16 disruption to clients and health care providers should be minimized.
17 To help ensure these goals are met, the following principles shall
18 guide the ((department)) authority in its healthy options managed
19 health care purchasing efforts:

20 (a) All managed health care systems should have an opportunity to
21 contract with the ((department)) authority to the extent that minimum
22 contracting requirements defined by the ((department)) authority are
23 met, at payment rates that enable the ((department)) authority to
24 operate as far below appropriated spending levels as possible,
25 consistent with the principles established in this section.

26 (b) Managed health care systems should compete for the award of
27 contracts and assignment of medicaid beneficiaries who do not
28 voluntarily select a contracting system, based upon:

29 (i) Demonstrated commitment to or experience in serving low-income
30 populations;

31 (ii) Quality of services provided to enrollees;

32 (iii) Accessibility, including appropriate utilization, of services
33 offered to enrollees;

34 (iv) Demonstrated capability to perform contracted services,
35 including ability to supply an adequate provider network;

36 (v) Payment rates; and

37 (vi) The ability to meet other specifically defined contract

1 requirements established by the ((department)) authority, including
2 consideration of past and current performance and participation in
3 other state or federal health programs as a contractor.

4 (c) Consideration should be given to using multiple year
5 contracting periods.

6 (d) Quality, accessibility, and demonstrated commitment to serving
7 low-income populations shall be given significant weight in the
8 contracting, evaluation, and assignment process.

9 (e) All contractors that are regulated health carriers must meet
10 state minimum net worth requirements as defined in applicable state
11 laws. The ((department)) authority shall adopt rules establishing the
12 minimum net worth requirements for contractors that are not regulated
13 health carriers. This subsection does not limit the authority of the
14 ((department)) Washington state health care authority to take action
15 under a contract upon finding that a contractor's financial status
16 seriously jeopardizes the contractor's ability to meet its contract
17 obligations.

18 (f) Procedures for resolution of disputes between the
19 ((department)) authority and contract bidders or the ((department))
20 authority and contracting carriers related to the award of, or failure
21 to award, a managed care contract must be clearly set out in the
22 procurement document. ~~((In designing such procedures, the department
23 shall give strong consideration to the negotiation and dispute
24 resolution processes used by the Washington state health care authority
25 in its managed health care contracting activities.))~~

26 (6) The ((department)) authority may apply the principles set forth
27 in subsection (5) of this section to its managed health care purchasing
28 efforts on behalf of clients receiving supplemental security income
29 benefits to the extent appropriate.

30 **Sec. 30.** RCW 74.09.5222 and 2009 c 545 s 4 are each amended to
31 read as follows:

32 (1) The ((department)) authority shall submit a section 1115
33 demonstration waiver request to the federal department of health and
34 human services to expand and revise the medical assistance program as
35 codified in Title XIX of the federal social security act. The waiver
36 request should be designed to ensure the broadest federal financial

1 participation under Title XIX and XXI of the federal social security
2 act. To the extent permitted under federal law, the waiver request
3 should include the following components:

4 (a) Establishment of a single eligibility standard for low-income
5 persons, including expansion of categorical eligibility to include
6 childless adults. The ((department)) authority shall request that the
7 single eligibility standard be phased in such that incremental steps
8 are taken to cover additional low-income parents and individuals over
9 time, with the goal of offering coverage to persons with household
10 income at or below two hundred percent of the federal poverty level;

11 (b) Establishment of a single seamless application and eligibility
12 determination system for all state low-income medical programs included
13 in the waiver. Applications may be electronic and may include an
14 electronic signature for verification and authentication. Eligibility
15 determinations should maximize federal financing where possible;

16 (c) The delivery of all low-income coverage programs as a single
17 program, with a common core benefit package that may be similar to the
18 basic health benefit package or an alternative benefit package approved
19 by the secretary of the federal department of health and human
20 services, including the option of supplemental coverage for select
21 categorical groups, such as children, and individuals who are aged,
22 blind, and disabled;

23 (d) A program design to include creative and innovative approaches
24 such as: Coverage for preventive services with incentives to use
25 appropriate preventive care; enhanced medical home reimbursement and
26 bundled payment methodologies; cost-sharing options; use of care
27 management and care coordination programs to improve coordination of
28 medical and behavioral health services; application of an innovative
29 predictive risk model to better target care management services; and
30 mandatory enrollment in managed care, as may be necessary;

31 (e) The ability to impose enrollment limits or benefit design
32 changes for eligibility groups that were not eligible under the Title
33 XIX state plan in effect on the date of submission of the waiver
34 application;

35 (f) A premium assistance program whereby employers can participate
36 in coverage options for employees and dependents of employees otherwise
37 eligible under the waiver. The waiver should make every effort to
38 maximize enrollment in employer-sponsored health insurance when it is

1 cost-effective for the state to do so, and the purchase is consistent
2 with the requirements of Titles XIX and XXI of the federal social
3 security act. To the extent allowable under federal law, the
4 (~~department~~) authority shall require enrollment in available
5 employer-sponsored coverage as a condition of eligibility for coverage
6 under the waiver; and

7 (g) The ability to share savings that might accrue to the federal
8 medicare program, Title XVIII of the federal social security act, from
9 improved care management for persons who are eligible for both medicare
10 and medicaid. Through the waiver application process, the
11 (~~department~~) authority shall determine whether the state could serve,
12 directly or by contract, as a medicare special needs plan for persons
13 eligible for both medicare and medicaid.

14 (2) The (~~department~~) authority shall hold ongoing stakeholder
15 discussions as it is developing the waiver request, and provide
16 opportunities for public review and comment as the request is being
17 developed.

18 (3) The (~~department and the health care~~) authority shall identify
19 statutory changes that may be necessary to ensure successful and timely
20 implementation of the waiver request as submitted to the federal
21 department of health and human services as the apple health program for
22 adults.

23 (4) The legislature must authorize implementation of any waiver
24 approved by the federal department of health and human services under
25 this section.

26 **Sec. 31.** RCW 74.09.5225 and 2005 c 383 s 1 are each amended to
27 read as follows:

28 (1) Payments for recipients eligible for medical assistance
29 programs under this chapter for services provided by hospitals,
30 regardless of the beneficiary's managed care enrollment status, shall
31 be made based on allowable costs incurred during the year, when
32 services are provided by a rural hospital certified by the centers for
33 medicare and medicaid services as a critical access hospital. Any
34 additional payments made by the (~~medical assistance administration~~)
35 authority for the healthy options program shall be no more than the
36 additional amounts per service paid under this section for other
37 medical assistance programs.

1 (2) Beginning on July 24, 2005, a moratorium shall be placed on
2 additional hospital participation in critical access hospital payments
3 under this section. However, rural hospitals that applied for
4 certification to the centers for medicare and medicaid services prior
5 to January 1, 2005, but have not yet completed the process or have not
6 yet been approved for certification, remain eligible for medical
7 assistance payments under this section.

8 **Sec. 32.** RCW 74.09.530 and 2007 c 315 s 2 are each amended to read
9 as follows:

10 (1)(a) The authority is designated as the single state agency for
11 purposes of Title XIX of the federal social security act.

12 (b) The amount and nature of medical assistance and the
13 determination of eligibility of recipients for medical assistance shall
14 be the responsibility of the (~~department of social and health~~
15 ~~services~~) authority.

16 (c) The (~~department~~) authority shall establish reasonable
17 standards of assistance and resource and income exemptions which shall
18 be consistent with the provisions of the social security act and (~~with~~
19 ~~the~~) federal regulations (~~of the secretary of health, education and~~
20 ~~welfare~~) for determining eligibility of individuals for medical
21 assistance and the extent of such assistance to the extent that funds
22 are available from the state and federal government. The
23 (~~department~~) authority shall not consider resources in determining
24 continuing eligibility for recipients eligible under section 1931 of
25 the social security act.

26 (d) The authority is authorized to collaborate with other state or
27 local agencies and nonprofit organizations in carrying out its duties
28 under this chapter and, to the extent appropriate, may enter into
29 agreements with such other entities.

30 (2) Individuals eligible for medical assistance under RCW
31 74.09.510(3) shall be transitioned into coverage under that subsection
32 immediately upon their termination from coverage under RCW
33 74.09.510(2)(a). The (~~department~~) authority shall use income
34 eligibility standards and eligibility determinations applicable to
35 children placed in foster care. The (~~department, in consultation with~~
36 ~~the health care~~) authority(~~(7)~~) shall provide information regarding

1 basic health plan enrollment and shall offer assistance with the
2 application and enrollment process to individuals covered under RCW
3 74.09.510(3) who are approaching their twenty-first birthday.

4 **Sec. 33.** RCW 74.09.540 and 2001 2nd sp.s. c 15 s 2 are each
5 amended to read as follows:

6 (1) It is the intent of the legislature to remove barriers to
7 employment for individuals with disabilities by providing medical
8 assistance to ~~((the))~~ working ~~((disabled))~~ individuals with
9 disabilities through a buy-in program in accordance with section
10 1902(a)(10)(A)(ii) of the social security act and eligibility and cost-
11 sharing requirements established by the ~~((department))~~ authority.

12 (2) The ~~((department))~~ authority shall establish income, resource,
13 and cost-sharing requirements for the buy-in program in accordance with
14 federal law and any conditions or limitations specified in the omnibus
15 appropriations act. The ~~((department))~~ authority shall establish and
16 modify eligibility and cost-sharing requirements in order to administer
17 the program within available funds. The ~~((department))~~ authority shall
18 make every effort to coordinate benefits with employer-sponsored
19 coverage available to the working ~~((disabled))~~ individuals with
20 disabilities receiving benefits under this chapter.

21 **Sec. 34.** RCW 74.09.555 and 2010 1st sp.s. c 8 s 30 are each
22 amended to read as follows:

23 (1) The ~~((department))~~ authority shall adopt rules and policies
24 providing that when persons with a mental disorder, who were enrolled
25 in medical assistance immediately prior to confinement, are released
26 from confinement, their medical assistance coverage will be fully
27 reinstated on the day of their release, subject to any expedited review
28 of their continued eligibility for medical assistance coverage that is
29 required under federal or state law.

30 (2) The ~~((department))~~ authority, in collaboration with the
31 Washington association of sheriffs and police chiefs, the department of
32 corrections, and the regional support networks, shall establish
33 procedures for coordination between the authority and department field
34 offices, institutions for mental disease, and correctional
35 institutions, as defined in RCW 9.94.049, that result in prompt
36 reinstatement of eligibility and speedy eligibility determinations for

1 persons who are likely to be eligible for medical assistance services
2 upon release from confinement. Procedures developed under this
3 subsection must address:

4 (a) Mechanisms for receiving medical assistance services
5 applications on behalf of confined persons in anticipation of their
6 release from confinement;

7 (b) Expeditious review of applications filed by or on behalf of
8 confined persons and, to the extent practicable, completion of the
9 review before the person is released;

10 (c) Mechanisms for providing medical assistance services identity
11 cards to persons eligible for medical assistance services immediately
12 upon their release from confinement; and

13 (d) Coordination with the federal social security administration,
14 through interagency agreements or otherwise, to expedite processing of
15 applications for federal supplemental security income or social
16 security disability benefits, including federal acceptance of
17 applications on behalf of confined persons.

18 (3) Where medical or psychiatric examinations during a person's
19 confinement indicate that the person is disabled, the correctional
20 institution or institution for mental diseases shall provide the
21 ((department)) authority with that information for purposes of making
22 medical assistance eligibility and enrollment determinations prior to
23 the person's release from confinement. The ((department)) authority
24 shall, to the maximum extent permitted by federal law, use the
25 examination in making its determination whether the person is disabled
26 and eligible for medical assistance.

27 (4) For purposes of this section, "confined" or "confinement" means
28 incarcerated in a correctional institution, as defined in RCW 9.94.049,
29 or admitted to an institute for mental disease, as defined in 42 C.F.R.
30 part 435, Sec. 1009 on July 24, 2005.

31 (5) For purposes of this section, "likely to be eligible" means
32 that a person:

33 (a) Was enrolled in medicaid or supplemental security income or the
34 disability lifeline program immediately before he or she was confined
35 and his or her enrollment was terminated during his or her confinement;
36 or

37 (b) Was enrolled in medicaid or supplemental security income or the
38 disability lifeline program at any time during the five years before

1 his or her confinement, and medical or psychiatric examinations during
2 the person's confinement indicate that the person continues to be
3 disabled and the disability is likely to last at least twelve months
4 following release.

5 (6) The economic services administration within the department
6 shall adopt standardized statewide screening and application practices
7 and forms designed to facilitate the application of a confined person
8 who is likely to be eligible for medicaid.

9 **Sec. 35.** RCW 74.09.565 and 1989 c 87 s 4 are each amended to read
10 as follows:

11 (1) An agreement between spouses transferring or assigning rights
12 to future income from one spouse to the other shall be invalid for
13 purposes of determining eligibility for medical assistance or the
14 limited casualty program for the medically needy, but this subsection
15 does not affect agreements between spouses transferring or assigning
16 resources, and income produced by transferred or assigned resources
17 shall continue to be recognized as the separate income of the
18 transferee.

19 (2) In determining eligibility for medical assistance or the
20 limited casualty program for the medically needy for a married person
21 in need of institutional care, or care under home and community-based
22 waivers as defined in Title XIX of the social security act, if the
23 community income received in the name of the nonapplicant spouse
24 exceeds the community income received in the name of the applicant
25 spouse, the applicant's interest in that excess shall be considered
26 unavailable to the applicant.

27 (3) The department or authority, as appropriate, shall adopt rules
28 consistent with the provisions of section 1924 of the social security
29 act entitled "Treatment of Income and Resources for Certain
30 Institutionalized Spouses," in determining the allocation of income
31 between an institutionalized and community spouse.

32 (4) The department or authority, as appropriate, shall establish
33 the monthly maintenance needs allowance for the community spouse up to
34 the maximum amount allowed by state appropriation or within available
35 funds and permitted in section 1924 of the social security act. The
36 total monthly needs allowance shall not exceed one thousand five

1 hundred dollars, subject to adjustment provided in section 1924 of the
2 social security act.

3 **Sec. 36.** RCW 74.09.575 and 2003 1st sp.s. c 28 s 1 are each
4 amended to read as follows:

5 (1) The department or authority, as appropriate, shall promulgate
6 rules consistent with the treatment of resources provisions of section
7 1924 of the social security act (~~(entitled "Treatment of Income and~~
8 ~~Resources for Certain Institutionalized Spouses,"~~) in determining the
9 allocation of resources between the institutionalized and community
10 spouse.

11 (2) In the interest of supporting the community spouse the
12 department or authority, as appropriate, shall allow the maximum
13 resource allowance amount permissible under the social security act for
14 the community spouse for persons institutionalized before August 1,
15 2003.

16 (3) For persons institutionalized on or after August 1, 2003, the
17 department or authority, as appropriate, in the interest of supporting
18 the community spouse, shall allow up to a maximum of forty thousand
19 dollars in resources for the community spouse. For the fiscal biennium
20 beginning July 1, 2005, and each fiscal biennium thereafter, the
21 maximum resource allowance amount for the community spouse shall be
22 adjusted for economic trends and conditions by increasing the amount
23 allowable by the consumer price index as published by the federal
24 bureau of labor statistics. However, in no case shall the amount
25 allowable exceed the maximum resource allowance permissible under the
26 social security act.

27 **Sec. 37.** RCW 74.09.585 and 1995 1st sp.s. c 18 s 81 are each
28 amended to read as follows:

29 (1) The department or authority, as appropriate, shall establish
30 standards consistent with section 1917 of the social security act in
31 determining the period of ineligibility for medical assistance due to
32 the transfer of resources.

33 (2) There shall be no penalty imposed for the transfer of assets
34 that are excluded in a determination of the individual's eligibility
35 for medicaid to the extent such assets are protected by the long-term
36 care insurance policy or contract pursuant to chapter 48.85 RCW.

1 (3) The department or authority, as appropriate, may waive a period
2 of ineligibility if the department or authority determines that denial
3 of eligibility would work an undue hardship.

4 **Sec. 38.** RCW 74.09.595 and 1989 c 87 s 8 are each amended to read
5 as follows:

6 The department or authority, as appropriate, shall in compliance
7 with section 1924 of the social security act adopt procedures which
8 provide due process for institutionalized or community spouses who
9 request a fair hearing as to the valuation of resources, the amount of
10 the community spouse resource allowance, or the monthly maintenance
11 needs allowance.

12 **Sec. 39.** RCW 74.09.655 and 2008 c 245 s 1 are each amended to read
13 as follows:

14 The ((department)) authority shall provide coverage under this
15 chapter for smoking cessation counseling services, as well as
16 prescription and nonprescription agents when used to promote smoking
17 cessation, so long as such agents otherwise meet the definition of
18 "covered outpatient drug" in 42 U.S.C. Sec. 1396r-8(k). However, the
19 ((department)) authority may initiate an individualized inquiry and
20 determine and implement by rule appropriate coverage limitations as may
21 be required to encourage the use of effective, evidence-based services
22 and prescription and nonprescription agents. The ((department))
23 authority shall track per-capita expenditures for a cohort of clients
24 that receive smoking cessation benefits, and submit a cost-benefit
25 analysis to the legislature on or before January 1, 2012.

26 **Sec. 40.** RCW 74.09.658 and 2009 c 326 s 1 are each amended to read
27 as follows:

28 (1) The home health program shall require registered nurse
29 oversight and intervention, as appropriate. In-person contact between
30 a home health care registered nurse and a patient is not required under
31 the state's medical assistance program for home health services that
32 are: (a) Delivered with the assistance of telemedicine and (b)
33 otherwise eligible for reimbursement as a medically necessary skilled
34 home health nursing visit under the program.

1 (2) The department or authority, as appropriate, in consultation
2 with home health care service providers shall develop reimbursement
3 rules and, in rule, define the requirements that must be met for a
4 reimbursable skilled nursing visit when services are rendered without
5 a face-to-face visit and are assisted by telemedicine.

6 (3)(a) The department or authority, as appropriate, shall establish
7 the reimbursement rate for skilled home health nursing services
8 delivered with the assistance of telemedicine that meet the
9 requirements of a reimbursable visit as defined by the department or
10 authority, as appropriate.

11 (b) Reimbursement is not provided for purchase or lease of
12 telemedicine equipment.

13 (4) Any home health agency licensed under chapter 70.127 RCW and
14 eligible for reimbursement under the medical programs authorized under
15 this chapter may be reimbursed for services under this section if the
16 service meets the requirements for a reimbursable skilled nursing visit
17 (~~as defined by the department~~).

18 (5) Nothing in this section shall be construed to alter the scope
19 of practice of any home health care services provider or authorizes the
20 delivery of home health care services in a setting or manner not
21 otherwise authorized by law.

22 (6) The use of telemedicine is not intended to replace registered
23 nurse health care (~~visit[s]~~) visits when necessary.

24 (7) For the purposes of this section, "telemedicine" means the use
25 of telemonitoring to enhance the delivery of certain home health
26 medical services through:

27 (a) The provision of certain education related to health care
28 services using audio, video, or data communication instead of a face-
29 to-face visit; or

30 (b) The collection of clinical data and the transmission of such
31 data between a patient at a distant location and the home health
32 provider through electronic processing technologies. Objective
33 clinical data that may be transmitted includes, but is not limited to,
34 weight, blood pressure, pulse, respirations, blood glucose, and pulse
35 oximetry.

36 **Sec. 41.** RCW 74.09.659 and 2009 c 545 s 5 are each amended to read
37 as follows:

1 (1) The ((department)) authority shall continue to submit
2 applications for the family planning waiver program.

3 (2) The ((department)) authority shall submit a request to the
4 federal department of health and human services to amend the current
5 family planning waiver program as follows:

6 (a) Provide coverage for sexually transmitted disease testing and
7 treatment;

8 (b) Return to the eligibility standards used in 2005 including, but
9 not limited to, citizenship determination based on declaration or
10 matching with federal social security databases, insurance eligibility
11 standards comparable to 2005, and confidential service availability for
12 minors and survivors of domestic and sexual violence; and

13 (c) Within available funds, increase income eligibility to two
14 hundred fifty percent of the federal poverty level, to correspond with
15 income eligibility for publicly funded maternity care services.

16 **Sec. 42.** RCW 74.09.700 and 2010 c 94 s 25 are each amended to read
17 as follows:

18 (1) To the extent of available funds and subject to any conditions
19 placed on appropriations made for this purpose, medical care may be
20 provided under the limited casualty program to persons not
21 ((otherwise)) eligible for medical assistance or medical care services
22 who are medically needy as defined in the social security Title XIX
23 state plan and medical indigents in accordance with eligibility
24 requirements established by the ((department)) authority. The
25 eligibility requirements may include minimum levels of incurred medical
26 expenses. This includes residents of nursing facilities, residents of
27 intermediate care facilities for persons with intellectual
28 disabilities, and individuals who are otherwise eligible for section
29 1915(c) of the federal social security act home and community-based
30 waiver services, administered by the department ((of social and health
31 services aging and adult services administration,)) who are aged,
32 blind, or disabled as defined in Title XVI of the federal social
33 security act and whose income exceeds three hundred percent of the
34 federal supplement security income benefit level.

35 (2) Determination of the amount, scope, and duration of medical
36 coverage under the limited casualty program shall be the responsibility
37 of the ((department)) authority, subject to the following:

1 (a) Only the following services may be covered:

2 (i) For persons who are medically needy as defined in the social
3 security Title XIX state plan: Inpatient and outpatient hospital
4 services, and home and community-based waiver services;

5 (ii) For persons who are medically needy as defined in the social
6 security Title XIX state plan, and for persons who are medical
7 indigents under the eligibility requirements established by the
8 (~~department~~) authority: Rural health clinic services; physicians'
9 and clinic services; prescribed drugs, dentures, prosthetic devices,
10 and eyeglasses; nursing facility services; and intermediate care
11 facility services for persons with intellectual disabilities; home
12 health services; hospice services; other laboratory and X-ray services;
13 rehabilitative services, including occupational therapy; medically
14 necessary transportation; and other services for which funds are
15 specifically provided in the omnibus appropriations act;

16 (b) Medical care services provided to the medically indigent and
17 received no more than seven days prior to the date of application shall
18 be retroactively certified and approved for payment on behalf of a
19 person who was otherwise eligible at the time the medical services were
20 furnished: PROVIDED, That eligible persons who fail to apply within
21 the seven-day time period for medical reasons or other good cause may
22 be retroactively certified and approved for payment.

23 (3) The (~~department~~) authority shall establish standards of
24 assistance and resource and income exemptions. All nonexempt income
25 and resources of limited casualty program recipients shall be applied
26 against the cost of their medical care services.

27 **Sec. 43.** RCW 74.09.710 and 2007 c 259 s 4 are each amended to read
28 as follows:

29 (1) The (~~department of social and health services~~) authority, in
30 collaboration with the department of health and the department of
31 social and health services, shall:

32 (a) Design and implement medical homes for its aged, blind, and
33 disabled clients in conjunction with chronic care management programs
34 to improve health outcomes, access, and cost-effectiveness. Programs
35 must be evidence based, facilitating the use of information technology
36 to improve quality of care, must acknowledge the role of primary care
37 providers and include financial and other supports to enable these

1 providers to effectively carry out their role in chronic care
2 management, and must improve coordination of primary, acute, and long-
3 term care for those clients with multiple chronic conditions. The
4 ~~((department))~~ authority shall consider expansion of existing medical
5 home and chronic care management programs and build on the Washington
6 state collaborative initiative. The ~~((department))~~ authority shall use
7 best practices in identifying those clients best served under a chronic
8 care management model using predictive modeling through claims or other
9 health risk information; and

10 (b) Evaluate the effectiveness of current chronic care management
11 efforts in the ~~((health and recovery services administration and the
12 aging and disability services administration))~~ authority and the
13 department, comparison to best practices, and recommendations for
14 future efforts and organizational structure to improve chronic care
15 management.

16 (2) For purposes of this section:

17 (a) "Medical home" means a site of care that provides comprehensive
18 preventive and coordinated care centered on the patient needs and
19 assures high quality, accessible, and efficient care.

20 (b) "Chronic care management" means the ~~((department's))~~
21 authority's program that provides care management and coordination
22 activities for medical assistance clients determined to be at risk for
23 high medical costs. "Chronic care management" provides education and
24 training and/or coordination that assist program participants in
25 improving self-management skills to improve health outcomes and reduce
26 medical costs by educating clients to better utilize services.

27 **Sec. 44.** RCW 74.09.715 and 2008 c 146 s 13 are each amended to
28 read as follows:

29 Within funds appropriated for this purpose, the ~~((department))~~
30 authority shall establish two dental access projects to serve seniors
31 and other adults who are categorically needy blind or disabled. The
32 projects shall provide:

33 (1) Enhanced reimbursement rates for certified dentists for
34 specific procedures, to begin no sooner than July 1, 2009;

35 (2) Reimbursement for trained medical providers for preventive oral
36 health services, to begin no sooner than July 1, 2009;

1 (3) Training, development, and implementation through a partnership
2 with the University of Washington school of dentistry;

3 (4) Local program coordination including outreach and case
4 management; and

5 (5) An evaluation that measures the change in utilization rates and
6 cost savings.

7 **Sec. 45.** RCW 74.09.720 and 1983 c 194 s 26 are each amended to
8 read as follows:

9 (1) A prevention of blindness program is hereby established in the
10 (~~department of social and health services~~) authority to provide
11 prompt, specialized medical eye care, including assistance with costs
12 when necessary, for conditions in which sight is endangered or sight
13 can be restored or significantly improved. The (~~department of social
14 and health services~~) authority shall adopt rules concerning program
15 eligibility, levels of assistance, and the scope of services.

16 (2) The (~~department of social and health services~~) authority
17 shall employ on a part-time basis an ophthalmological and/or an
18 optometrical consultant to provide liaison with participating eye
19 physicians and to review medical recommendations made by an applicant's
20 eye physician to determine whether the proposed services meet program
21 standards.

22 (3) The (~~department of social and health services~~) authority and
23 the department of services for the blind shall formulate a cooperative
24 agreement concerning referral of clients between the two agencies and
25 the coordination of policies and services.

26 **Sec. 46.** RCW 74.09.725 and 2006 c 367 s 8 are each amended to read
27 as follows:

28 (~~The department~~) Subject to available funds, the authority shall
29 provide coverage for prostate cancer screening under this chapter,
30 provided that the screening is delivered upon the recommendation of the
31 patient's physician, advanced registered nurse practitioner, or
32 physician assistant.

33 **Sec. 47.** RCW 74.09.730 and 2009 c 538 s 1 are each amended to read
34 as follows:

35 In establishing Title XIX payments for inpatient hospital services:

1 (1) To the extent funds are appropriated specifically for this
2 purpose, and subject to any conditions placed on appropriations made
3 for this purpose, the (~~department of social and health services~~)
4 authority shall provide a disproportionate share hospital adjustment
5 considering the following components:

6 (a) A low-income care component based on a hospital's medicaid
7 utilization rate, its low-income utilization rate, its provision of
8 obstetric services, and other factors authorized by federal law;

9 (b) A medical indigency care component based on a hospital's
10 services to persons who are medically indigent; and

11 (c) A state-only component, to be paid from available state funds
12 to hospitals that do not qualify for federal payments under (b) of this
13 subsection, based on a hospital's services to persons who are medically
14 indigent;

15 (2) The payment methodology for disproportionate share hospitals
16 shall be specified by the (~~department~~) authority in regulation.

17 (3) Nothing in this section shall be construed as a right or an
18 entitlement by any hospital to any payment from the authority.

19 **Sec. 48.** RCW 74.09.770 and 1989 1st ex.s. c 10 s 2 are each
20 amended to read as follows:

21 (1) The legislature finds that Washington state and the nation as
22 a whole have a high rate of infant illness and death compared with
23 other industrialized nations. This is especially true for minority and
24 low-income populations. Premature and low weight births have been
25 directly linked to infant illness and death. The availability of
26 adequate maternity care throughout the course of pregnancy has been
27 identified as a major factor in reducing infant illness and death.
28 Further, the investment in preventive health care programs, such as
29 maternity care, contributes to the growth of a healthy and productive
30 society and is a sound approach to health care cost containment. The
31 legislature further finds that access to maternity care for low-income
32 women in the state of Washington has declined significantly in recent
33 years and has reached a crisis level.

34 (2) It is the purpose of this (~~chapter [subchapter]~~) subchapter
35 to provide, consistent with appropriated funds, maternity care
36 necessary to ensure healthy birth outcomes for low-income families. To

1 this end, a maternity care access system is established based on the
2 following principles:

3 (a) The family is the fundamental unit in our society and should be
4 supported through public policy.

5 (b) Access to maternity care for eligible persons to ensure healthy
6 birth outcomes should be made readily available in an expeditious
7 manner through a single service entry point.

8 (c) Unnecessary barriers to maternity care for eligible persons
9 should be removed.

10 (d) Access to preventive and other health care services should be
11 available for low-income children.

12 (e) Each woman should be encouraged to and assisted in making her
13 own informed decisions about her maternity care.

14 (f) Unnecessary barriers to the provision of maternity care by
15 qualified health professionals should be removed.

16 (g) The system should be sensitive to cultural differences among
17 eligible persons.

18 (h) To the extent possible, decisions about the scope, content, and
19 delivery of services should be made at the local level involving a
20 broad representation of community interests.

21 (i) The maternity care access system should be evaluated at
22 appropriate intervals to determine effectiveness and need for
23 modification.

24 (j) Maternity care services should be delivered in a cost-effective
25 manner.

26 **Sec. 49.** RCW 74.09.790 and 1993 c 407 s 9 are each amended to read
27 as follows:

28 Unless the context clearly requires otherwise, the definitions in
29 this section apply throughout RCW 74.09.760 through 74.09.820 and
30 74.09.510:

31 (1) "At-risk eligible person" means an eligible person determined
32 by the (~~department~~) authority to need special assistance in applying
33 for and obtaining maternity care, including pregnant women who are
34 substance abusers, pregnant and parenting adolescents, pregnant
35 minority women, and other eligible persons who need special assistance
36 in gaining access to the maternity care system.

1 (2) "County authority" means the board of county commissioners,
2 county council, or county executive having the authority to participate
3 in the maternity care access program or its designee. Two or more
4 county authorities may enter into joint agreements to fulfill the
5 requirements of this chapter.

6 (3) "Department" means the department of social and health
7 services.

8 (4) "Eligible person" means a woman in need of maternity care or
9 a child, who is eligible for medical assistance pursuant to this
10 chapter or the prenatal care program administered by the ((~~department~~))
11 authority.

12 (5) "Maternity care services" means inpatient and outpatient
13 medical care, case management, and support services necessary during
14 prenatal, delivery, and postpartum periods.

15 (6) "Support services" means, at least, public health nursing
16 assessment and follow-up, health and childbirth education,
17 psychological assessment and counseling, outreach services, nutritional
18 assessment and counseling, needed vitamin and nonprescriptive drugs,
19 transportation, family planning services, and child care. Support
20 services may include alcohol and substance abuse treatment for pregnant
21 women who are addicted or at risk of being addicted to alcohol or drugs
22 to the extent funds are made available for that purpose.

23 (7) "Family planning services" means planning the number of one's
24 children by use of contraceptive techniques.

25 (8) "Authority" means the Washington state health care authority.

26 **Sec. 50.** RCW 74.09.800 and 1993 c 407 s 10 are each amended to
27 read as follows:

28 The ((~~department~~)) authority shall, consistent with the state
29 budget act and subject to available funds, develop a maternity care
30 access program designed to ensure healthy birth outcomes as follows:

31 (1) Provide maternity care services to low-income pregnant women
32 and health care services to children in poverty to the maximum extent
33 allowable under the medical assistance program, Title XIX of the
34 federal social security act;

35 (2) Provide maternity care services to low-income women who are not
36 eligible to receive such services under the medical assistance program,
37 Title XIX of the federal social security act;

1 (3) (~~By January 1, 1990,~~) Have the following procedures in place
2 to improve access to maternity care services and eligibility
3 determinations for pregnant women applying for maternity care services
4 under the medical assistance program, Title XIX of the federal social
5 security act:

6 (a) Use of a shortened and simplified application form;

7 (b) Outstationing (~~department~~) authority staff to make
8 eligibility determinations;

9 (c) Establishing local plans at the county and regional level,
10 coordinated by the (~~department~~) authority; and

11 (d) Conducting an interview for the purpose of determining medical
12 assistance eligibility within five working days of the date of an
13 application by a pregnant woman and making an eligibility determination
14 within fifteen working days of the date of application by a pregnant
15 woman;

16 (4) Establish a maternity care case management system that shall
17 assist at-risk eligible persons with obtaining medical assistance
18 benefits and receiving maternity care services, including
19 transportation and child care services;

20 (5) Within available resources, establish appropriate reimbursement
21 levels for maternity care providers;

22 (6) Implement a broad-based public education program that stresses
23 the importance of obtaining maternity care early during pregnancy;

24 (7) Refer persons eligible for maternity care services under the
25 program established by this section to persons, agencies, or
26 organizations with maternity care service practices that primarily
27 emphasize healthy birth outcomes;

28 (8) Provide family planning services including information about
29 the synthetic progestin capsule implant form of contraception, for
30 twelve months immediately following a pregnancy to women who were
31 eligible for medical assistance under the maternity care access program
32 during that pregnancy or who were eligible only for emergency labor and
33 delivery services during that pregnancy; and

34 (9) Within available resources, provide family planning services to
35 women who meet the financial eligibility requirements for services
36 under subsections (1) and (2) of this section.

1 **Sec. 51.** RCW 74.09.810 and 1989 1st ex.s. c 10 s 6 are each
2 amended to read as follows:

3 (1) The ~~((department))~~ authority shall establish an alternative
4 maternity care service delivery system, if it determines that a county
5 or a group of counties is a maternity care distressed area. A
6 maternity care distressed area shall be defined by the ~~((department))~~
7 authority, in rule, as a county or a group of counties where eligible
8 women are unable to obtain adequate maternity care. The ~~((department))~~
9 authority shall include the following factors in its determination:

10 (a) Higher than average percentage of eligible persons in the
11 distressed area who receive late or no prenatal care;

12 (b) Higher than average percentage of eligible persons in the
13 distressed area who go out of the area to receive maternity care;

14 (c) Lower than average percentage of obstetrical care providers in
15 the distressed area who provide care to eligible persons;

16 (d) Higher than average percentage of infants born to eligible
17 persons per obstetrical care provider in the distressed area; and

18 (e) Higher than average percentage of infants that are of low birth
19 weight, five and one-half pounds or two thousand five hundred grams,
20 born to eligible persons in the distressed area.

21 (2) If the ~~((department))~~ authority determines that a maternity
22 care distressed area exists, it shall notify the relevant county
23 authority. The county authority shall, within one hundred twenty days,
24 submit a brief report to the ~~((department))~~ authority recommending
25 remedial action. The report shall be prepared in consultation with the
26 ~~((department and its))~~ authority and with the department's local
27 community service offices, the local public health officer, community
28 health clinics, health care providers, hospitals, the business
29 community, labor representatives, and low-income advocates in the
30 distressed area. A county authority may contract with a local
31 nonprofit entity to develop the report. If the county authority is
32 unwilling or unable to develop the report, it shall notify the
33 ~~((department))~~ authority within thirty days, and the ~~((department))~~
34 authority shall develop the report for the distressed area.

35 (3) The ~~((department))~~ authority shall review the report and use
36 it, to the extent possible, in developing strategies to improve
37 maternity care access in the distressed area. The ~~((department))~~
38 authority may contract with or directly employ qualified maternity care

1 health providers to provide maternity care services, if access to such
2 providers in the distressed area is not possible by other means. In
3 such cases, the ((department)) authority is authorized to pay that
4 portion of the health care providers' malpractice liability insurance
5 that represents the percentage of maternity care provided to eligible
6 persons by that provider through increased medical assistance payments.

7 **Sec. 52.** RCW 74.09.820 and 1989 1st ex.s. c 10 s 7 are each
8 amended to read as follows:

9 To the extent that federal matching funds are available, the
10 ((department)) authority or the department of health ((if one is
11 created)) shall establish, in consultation with the health science
12 programs of the state's colleges and universities, and community health
13 clinics, a loan repayment program that will encourage maternity care
14 providers to practice in medically underserved areas in exchange for
15 repayment of part or all of their health education loans.

16 NEW SECTION. **Sec. 53.** A new section is added to chapter 74.09 RCW
17 to read as follows:

18 (1) Subject to all provisions of this section and other law, the
19 authority shall grant an opportunity for an adjudicative proceeding to
20 the following:

21 (a) Any applicant or recipient who is aggrieved by a decision of
22 the authority or an authorized agency of the authority; or

23 (b) A current or former recipient who is aggrieved by the
24 authority's claim that he or she owes a debt for overpayment of
25 assistance.

26 (2) For purposes of this section:

27 (a) "Action" means a termination, suspension, reduction, or denial
28 of medical assistance eligibility or covered services;

29 (b) "Applicant" means a person who has submitted an application for
30 medical assistance benefits to the authority;

31 (c) "Recipient" means a person who is receiving medical assistance
32 benefits from the authority.

33 (3) The authority may not grant an adjudicative proceeding if the
34 sole issue is a federal or state law requiring an automatic change
35 adversely affecting some or all applicants or recipients.

1 (4) An applicant or recipient must file an application for an
2 adjudicative proceeding with the authority within ninety calendar days
3 after receiving notice of the aggrieving decision.

4 (5)(a) The adjudicative proceeding is governed by the
5 administrative procedure act, chapter 34.05 RCW, and this subsection.

6 (b) The adjudicative proceeding must be conducted at a location in
7 Washington convenient to the applicant or recipient and may be
8 conducted telephonically.

9 (c) The applicant or recipient, or his or her representative, has
10 the right to inspect his or her file from the authority and, upon
11 request, to receive copies of authority documents relevant to the
12 proceedings free of charge.

13 (d) The applicant or recipient has the right to a copy of the tape
14 recording of the adjudicative proceeding free of charge.

15 (e) If a final adjudicative order is issued in favor of an
16 applicant, medical assistance must be provided from the date of denial
17 of the application for assistance. If a final adjudicative order is
18 issued in favor of a recipient, medical assistance must be provided
19 from the effective date of the authority's action.

20 (6) This subsection only applies to an adjudicative proceeding in
21 which the appellant is an applicant for or recipient of medical
22 assistance or the limited casualty program for the medically needy and
23 the issue is his or her eligibility or ineligibility due to the
24 assignment or transfer of a resource. The burden is on the authority
25 or its authorized agency to prove by a preponderance of the evidence
26 that the person knowingly and willingly assigned or transferred the
27 resource at less than market value for the purpose of qualifying or
28 continuing to qualify for medical assistance or the limited casualty
29 program for the medically needy. If the prevailing party in the
30 adjudicative proceeding is the applicant or recipient, he or she is
31 entitled to reasonable attorneys' fees.

32 (7) When an applicant or recipient files a petition for judicial
33 review as provided in RCW 34.05.514 of a final adjudicative order
34 entered with respect to the medical assistance program, no filing fee
35 may be collected from the person and no bond may be required on any
36 appeal. In the event that the superior court, the court of appeals, or
37 the supreme court renders a decision in favor of the applicant or
38 recipient, the person is entitled to reasonable attorneys' fees and

1 costs. If a final judicial decision is made in favor of an applicant,
2 assistance must be paid from the date of the denial of the application
3 for assistance or in the case of a recipient, from the effective date
4 of the authority's action.

5 (8) The provisions of RCW 74.08.080 do not apply to adjudicative
6 proceedings requested or conducted with respect to the medical
7 assistance program pursuant to this section.

8 (9) The authority shall adopt any rules it deems necessary to
9 implement this section.

10 **Sec. 54.** RCW 41.05.011 and 2009 c 537 s 3 are each amended to read
11 as follows:

12 The definitions in this section apply throughout this chapter
13 unless the context clearly requires otherwise.

14 (1) (~~("Administrator")~~) "Director" means the (~~(administrator)~~)
15 director of the authority.

16 (2) "State purchased health care" or "health care" means medical
17 and health care, pharmaceuticals, and medical equipment purchased with
18 state and federal funds by the department of social and health
19 services, the department of health, the basic health plan, the state
20 health care authority, the department of labor and industries, the
21 department of corrections, the department of veterans affairs, and
22 local school districts.

23 (3) "Authority" means the Washington state health care authority.

24 (4) "Insuring entity" means an insurer as defined in chapter 48.01
25 RCW, a health care service contractor as defined in chapter 48.44 RCW,
26 or a health maintenance organization as defined in chapter 48.46 RCW.

27 (5) "Flexible benefit plan" means a benefit plan that allows
28 employees to choose the level of health care coverage provided and the
29 amount of employee contributions from among a range of choices offered
30 by the authority.

31 (6) "Employee" includes all employees of the state, whether or not
32 covered by civil service; elected and appointed officials of the
33 executive branch of government, including full-time members of boards,
34 commissions, or committees; justices of the supreme court and judges of
35 the court of appeals and the superior courts; and members of the state
36 legislature. Pursuant to contractual agreement with the authority,
37 "employee" may also include: (a) Employees of a county, municipality,

1 or other political subdivision of the state and members of the
2 legislative authority of any county, city, or town who are elected to
3 office after February 20, 1970, if the legislative authority of the
4 county, municipality, or other political subdivision of the state seeks
5 and receives the approval of the authority to provide any of its
6 insurance programs by contract with the authority, as provided in RCW
7 41.04.205 and 41.05.021(1)(g); (b) employees of employee organizations
8 representing state civil service employees, at the option of each such
9 employee organization, and, effective October 1, 1995, employees of
10 employee organizations currently pooled with employees of school
11 districts for the purpose of purchasing insurance benefits, at the
12 option of each such employee organization; (c) employees of a school
13 district if the authority agrees to provide any of the school
14 districts' insurance programs by contract with the authority as
15 provided in RCW 28A.400.350; and (d) employees of a tribal government,
16 if the governing body of the tribal government seeks and receives the
17 approval of the authority to provide any of its insurance programs by
18 contract with the authority, as provided in RCW 41.05.021(1) (f) and
19 (g). "Employee" does not include: Adult family homeowners; unpaid
20 volunteers; patients of state hospitals; inmates; employees of the
21 Washington state convention and trade center as provided in RCW
22 41.05.110; students of institutions of higher education as determined
23 by their institution; and any others not expressly defined as employees
24 under this chapter or by the authority under this chapter.

25 (7) "Seasonal employee" means an employee hired to work during a
26 recurring, annual season with a duration of three months or more, and
27 anticipated to return each season to perform similar work.

28 (8) "Faculty" means an academic employee of an institution of
29 higher education whose workload is not defined by work hours but whose
30 appointment, workload, and duties directly serve the institution's
31 academic mission, as determined under the authority of its enabling
32 statutes, its governing body, and any applicable collective bargaining
33 agreement.

34 (9) "Board" means the public employees' benefits board established
35 under RCW 41.05.055.

36 (10) "Retired or disabled school employee" means:

37 (a) Persons who separated from employment with a school district or

1 educational service district and are receiving a retirement allowance
2 under chapter 41.32 or 41.40 RCW as of September 30, 1993;

3 (b) Persons who separate from employment with a school district or
4 educational service district on or after October 1, 1993, and
5 immediately upon separation receive a retirement allowance under
6 chapter 41.32, 41.35, or 41.40 RCW;

7 (c) Persons who separate from employment with a school district or
8 educational service district due to a total and permanent disability,
9 and are eligible to receive a deferred retirement allowance under
10 chapter 41.32, 41.35, or 41.40 RCW.

11 (11) "Premium payment plan" means a benefit plan whereby state and
12 public employees may pay their share of group health plan premiums with
13 pretax dollars as provided in the salary reduction plan under this
14 chapter pursuant to 26 U.S.C. Sec. 125 or other sections of the
15 internal revenue code.

16 (12) "Salary" means a state employee's monthly salary or wages.

17 (13) "Participant" means an individual who fulfills the eligibility
18 and enrollment requirements under the salary reduction plan.

19 (14) "Plan year" means the time period established by the
20 authority.

21 (15) "Separated employees" means persons who separate from
22 employment with an employer as defined in:

23 (a) RCW 41.32.010(~~(+11+)~~) (17) on or after July 1, 1996; or

24 (b) RCW 41.35.010 on or after September 1, 2000; or

25 (c) RCW 41.40.010 on or after March 1, 2002;

26 and who are at least age fifty-five and have at least ten years of
27 service under the teachers' retirement system plan 3 as defined in RCW
28 41.32.010(~~(+40+)~~) (33), the Washington school employees' retirement
29 system plan 3 as defined in RCW 41.35.010, or the public employees'
30 retirement system plan 3 as defined in RCW 41.40.010.

31 (16) "Emergency service personnel killed in the line of duty" means
32 law enforcement officers and firefighters as defined in RCW 41.26.030,
33 members of the Washington state patrol retirement fund as defined in
34 RCW 43.43.120, and reserve officers and firefighters as defined in RCW
35 41.24.010 who die as a result of injuries sustained in the course of
36 employment as determined consistent with Title 51 RCW by the department
37 of labor and industries.

38 (17) "Employer" means the state of Washington.

1 (18) "Employing agency" means a division, department, or separate
2 agency of state government, including an institution of higher
3 education; a county, municipality, school district, educational service
4 district, or other political subdivision; and a tribal government
5 covered by this chapter.

6 (19) "Tribal government" means an Indian tribal government as
7 defined in section 3(32) of the employee retirement income security act
8 of 1974, as amended, or an agency or instrumentality of the tribal
9 government, that has government offices principally located in this
10 state.

11 (20) "Dependent care assistance program" means a benefit plan
12 whereby state and public employees may pay for certain employment
13 related dependent care with pretax dollars as provided in the salary
14 reduction plan under this chapter pursuant to 26 U.S.C. Sec. 129 or
15 other sections of the internal revenue code.

16 (21) "Salary reduction plan" means a benefit plan whereby state and
17 public employees may agree to a reduction of salary on a pretax basis
18 to participate in the dependent care assistance program, medical
19 flexible spending arrangement, or premium payment plan offered pursuant
20 to 26 U.S.C. Sec. 125 or other sections of the internal revenue code.

21 (22) "Medical flexible spending arrangement" means a benefit plan
22 whereby state and public employees may reduce their salary before taxes
23 to pay for medical expenses not reimbursed by insurance as provided in
24 the salary reduction plan under this chapter pursuant to 26 U.S.C. Sec.
25 125 or other sections of the internal revenue code.

26 **Sec. 55.** RCW 41.05.015 and 2000 c 5 s 16 are each amended to read
27 as follows:

28 The (~~administrator~~) director shall designate a medical director
29 who is licensed under chapter 18.57 or 18.71 RCW. The director shall
30 also appoint such professional personnel and other assistants and
31 employees, including professional medical screeners, as may be
32 reasonably necessary to carry out the provisions of this chapter and
33 chapter 74.09 RCW. The medical screeners must be supervised by one or
34 more physicians whom the director or the director's designee shall
35 appoint.

1 **Sec. 56.** RCW 41.05.021 and 2009 c 537 s 4 are each amended to read
2 as follows:

3 (1) The Washington state health care authority is created within
4 the executive branch. The authority shall have ~~((an administrator))~~ a
5 director appointed by the governor, with the consent of the senate.
6 The ~~((administrator))~~ director shall serve at the pleasure of the
7 governor. The ~~((administrator))~~ director may employ ~~((up to seven~~
8 ~~staff members))~~ a deputy director, and such assistant directors and
9 special assistants as may be needed to administer the authority, who
10 shall be exempt from chapter 41.06 RCW, and any additional staff
11 members as are necessary to administer this chapter. The
12 ~~((administrator))~~ director may delegate any power or duty vested in him
13 or her by ~~((this chapter))~~ law, including authority to make final
14 decisions and enter final orders in hearings conducted under chapter
15 34.05 RCW. The primary duties of the authority shall be to:
16 Administer state employees' insurance benefits and retired or disabled
17 school employees' insurance benefits; administer the basic health plan
18 pursuant to chapter 70.47 RCW; administer the children's health program
19 pursuant to chapter 74.09 RCW; study state-purchased health care
20 programs in order to maximize cost containment in these programs while
21 ensuring access to quality health care; implement state initiatives,
22 joint purchasing strategies, and techniques for efficient
23 administration that have potential application to all state-purchased
24 health services; and administer grants that further the mission and
25 goals of the authority. The authority's duties include, but are not
26 limited to, the following:

27 (a) To administer health care benefit programs for employees and
28 retired or disabled school employees as specifically authorized in RCW
29 41.05.065 and in accordance with the methods described in RCW
30 41.05.075, 41.05.140, and other provisions of this chapter;

31 (b) To analyze state-purchased health care programs and to explore
32 options for cost containment and delivery alternatives for those
33 programs that are consistent with the purposes of those programs,
34 including, but not limited to:

35 (i) Creation of economic incentives for the persons for whom the
36 state purchases health care to appropriately utilize and purchase
37 health care services, including the development of flexible benefit
38 plans to offset increases in individual financial responsibility;

1 (ii) Utilization of provider arrangements that encourage cost
2 containment, including but not limited to prepaid delivery systems,
3 utilization review, and prospective payment methods, and that ensure
4 access to quality care, including assuring reasonable access to local
5 providers, especially for employees residing in rural areas;

6 (iii) Coordination of state agency efforts to purchase drugs
7 effectively as provided in RCW 70.14.050;

8 (iv) Development of recommendations and methods for purchasing
9 medical equipment and supporting services on a volume discount basis;

10 (v) Development of data systems to obtain utilization data from
11 state-purchased health care programs in order to identify cost centers,
12 utilization patterns, provider and hospital practice patterns, and
13 procedure costs, utilizing the information obtained pursuant to RCW
14 41.05.031; and

15 (vi) In collaboration with other state agencies that administer
16 state purchased health care programs, private health care purchasers,
17 health care facilities, providers, and carriers:

18 (A) Use evidence-based medicine principles to develop common
19 performance measures and implement financial incentives in contracts
20 with insuring entities, health care facilities, and providers that:

21 (I) Reward improvements in health outcomes for individuals with
22 chronic diseases, increased utilization of appropriate preventive
23 health services, and reductions in medical errors; and

24 (II) Increase, through appropriate incentives to insuring entities,
25 health care facilities, and providers, the adoption and use of
26 information technology that contributes to improved health outcomes,
27 better coordination of care, and decreased medical errors;

28 (B) Through state health purchasing, reimbursement, or pilot
29 strategies, promote and increase the adoption of health information
30 technology systems, including electronic medical records, by hospitals
31 as defined in RCW 70.41.020(4), integrated delivery systems, and
32 providers that:

33 (I) Facilitate diagnosis or treatment;

34 (II) Reduce unnecessary duplication of medical tests;

35 (III) Promote efficient electronic physician order entry;

36 (IV) Increase access to health information for consumers and their
37 providers; and

38 (V) Improve health outcomes;

1 (C) Coordinate a strategy for the adoption of health information
2 technology systems using the final health information technology report
3 and recommendations developed under chapter 261, Laws of 2005;

4 (c) To analyze areas of public and private health care interaction;

5 (d) To provide information and technical and administrative
6 assistance to the board;

7 (e) To review and approve or deny applications from counties,
8 municipalities, and other political subdivisions of the state to
9 provide state-sponsored insurance or self-insurance programs to their
10 employees in accordance with the provisions of RCW 41.04.205 and (g) of
11 this subsection, setting the premium contribution for approved groups
12 as outlined in RCW 41.05.050;

13 (f) To review and approve or deny the application when the
14 governing body of a tribal government applies to transfer their
15 employees to an insurance or self-insurance program administered under
16 this chapter. In the event of an employee transfer pursuant to this
17 subsection (1)(f), members of the governing body are eligible to be
18 included in such a transfer if the members are authorized by the tribal
19 government to participate in the insurance program being transferred
20 from and subject to payment by the members of all costs of insurance
21 for the members. The authority shall: (i) Establish the conditions
22 for participation; (ii) have the sole right to reject the application;
23 and (iii) set the premium contribution for approved groups as outlined
24 in RCW 41.05.050. Approval of the application by the authority
25 transfers the employees and dependents involved to the insurance,
26 self-insurance, or health care program approved by the authority;

27 (g) To ensure the continued status of the employee insurance or
28 self-insurance programs administered under this chapter as a
29 governmental plan under section 3(32) of the employee retirement income
30 security act of 1974, as amended, the authority shall limit the
31 participation of employees of a county, municipal, school district,
32 educational service district, or other political subdivision, or a
33 tribal government, including providing for the participation of those
34 employees whose services are substantially all in the performance of
35 essential governmental functions, but not in the performance of
36 commercial activities;

37 (h) To establish billing procedures and collect funds from school

1 districts in a way that minimizes the administrative burden on
2 districts;

3 (i) To publish and distribute to nonparticipating school districts
4 and educational service districts by October 1st of each year a
5 description of health care benefit plans available through the
6 authority and the estimated cost if school districts and educational
7 service district employees were enrolled;

8 (j) To apply for, receive, and accept grants, gifts, and other
9 payments, including property and service, from any governmental or
10 other public or private entity or person, and make arrangements as to
11 the use of these receipts to implement initiatives and strategies
12 developed under this section;

13 (k) To issue, distribute, and administer grants that further the
14 mission and goals of the authority;

15 (l) To adopt rules consistent with this chapter as described in RCW
16 41.05.160 including, but not limited to:

17 (i) Setting forth the criteria established by the board under RCW
18 41.05.065 for determining whether an employee is eligible for benefits;

19 (ii) Establishing an appeal process in accordance with chapter
20 34.05 RCW by which an employee may appeal an eligibility determination;

21 (iii) Establishing a process to assure that the eligibility
22 determinations of an employing agency comply with the criteria under
23 this chapter, including the imposition of penalties as may be
24 authorized by the board;

25 (m)(i) To administer the medical assistance program under chapter
26 74.09 RCW as the designated single state agency for purposes of Title
27 XIX of the federal social security act;

28 (ii) To administer the state children's health insurance program
29 under chapter 74.09 RCW for purposes of Title XXI of the federal social
30 security act;

31 (iii) To adopt rules to carry out the purposes of chapter 74.09
32 RCW;

33 (iv) To appoint such advisory committees or councils as may be
34 required by any federal statute or regulation as a condition to the
35 receipt of federal funds by the authority. The director may appoint
36 statewide committees or councils in the following subject areas: (A)
37 Health facilities; (B) children and youth services; (C) blind services;
38 (D) medical and health care; (E) drug abuse and alcoholism; (F) social

1 services; (G) economic services; (H) vocational services; (I)
2 rehabilitative services; and (J) such other subject matters as are or
3 come within the authority's responsibilities. The statewide councils
4 shall have representation from both major political parties and shall
5 have substantial consumer representation. Such committees or councils
6 shall be constituted as required by federal law or as the director in
7 his or her discretion may determine. The members of the committees or
8 councils shall hold office for three years except in the case of a
9 vacancy, in which event appointment shall be only for the remainder of
10 the unexpired term for which the vacancy occurs. No member shall serve
11 more than two consecutive terms. Members of such state advisory
12 committees or councils may be paid their travel expenses in accordance
13 with RCW 43.03.050 and 43.03.060 as now existing or hereafter amended.

14 (2) On and after January 1, 1996, the public employees' benefits
15 board may implement strategies to promote managed competition among
16 employee health benefit plans. Strategies may include but are not
17 limited to:

- 18 (a) Standardizing the benefit package;
19 (b) Soliciting competitive bids for the benefit package;
20 (c) Limiting the state's contribution to a percent of the lowest
21 priced qualified plan within a geographical area;
22 (d) Monitoring the impact of the approach under this subsection
23 with regards to: Efficiencies in health service delivery, cost shifts
24 to subscribers, access to and choice of managed care plans statewide,
25 and quality of health services. The health care authority shall also
26 advise on the value of administering a benchmark employer-managed plan
27 to promote competition among managed care plans.

28 **Sec. 57.** RCW 41.05.036 and 2009 c 300 s 2 are each amended to read
29 as follows:

30 The definitions in this section apply throughout RCW 41.05.039
31 through 41.05.046 unless the context clearly requires otherwise.

32 (1) (~~"Administrator"~~) "Director" means the (~~administrator~~)
33 director of the state health care authority under this chapter.

34 (2) "Exchange" means the methods or medium by which health care
35 information may be electronically and securely exchanged among
36 authorized providers, payors, and patients within Washington state.

1 (3) "Health care provider" or "provider" has the same meaning as in
2 RCW 48.43.005.

3 (4) "Health data provider" means an organization that is a primary
4 source for health-related data for Washington residents, including but
5 not limited to:

6 (a) The children's health immunizations linkages and development
7 profile immunization registry provided by the department of health
8 pursuant to chapter 43.70 RCW;

9 (b) Commercial laboratories providing medical laboratory testing
10 results;

11 (c) Prescription drugs clearinghouses, such as the national patient
12 health information network; and

13 (d) Diagnostic imaging centers.

14 (5) "Lead organization" means a private sector organization or
15 organizations designated by the (~~administrator~~) director to lead
16 development of processes, guidelines, and standards under chapter 300,
17 Laws of 2009.

18 (6) "Payor" means public purchasers, as defined in this section,
19 carriers licensed under chapters 48.20, 48.21, 48.44, 48.46, and 48.62
20 RCW, and the Washington state health insurance pool established in
21 chapter 48.41 RCW.

22 (7) "Public purchaser" means the department of social and health
23 services, the department of labor and industries, and the health care
24 authority.

25 (8) "Secretary" means the secretary of the department of health.

26 **Sec. 58.** RCW 41.05.037 and 2007 c 259 s 15 are each amended to
27 read as follows:

28 To the extent that (~~sufficient~~) funding is provided specifically
29 for this purpose, the (~~administrator, in collaboration with the~~
30 ~~department of social and health services,~~) director shall provide all
31 persons enrolled in health plans under this chapter and chapters 70.47
32 and 74.09 RCW with access to a twenty-four hour, seven day a week nurse
33 hotline.

34 **Sec. 59.** RCW 41.05.140 and 2000 c 80 s 5 are each amended to read
35 as follows:

36 (1) Except for property and casualty insurance, the authority may

1 self-fund, self-insure, or enter into other methods of providing
2 insurance coverage for insurance programs under its jurisdiction,
3 including the basic health plan as provided in chapter 70.47 RCW. The
4 authority shall contract for payment of claims or other administrative
5 services for programs under its jurisdiction. If a program does not
6 require the prepayment of reserves, the authority shall establish such
7 reserves within a reasonable period of time for the payment of claims
8 as are normally required for that type of insurance under an insured
9 program. The authority shall endeavor to reimburse basic health plan
10 health care providers under this section at rates similar to the
11 average reimbursement rates offered by the statewide benchmark plan
12 determined through the request for proposal process.

13 (2) Reserves established by the authority for employee and retiree
14 benefit programs shall be held in a separate trust fund by the state
15 treasurer and shall be known as the public employees' and retirees'
16 insurance reserve fund. The state investment board shall act as the
17 investor for the funds and, except as provided in RCW 43.33A.160 and
18 43.84.160, one hundred percent of all earnings from these investments
19 shall accrue directly to the public employees' and retirees' insurance
20 reserve fund.

21 (3) Any savings realized as a result of a program created for
22 employees and retirees under this section shall not be used to increase
23 benefits unless such use is authorized by statute.

24 (4) Reserves established by the authority to provide insurance
25 coverage for the basic health plan under chapter 70.47 RCW shall be
26 held in a separate trust account in the custody of the state treasurer
27 and shall be known as the basic health plan self-insurance reserve
28 account. The state investment board shall act as the investor for the
29 funds as set forth in RCW 43.33A.230 and, except as provided in RCW
30 43.33A.160 and 43.84.160, one hundred percent of all earnings from
31 these investments shall accrue directly to the basic health plan self-
32 insurance reserve account.

33 (5) Any program created under this section shall be subject to the
34 examination requirements of chapter 48.03 RCW as if the program were a
35 domestic insurer. In conducting an examination, the commissioner shall
36 determine the adequacy of the reserves established for the program.

37 (6) The authority shall keep full and adequate accounts and records

1 of the assets, obligations, transactions, and affairs of any program
2 created under this section.

3 (7) The authority shall file a quarterly statement of the financial
4 condition, transactions, and affairs of any program created under this
5 section in a form and manner prescribed by the insurance commissioner.
6 The statement shall contain information as required by the commissioner
7 for the type of insurance being offered under the program. A copy of
8 the annual statement shall be filed with the speaker of the house of
9 representatives and the president of the senate.

10 (8) The provisions of this section do not apply to the
11 administration of chapter 74.09 RCW.

12 **Sec. 60.** RCW 41.05.185 and 1997 c 276 s 1 are each amended to read
13 as follows:

14 The legislature finds that diabetes imposes a significant health
15 risk and tremendous financial burden on the citizens and government of
16 the state of Washington, and that access to the medically accepted
17 standards of care for diabetes, its treatment and supplies, and self-
18 management training and education is crucial to prevent or delay the
19 short and long-term complications of diabetes and its attendant costs.

20 (1) The definitions in this subsection apply throughout this
21 section unless the context clearly requires otherwise.

22 (a) "Person with diabetes" means a person diagnosed by a health
23 care provider as having insulin using diabetes, noninsulin using
24 diabetes, or elevated blood glucose levels induced by pregnancy; and

25 (b) "Health care provider" means a health care provider as defined
26 in RCW 48.43.005.

27 (2) All state-purchased health care purchased or renewed after
28 January 1, 1998, except the basic health plan described in chapter
29 70.47 RCW and services provided under chapter 74.09 RCW, shall provide
30 benefits for at least the following services and supplies for persons
31 with diabetes:

32 (a) For state-purchased health care that includes coverage for
33 pharmacy services, appropriate and medically necessary equipment and
34 supplies, as prescribed by a health care provider, that includes but is
35 not limited to insulin, syringes, injection aids, blood glucose
36 monitors, test strips for blood glucose monitors, visual reading and
37 urine test strips, insulin pumps and accessories to the pumps, insulin

1 infusion devices, prescriptive oral agents for controlling blood sugar
2 levels, foot care appliances for prevention of complications associated
3 with diabetes, and glucagon emergency kits; and

4 (b) For all state-purchased health care, outpatient self-management
5 training and education, including medical nutrition therapy, as ordered
6 by the health care provider. Diabetes outpatient self-management
7 training and education may be provided only by health care providers
8 with expertise in diabetes. Nothing in this section prevents any state
9 agency purchasing health care according to this section from
10 restricting patients to seeing only health care providers who have
11 signed participating provider agreements with that state agency or an
12 insuring entity under contract with that state agency.

13 (3) Coverage required under this section may be subject to
14 customary cost-sharing provisions established for all other similar
15 services or supplies within a policy.

16 (4) Health care coverage may not be reduced or eliminated due to
17 this section.

18 (5) Services required under this section shall be covered when
19 deemed medically necessary by the medical director, or his or her
20 designee, subject to any referral and formulary requirements.

21 **Sec. 61.** RCW 43.20A.365 and 1997 c 430 s 2 are each amended to
22 read as follows:

23 A committee or council required by federal law, within the
24 (~~department of social and health services~~) health care authority,
25 that makes policy recommendations regarding reimbursement for drugs
26 under the requirements of federal law or regulations is subject to
27 chapters 42.30 and 42.32 RCW.

28 **Sec. 62.** RCW 74.04.005 and 2010 1st sp.s. c 8 s 4 are each amended
29 to read as follows:

30 For the purposes of this title, unless the context indicates
31 otherwise, the following definitions shall apply:

32 (1) "Public assistance" or "assistance"--Public aid to persons in
33 need thereof for any cause, including services, medical care,
34 assistance grants, disbursing orders, work relief, disability lifeline
35 benefits and federal aid assistance.

36 (2) "Department"--The department of social and health services.

1 (3) "County or local office"--The administrative office for one or
2 more counties or designated service areas.

3 (4) (~~"Director" or~~) "Secretary" means the secretary of social and
4 health services.

5 (5) "Disability lifeline program" means a program that provides aid
6 and support in accordance with the conditions set out in this
7 subsection.

8 (a) Aid and assistance shall be provided to persons who are not
9 eligible to receive federal aid assistance, other than basic food
10 benefits transferred electronically and medical assistance and meet one
11 of the following conditions:

12 (i) Are pregnant and in need, based upon the current income and
13 resource requirements of the federal temporary assistance for needy
14 families program; or

15 (ii) Are incapacitated from gainful employment by reason of bodily
16 or mental infirmity that will likely continue for a minimum of ninety
17 days as determined by the department. The standard for incapacity in
18 this subsection, as evidenced by the ninety-day duration standard, is
19 not intended to be as stringent as federal supplemental security income
20 disability standards; and

21 (A) Are citizens or aliens lawfully admitted for permanent
22 residence or otherwise residing in the United States under color of
23 law;

24 (B) Have furnished the department their social security number. If
25 the social security number cannot be furnished because it has not been
26 issued or is not known, an application for a number shall be made prior
27 to authorization of benefits, and the social security number shall be
28 provided to the department upon receipt;

29 (C) Have not refused or failed without good cause to participate in
30 drug or alcohol treatment if an assessment by a certified chemical
31 dependency counselor indicates a need for such treatment. Good cause
32 must be found to exist when a person's physical or mental condition, as
33 determined by the department, prevents the person from participating in
34 drug or alcohol dependency treatment, when needed outpatient drug or
35 alcohol treatment is not available to the person in the county of his
36 or her residence or when needed inpatient treatment is not available in
37 a location that is reasonably accessible for the person; and

1 (D) Have not refused or failed without good cause to participate in
2 vocational rehabilitation services, if an assessment conducted under
3 RCW 74.04.655 indicates that the person might benefit from such
4 services. Good cause must be found to exist when a person's physical
5 or mental condition, as determined by the department, prevents the
6 person from participating in vocational rehabilitation services, or
7 when vocational rehabilitation services are not available to the person
8 in the county of his or her residence.

9 (b)(i) Persons who initially apply and are found eligible for
10 disability lifeline benefits based upon incapacity from gainful
11 employment under (a) of this subsection on or after September 2, 2010,
12 who are homeless and have been assessed as needing chemical dependency
13 or mental health treatment or both, must agree, as a condition of
14 eligibility for the disability lifeline program, to accept a housing
15 voucher in lieu of a cash grant if a voucher is available. The
16 department shall establish the dollar value of the housing voucher.
17 The dollar value of the housing voucher may differ from the value of
18 the cash grant. Persons receiving a housing voucher under this
19 subsection also shall receive a cash stipend of fifty dollars per
20 month.

21 (ii) If the department of commerce has determined under RCW
22 43.330.175 that sufficient housing is not available, persons described
23 in this subsection who apply for disability lifeline benefits during
24 the time period that housing is not available shall receive a cash
25 grant in lieu of a cash stipend and housing voucher.

26 (iii) Persons who refuse to accept a housing voucher under this
27 subsection but otherwise meet the eligibility requirements of (a) of
28 this subsection are eligible for medical care services benefits under
29 RCW 74.09.035, subject to the time limits in (h) of this subsection.

30 (c) The following persons are not eligible for the disability
31 lifeline program:

32 (i) Persons who are unemployable due primarily to alcohol or drug
33 addiction. These persons shall be referred to appropriate assessment,
34 treatment, shelter, or supplemental security income referral services
35 as authorized under chapter 74.50 RCW. Referrals shall be made at the
36 time of application or at the time of eligibility review. This
37 subsection shall not be construed to prohibit the department from

1 granting disability lifeline benefits to alcoholics and drug addicts
2 who are incapacitated due to other physical or mental conditions that
3 meet the eligibility criteria for the disability lifeline program;

4 (ii) Persons who refuse or fail to cooperate in obtaining federal
5 aid assistance, without good cause.

6 (d) Disability lifeline benefits shall be provided only to persons
7 who are not members of assistance units receiving federal aid
8 assistance, except as provided in (a) of this subsection, and who will
9 accept available services that can reasonably be expected to enable the
10 person to work or reduce the need for assistance unless there is good
11 cause to refuse. Failure to accept such services shall result in
12 termination until the person agrees to cooperate in accepting such
13 services and subject to the following maximum periods of ineligibility
14 after reapplication:

15 (i) First failure: One week;

16 (ii) Second failure within six months: One month;

17 (iii) Third and subsequent failure within one year: Two months.

18 (e) Persons who are likely eligible for federal supplemental
19 security income benefits shall be moved into the disability lifeline
20 expedited component of the disability lifeline program. Persons placed
21 in the expedited component of the program may, if otherwise eligible,
22 receive disability lifeline benefits pending application for federal
23 supplemental security income benefits. The monetary value of any
24 disability lifeline benefit that is subsequently duplicated by the
25 person's receipt of supplemental security income for the same period
26 shall be considered a debt due the state and shall by operation of law
27 be subject to recovery through all available legal remedies.

28 (f) For purposes of determining whether a person is incapacitated
29 from gainful employment under (a) of this subsection:

30 (i) The department shall adopt by rule medical criteria for
31 disability lifeline incapacity determinations to ensure that
32 eligibility decisions are consistent with statutory requirements and
33 are based on clear, objective medical information; and

34 (ii) The process implementing the medical criteria shall involve
35 consideration of opinions of the treating or consulting physicians or
36 health care professionals regarding incapacity, and any eligibility
37 decision which rejects uncontroverted medical opinion must set forth
38 clear and convincing reasons for doing so.

1 (g) Persons receiving disability lifeline benefits based upon a
2 finding of incapacity from gainful employment who remain otherwise
3 eligible shall have their benefits discontinued unless the recipient
4 demonstrates no material improvement in their medical or mental health
5 condition. The department may discontinue benefits when there was
6 specific error in the prior determination that found the person
7 eligible by reason of incapacitation.

8 (h)(i) Beginning September 1, 2010, no person who is currently
9 receiving or becomes eligible for disability lifeline program benefits
10 shall be eligible to receive benefits under the program for more than
11 twenty-four months in a sixty-month period. For purposes of this
12 subsection, months of receipt of general assistance-unemployable
13 benefits count toward the twenty-four month limit. Months during which
14 a person received benefits under the expedited component of the
15 disability lifeline or general assistance program or under the aged,
16 blind, or disabled component of the disability lifeline or general
17 assistance program shall not be included when determining whether a
18 person has been receiving benefits for more than twenty-four months.
19 On or before July 1, 2010, the department must review the cases of all
20 persons who have received disability lifeline benefits or general
21 assistance unemployable benefits for at least twenty months as of that
22 date. On or before September 1, 2010, the department must review the
23 cases of all remaining persons who have received disability lifeline
24 benefits for at least twelve months as of that date. The review should
25 determine whether the person meets the federal supplemental security
26 income disability standard and, if the person does not meet that
27 standard, whether the receipt of additional services could lead to
28 employability. If a need for additional services is identified, the
29 department shall provide case management services, such as assistance
30 with arranging transportation or locating stable housing, that will
31 facilitate the person's access to needed services. A person may not be
32 determined ineligible due to exceeding the time limit unless he or she
33 has received a case review under this subsection finding that the
34 person does not meet the federal supplemental security income
35 disability standard.

36 (ii) The time limits established under this subsection expire June
37 30, 2013.

1 (i) No person may be considered an eligible individual for
2 disability lifeline benefits with respect to any month if during that
3 month the person:

4 (i) Is fleeing to avoid prosecution of, or to avoid custody or
5 confinement for conviction of, a felony, or an attempt to commit a
6 felony, under the laws of the state of Washington or the place from
7 which the person flees; or

8 (ii) Is violating a condition of probation, community supervision,
9 or parole imposed under federal or state law for a felony or gross
10 misdemeanor conviction.

11 (6) "Disability lifeline expedited" means a component of the
12 disability lifeline program under which persons receiving disability
13 lifeline benefits have been determined, after examination by an
14 appropriate health care provider, to be likely to be eligible for
15 federal supplemental security income benefits based on medical and
16 behavioral health evidence that meets the disability standards used for
17 the federal supplemental security income program.

18 (7) "Federal aid assistance"--The specific categories of assistance
19 for which provision is made in any federal law existing or hereafter
20 passed by which payments are made from the federal government to the
21 state in aid or in respect to payment by the state for public
22 assistance rendered to any category of needy persons for which
23 provision for federal funds or aid may from time to time be made, or a
24 federally administered needs-based program.

25 (8) "Applicant"--Any person who has made a request, or on behalf of
26 whom a request has been made, to any county or local office for
27 assistance.

28 (9) "Recipient"--Any person receiving assistance and in addition
29 those dependents whose needs are included in the recipient's
30 assistance.

31 (10) "Standards of assistance"--The level of income required by an
32 applicant or recipient to maintain a level of living specified by the
33 department.

34 (11) "Resource"--Any asset, tangible or intangible, owned by or
35 available to the applicant at the time of application, which can be
36 applied toward meeting the applicant's need, either directly or by
37 conversion into money or its equivalent. The department may by rule

1 designate resources that an applicant may retain and not be ineligible
2 for public assistance because of such resources. Exempt resources
3 shall include, but are not limited to:

4 (a) A home that an applicant, recipient, or their dependents is
5 living in, including the surrounding property;

6 (b) Household furnishings and personal effects;

7 (c) A motor vehicle, other than a motor home, used and useful
8 having an equity value not to exceed five thousand dollars;

9 (d) A motor vehicle necessary to transport a household member with
10 a physical disability. This exclusion is limited to one vehicle per
11 person with a physical disability;

12 (e) All other resources, including any excess of values exempted,
13 not to exceed one thousand dollars or other limit as set by the
14 department, to be consistent with limitations on resources and
15 exemptions necessary for federal aid assistance. The department shall
16 also allow recipients of temporary assistance for needy families to
17 exempt savings accounts with combined balances of up to an additional
18 three thousand dollars;

19 (f) Applicants for or recipients of disability lifeline benefits
20 shall have their eligibility based on resource limitations consistent
21 with the temporary assistance for needy families program rules adopted
22 by the department; and

23 (g) If an applicant for or recipient of public assistance possesses
24 property and belongings in excess of the ceiling value, such value
25 shall be used in determining the need of the applicant or recipient,
26 except that: (i) The department may exempt resources or income when
27 the income and resources are determined necessary to the applicant's or
28 recipient's restoration to independence, to decrease the need for
29 public assistance, or to aid in rehabilitating the applicant or
30 recipient or a dependent of the applicant or recipient; and (ii) the
31 department may provide grant assistance for a period not to exceed nine
32 months from the date the agreement is signed pursuant to this section
33 to persons who are otherwise ineligible because of excess real property
34 owned by such persons when they are making a good faith effort to
35 dispose of that property: PROVIDED, That:

36 (A) The applicant or recipient signs an agreement to repay the
37 lesser of the amount of aid received or the net proceeds of such sale;

1 (B) If the owner of the excess property ceases to make good faith
2 efforts to sell the property, the entire amount of assistance may
3 become an overpayment and a debt due the state and may be recovered
4 pursuant to RCW 43.20B.630;

5 (C) Applicants and recipients are advised of their right to a fair
6 hearing and afforded the opportunity to challenge a decision that good
7 faith efforts to sell have ceased, prior to assessment of an
8 overpayment under this section; and

9 (D) At the time assistance is authorized, the department files a
10 lien without a sum certain on the specific property.

11 (12) "Income"--(a) All appreciable gains in real or personal
12 property (cash or kind) or other assets, which are received by or
13 become available for use and enjoyment by an applicant or recipient
14 during the month of application or after applying for or receiving
15 public assistance. The department may by rule and regulation exempt
16 income received by an applicant for or recipient of public assistance
17 which can be used by him or her to decrease his or her need for public
18 assistance or to aid in rehabilitating him or her or his or her
19 dependents, but such exemption shall not, unless otherwise provided in
20 this title, exceed the exemptions of resources granted under this
21 chapter to an applicant for public assistance. In addition, for cash
22 assistance the department may disregard income pursuant to RCW
23 74.08A.230 and 74.12.350.

24 (b) If, under applicable federal requirements, the state has the
25 option of considering property in the form of lump sum compensatory
26 awards or related settlements received by an applicant or recipient as
27 income or as a resource, the department shall consider such property to
28 be a resource.

29 (13) "Need"--The difference between the applicant's or recipient's
30 standards of assistance for himself or herself and the dependent
31 members of his or her family, as measured by the standards of the
32 department, and value of all nonexempt resources and nonexempt income
33 received by or available to the applicant or recipient and the
34 dependent members of his or her family.

35 (14) "Authority" means the health care authority.

36 (15) "Director" means the director of the health care authority.

37 (16) For purposes of determining eligibility for public assistance
38 and participation levels in the cost of medical care, the department

1 shall exempt restitution payments made to people of Japanese and Aleut
2 ancestry pursuant to the Civil Liberties Act of 1988 and the Aleutian
3 and Pribilof Island Restitution Act passed by congress, P.L. 100-383,
4 including all income and resources derived therefrom.

5 ~~((+15+))~~ (17) In the construction of words and phrases used in this
6 title, the singular number shall include the plural, the masculine
7 gender shall include both the feminine and neuter genders and the
8 present tense shall include the past and future tenses, unless the
9 context thereof shall clearly indicate to the contrary.

10 **Sec. 63.** RCW 74.04.015 and 1981 1st ex.s. c 6 s 2 are each amended
11 to read as follows:

12 (1) The secretary of social and health services shall be the
13 responsible state officer for the administration ~~((of,))~~ and ~~((the))~~
14 disbursement of all funds, goods, commodities, and services, which may
15 be received by the state in connection with programs of public
16 assistance or services related directly or indirectly to assistance
17 programs, and all other matters included in the federal social security
18 act ~~((approved August 14, 1935))~~ as amended, or any other federal act
19 or as the same may be amended ~~((excepting those specifically required~~
20 ~~to be administered by other entities))~~ except as otherwise provided by
21 law.

22 (2) The director shall be the responsible state officer for the
23 administration and disbursement of funds that the state receives in
24 connection with the medical assistance program and the state children's
25 health insurance program, Titles XIX and XXI of the social security act
26 of 1935, as amended.

27 ~~((He))~~ (3) The department and the authority, as appropriate, shall
28 make such reports and render such accounting as may be required by
29 ~~((the))~~ federal ~~((agency having authority in the premises))~~ law.

30 **Sec. 64.** RCW 74.04.025 and 2010 c 296 s 7 are each amended to read
31 as follows:

32 (1) The department, the authority, and the office of administrative
33 hearings shall ensure that bilingual services are provided to non-
34 English speaking applicants and recipients. The services shall be
35 provided to the extent necessary to assure that non-English speaking

1 persons are not denied, or unable to obtain or maintain, services or
2 benefits because of their inability to speak English.

3 (2) If the number of non-English speaking applicants or recipients
4 sharing the same language served by any community service office client
5 contact job classification equals or exceeds fifty percent of the
6 average caseload of a full-time position in such classification, the
7 department shall, through attrition, employ bilingual personnel to
8 serve such applicants or recipients.

9 (3) Regardless of the applicant or recipient caseload of any
10 community service office, each community service office shall ensure
11 that bilingual services required to supplement the community service
12 office staff are provided through contracts with language access
13 providers, local agencies, or other community resources.

14 (4) The department shall certify, authorize, and qualify language
15 access providers as needed to maintain an adequate pool of providers.

16 (5) The department shall require compliance with RCW 41.56.113(2)
17 through its contracts with third parties.

18 (6) Initial client contact materials shall inform clients in all
19 primary languages of the availability of interpretation services for
20 non-English speaking persons. Basic informational pamphlets shall be
21 translated into all primary languages.

22 (7) To the extent all written communications directed to applicants
23 or recipients are not in the primary language of the applicant or
24 recipient, the department and the office of administrative hearings
25 shall include with the written communication a notice in all primary
26 languages of applicants or recipients describing the significance of
27 the communication and specifically how the applicants or recipients may
28 receive assistance in understanding, and responding to if necessary,
29 the written communication. The department shall assure that sufficient
30 resources are available to assist applicants and recipients in a timely
31 fashion with understanding, responding to, and complying with the
32 requirements of all such written communications.

33 (8) As used in this section:

34 (a) "Language access provider" means any independent contractor who
35 provides spoken language interpreter services for department
36 appointments or medicaid enrollee appointments, or provided these
37 services on or after January 1, 2009, and before June 10, 2010, whether

1 paid by a broker, language access agency, or the department. "Language
2 access provider" does not mean an owner, manager, or employee of a
3 broker or a language access agency.

4 (b) "Primary languages" includes but is not limited to Spanish,
5 Vietnamese, Cambodian, Laotian, and Chinese.

6 **Sec. 65.** RCW 74.04.050 and 1981 1st ex.s. c 6 s 3 are each amended
7 to read as follows:

8 (1) The department (~~(shall serve)~~) is designated as the single
9 state agency to administer the following public assistance(~~(. The~~
10 ~~department is hereby empowered and authorized to cooperate in the~~
11 ~~administration of such federal laws, consistent with the public~~
12 ~~assistance laws of this state, as may be necessary to qualify for~~
13 ~~federal funds for:~~

- 14 ~~(1) Medical assistance;~~
- 15 ~~(2) Aid to dependent children;~~
- 16 ~~(3))~~ programs:

- 17 (a) Temporary assistance to needy families;
- 18 (b) Child welfare services; and

19 ~~((4))~~ (c) Any other programs of public assistance for which
20 provision for federal grants or funds may from time to time be made,
21 except as otherwise provided by law.

22 (2) The authority is hereby designated as the single state agency
23 to administer the medical assistance program and the state children's
24 health insurance program, Titles XIX and XXI of the federal social
25 security act of 1935, as amended.

26 (3) The department and the authority are hereby empowered and
27 authorized to cooperate in the administration of such federal laws,
28 consistent with the public assistance laws of this state, as may be
29 necessary to qualify for federal funds.

30 (4) The state hereby accepts and assents to all the present
31 provisions of the federal law under which federal grants or funds,
32 goods, commodities, and services are extended to the state for the
33 support of programs (~~(administered by the department)~~) referenced in
34 this section, and to such additional legislation as may subsequently be
35 enacted as is not inconsistent with the purposes of this title,
36 authorizing public welfare and assistance activities. The provisions

1 of this title shall be so administered as to conform with federal
2 requirements with respect to eligibility for the receipt of federal
3 grants or funds.

4 (5) The department and the authority shall periodically make
5 application for federal grants or funds and submit such plans, reports
6 and data, as are required by any act of congress as a condition
7 precedent to the receipt of federal funds for such assistance. The
8 department and the authority shall make and enforce such rules and
9 regulations as shall be necessary to insure compliance with the terms
10 and conditions of such federal grants or funds.

11 **Sec. 66.** RCW 74.04.055 and 1991 c 126 s 2 are each amended to read
12 as follows:

13 In furtherance of the policy of this state to cooperate with the
14 federal government in the programs included in this title the secretary
15 or director, as appropriate, shall issue such rules and regulations as
16 may become necessary to entitle this state to participate in federal
17 grants-in-aid, goods, commodities and services unless the same be
18 expressly prohibited by this title. Any section or provision of this
19 title which may be susceptible to more than one construction shall be
20 interpreted in favor of the construction most likely to satisfy federal
21 laws entitling this state to receive federal matching or other funds
22 for the various programs of public assistance. If any part of this
23 chapter is found to be in conflict with federal requirements which are
24 a prescribed condition to the receipts of federal funds to the state,
25 the conflicting part of this chapter is hereby inoperative solely to
26 the extent of the conflict with respect to the agencies directly
27 affected, and such finding or determination shall not affect the
28 operation of the remainder of this chapter.

29 **Sec. 67.** RCW 74.04.060 and 2006 c 259 s 5 are each amended to read
30 as follows:

31 (1)(a) For the protection of applicants and recipients, the
32 department, the authority, and the county offices and their respective
33 officers and employees are prohibited, except as hereinafter provided,
34 from disclosing the contents of any records, files, papers and
35 communications, except for purposes directly connected with the
36 administration of the programs of this title. In any judicial

1 proceeding, except such proceeding as is directly concerned with the
2 administration of these programs, such records, files, papers and
3 communications, and their contents, shall be deemed privileged
4 communications and except for the right of any individual to inquire of
5 the office whether a named individual is a recipient of welfare
6 assistance and such person shall be entitled to an affirmative or
7 negative answer.

8 (b) Upon written request of a parent who has been awarded
9 visitation rights in an action for divorce or separation or any parent
10 with legal custody of the child, the department shall disclose to him
11 or her the last known address and location of his or her natural or
12 adopted children. The secretary shall adopt rules which establish
13 procedures for disclosing the address of the children and providing,
14 when appropriate, for prior notice to the custodian of the children.
15 The notice shall state that a request for disclosure has been received
16 and will be complied with by the department unless the department
17 receives a copy of a court order which enjoins the disclosure of the
18 information or restricts or limits the requesting party's right to
19 contact or visit the other party or the child. Information supplied to
20 a parent by the department shall be used only for purposes directly
21 related to the enforcement of the visitation and custody provisions of
22 the court order of separation or decree of divorce. No parent shall
23 disclose such information to any other person except for the purpose of
24 enforcing visitation provisions of the said order or decree.

25 (c) The department shall review methods to improve the protection
26 and confidentiality of information for recipients of welfare assistance
27 who have disclosed to the department that they are past or current
28 victims of domestic violence or stalking.

29 (2) The county offices shall maintain monthly at their offices a
30 report showing the names and addresses of all recipients in the county
31 receiving public assistance under this title, together with the amount
32 paid to each during the preceding month.

33 (3) The provisions of this section shall not apply to duly
34 designated representatives of approved private welfare agencies, public
35 officials, members of legislative interim committees and advisory
36 committees when performing duties directly connected with the
37 administration of this title, such as regulation and investigation

1 directly connected therewith: PROVIDED, HOWEVER, That any information
2 so obtained by such persons or groups shall be treated with such degree
3 of confidentiality as is required by the federal social security law.

4 (4) It shall be unlawful, except as provided in this section, for
5 any person, body, association, firm, corporation or other agency to
6 solicit, publish, disclose, receive, make use of, or to authorize,
7 knowingly permit, participate in or acquiesce in the use of any lists
8 or names for commercial or political purposes of any nature. The
9 violation of this section shall be a gross misdemeanor.

10 **Sec. 68.** RCW 74.04.062 and 1997 c 58 s 1006 are each amended to
11 read as follows:

12 Upon written request of a person who has been properly identified
13 as an officer of the law or a properly identified United States
14 immigration official the department or authority shall disclose to such
15 officer the current address and location of a recipient of public
16 welfare if the officer furnishes the department or authority with such
17 person's name and social security account number and satisfactorily
18 demonstrates that such recipient is a fugitive, that the location or
19 apprehension of such fugitive is within the officer's official duties,
20 and that the request is made in the proper exercise of those duties.

21 When the department or authority becomes aware that a public
22 assistance recipient is the subject of an outstanding warrant, the
23 department or authority may contact the appropriate law enforcement
24 agency and, if the warrant is valid, provide the law enforcement agency
25 with the location of the recipient.

26 **Sec. 69.** RCW 74.04.290 and 1983 1st ex.s. c 41 s 22 are each
27 amended to read as follows:

28 In carrying out any of the provisions of this title, the secretary,
29 the director, county administrators, hearing examiners, or other duly
30 authorized officers of the department or authority shall have power to
31 subpoena witnesses, administer oaths, take testimony and compel the
32 production of such papers, books, records and documents as they may
33 deem relevant to the performance of their duties. Subpoenas issued
34 under this power shall be under RCW 43.20A.605.

1 **Sec. 70.** RCW 7.68.080 and 1990 c 3 s 503 are each amended to read
2 as follows:

3 The provisions of chapter 51.36 RCW as now or hereafter amended
4 govern the provision of medical aid under this chapter to victims
5 injured as a result of a criminal act, including criminal acts
6 committed between July 1, 1981, and January 1, 1983, except that:

7 (1) The provisions contained in RCW 51.36.030, 51.36.040, and
8 51.36.080 as now or hereafter amended do not apply to this chapter;

9 (2) The specific provisions of RCW 51.36.020 as now or hereafter
10 amended relating to supplying emergency transportation do not apply:
11 PROVIDED, That:

12 (a) When the injury to any victim is so serious as to require the
13 victim's being taken from the place of injury to a place of treatment,
14 reasonable transportation costs to the nearest place of proper
15 treatment shall be reimbursed from the fund established pursuant to RCW
16 7.68.090; and

17 (b) In the case of alleged rape or molestation of a child the
18 reasonable costs of a colposcope examination shall be reimbursed from
19 the fund pursuant to RCW 7.68.090. Hospital, clinic, and medical
20 charges along with all related fees under this chapter shall conform to
21 regulations promulgated by the director. The director shall set these
22 service levels and fees at a level no lower than those established by
23 the ((~~department of social and health services~~)) health care authority
24 under Title 74 RCW. In establishing fees for medical and other health
25 care services, the director shall consider the director's duty to
26 purchase health care in a prudent, cost-effective manner. The director
27 shall establish rules adopted in accordance with chapter 34.05 RCW.
28 Nothing in this chapter may be construed to require the payment of
29 interest on any billing, fee, or charge.

30 **Sec. 71.** RCW 43.41.160 and 1986 c 303 s 11 are each amended to
31 read as follows:

32 (1) It is the purpose of this section to ensure implementation and
33 coordination of chapter 70.14 RCW as well as other legislative and
34 executive policies designed to contain the cost of health care that is
35 purchased or provided by the state. In order to achieve that purpose,
36 the director may:

1 (a) Establish within the (~~office of financial management~~) health
2 care authority a health care cost containment program in cooperation
3 with all state agencies;

4 (b) Implement lawful health care cost containment policies that
5 have been adopted by the legislature or the governor, including
6 appropriation provisos;

7 (c) Coordinate the activities of all state agencies with respect to
8 health care cost containment policies;

9 (d) Study and make recommendations on health care cost containment
10 policies;

11 (e) Monitor and report on the implementation of health care cost
12 containment policies;

13 (f) Appoint a health care cost containment technical advisory
14 committee that represents state agencies that are involved in the
15 direct purchase, funding, or provision of health care; and

16 (g) Engage in other activities necessary to achieve the purposes of
17 this section.

18 (2) All state agencies shall cooperate with the director in
19 carrying out the purpose of this section.

20 **Sec. 72.** RCW 43.41.260 and 2009 c 479 s 28 are each amended to
21 read as follows:

22 The health care authority(~~(7)~~) and the office of financial
23 management(~~(7 and the department of social and health services)~~) shall
24 together monitor the enrollee level in the basic health plan and the
25 medicaid caseload of children. The office of financial management
26 shall adjust the funding levels by interagency reimbursement of funds
27 between the basic health plan and medicaid and adjust the funding
28 levels (~~(between)~~) for the health care authority (~~(and the medical~~
29 ~~assistance administration of the department of social and health~~
30 ~~services)~~) to maximize combined enrollment.

31 **Sec. 73.** RCW 43.70.670 and 2007 c 259 s 38 are each amended to
32 read as follows:

33 (1) "Human immunodeficiency virus insurance program," as used in
34 this section, means a program that provides health insurance coverage
35 for individuals with human immunodeficiency virus, as defined in RCW
36 70.24.017(7), who are not eligible for medical assistance programs from

1 the (~~department of social and health services~~) health care authority
2 as defined in RCW 74.09.010(~~(+8)~~) (10) and meet eligibility
3 requirements established by the department of health.

4 (2) The department of health may pay for health insurance coverage
5 on behalf of persons with human immunodeficiency virus, who meet
6 department eligibility requirements, and who are eligible for
7 "continuation coverage" as provided by the federal consolidated omnibus
8 budget reconciliation act of 1985, group health insurance policies, or
9 individual policies.

10 **Sec. 74.** RCW 47.06B.020 and 2009 c 515 s 4 are each amended to
11 read as follows:

12 (1) The agency council on coordinated transportation is created.
13 The purpose of the council is to advance and improve accessibility to
14 and coordination of special needs transportation services statewide.
15 The council is composed of fourteen voting members and four nonvoting,
16 legislative members.

17 (2) The fourteen voting members are the superintendent of public
18 instruction or a designee, the secretary of transportation or a
19 designee, the (~~secretary of the department of social and health~~
20 ~~services~~) director of the health care authority or a designee, and
21 eleven members appointed by the governor as follows:

22 (a) One representative from the office of the governor;

23 (b) Three persons who are consumers of special needs transportation
24 services, which must include:

25 (i) One person designated by the executive director of the
26 governor's committee on disability issues and employment; and

27 (ii) One person who is designated by the executive director of the
28 developmental disabilities council;

29 (c) One representative from the Washington association of pupil
30 transportation;

31 (d) One representative from the Washington state transit
32 association;

33 (e) One of the following:

34 (i) A representative from the community transportation association
35 of the Northwest; or

36 (ii) A representative from the community action council
37 association;

1 (f) One person who represents regional transportation planning
2 organizations and metropolitan planning organizations;

3 (g) One representative of brokers who provide nonemergency,
4 medically necessary trips to persons with special transportation needs
5 under the medicaid program administered by the (~~department of social~~
6 ~~and health services~~) health care authority;

7 (h) One representative from the Washington state department of
8 veterans affairs; and

9 (i) One representative of the state association of counties.

10 (3) The four nonvoting members are legislators as follows:

11 (a) Two members from the house of representatives, one from each of
12 the two largest caucuses, appointed by the speaker of the house of
13 representatives, including at least one member from the house
14 transportation policy and budget committee or the house appropriations
15 committee; and

16 (b) Two members from the senate, one from each of the two largest
17 caucuses, appointed by the president of the senate, including at least
18 one member from the senate transportation committee or the senate ways
19 and means committee.

20 (4) Gubernatorial appointees of the council will serve two-year
21 terms. Members may not receive compensation for their service on the
22 council, but will be reimbursed for actual and necessary expenses
23 incurred in performing their duties as members as set forth in RCW
24 43.03.220.

25 (5) The council shall vote on an annual basis to elect one of its
26 voting members to serve as chair. The position of chair must rotate
27 among the represented agencies, associations, and interest groups at
28 least every two years. If the position of chair is vacated for any
29 reason, the secretary of transportation or the secretary's designee
30 shall serve as acting chair until the next regular meeting of the
31 council, at which time the members will elect a chair.

32 (6) The council shall periodically assess its membership to ensure
33 that there exists a balanced representation of persons with special
34 transportation needs and providers of special transportation needs
35 services. Recommendations for modifying the membership of the council
36 must be included in the council's biennial report to the legislature as
37 provided in RCW 47.06B.050.

1 (7) The department of transportation shall provide necessary staff
2 support for the council.

3 (8) The council may receive gifts, grants, or endowments from
4 public or private sources that are made from time to time, in trust or
5 otherwise, for the use and benefit of the purposes of the council and
6 spend gifts, grants, or endowments or income from the public or private
7 sources according to their terms, unless the receipt of the gifts,
8 grants, or endowments violates RCW 42.17.710.

9 (9) The meetings of the council must be open to the public, with
10 the agenda published in advance, and minutes kept and made available to
11 the public. The public notice of the meetings must indicate that
12 accommodations for persons with disabilities will be made available
13 upon request.

14 (10) All meetings of the council must be held in locations that are
15 readily accessible to public transportation, and must be scheduled for
16 times when public transportation is available.

17 (11) The council shall make an effort to include presentations by
18 and work sessions including persons with special transportation needs.

19 **Sec. 75.** RCW 47.06B.060 and 2009 c 515 s 1 are each amended to
20 read as follows:

21 (1) In 2007, the legislature directed the joint transportation
22 committee to conduct a study of special needs transportation to examine
23 and evaluate the effectiveness of special needs transportation in the
24 state. A particular goal of the study was to explore opportunities to
25 enhance coordination of special needs transportation programs to ensure
26 that they are delivered efficiently and result in improved access and
27 increased mobility options for their clients. It is the intent of the
28 legislature to further consider some of the recommendations, and to
29 implement many of these recommendations in the form of two pilot
30 projects that will test the potential for applying these
31 recommendations statewide in the future.

32 (2) The legislature is aware that the department of social and
33 health services submitted an application in December of 2008 to the
34 federal centers for medicare and medicaid services, seeking approval to
35 use the medical match system, a federal funding system that has
36 different requirements from the federal administrative match system
37 currently used by the department. It is the intent of the legislature

1 to advance the goals of chapter 515, Laws of 2009 and the
2 recommendations of the study identified in subsection (1) of this
3 section without jeopardizing the application made by the department.

4 (3) By August 15, 2009, the agency council on coordinated
5 transportation shall appoint a work group for the purpose of
6 identifying relevant federal requirements related to special needs
7 transportation, and identifying solutions to streamline the
8 requirements and increase efficiencies in transportation services
9 provided for persons with special transportation needs. To advance its
10 purpose, the work group shall work with relevant federal
11 representatives and agencies to identify and address various challenges
12 and barriers.

13 (4) Membership of the work group must include, but not be limited
14 to, one or more representatives from:

15 (a) The departments of transportation, veterans affairs, health,
16 and (~~social and health services~~) the health care authority;

17 (b) Medicaid nonemergency medical transportation brokers;

18 (c) Public transit agencies;

19 (d) Regional and metropolitan transportation planning
20 organizations, including a representative of the regional
21 transportation planning organization or organizations that provide
22 staff support to the local coordinating coalition established under RCW
23 47.06B.070;

24 (e) Indian tribes;

25 (f) The agency council on coordinated transportation;

26 (g) The local coordinating coalitions established under RCW
27 47.06B.070; and

28 (h) The office of the superintendent of public instruction.

29 (5) The work group shall elect one or more of its members to
30 service as chair or cochairs.

31 (6) The work group shall immediately contact representatives of the
32 federal congressional delegation for Washington state and the relevant
33 federal agencies and coordinating authorities including, but not
34 limited to, the federal transit administration, the United States
35 department of health and human services, and the interagency
36 transportation coordinating council on access and mobility, and invite
37 the federal representatives to work collaboratively to:

1 (a) Identify transportation definitions and terminology used in the
2 various relevant state and federal programs, and establish consistent
3 transportation definitions and terminology. For purposes of this
4 subsection, relevant state definitions exclude terminology that
5 requires a medical determination, including whether a trip or service
6 is medically necessary;

7 (b) Identify restrictions or barriers that preclude federal, state,
8 and local agencies from sharing client lists or other client
9 information, and make progress towards removing any restrictions or
10 barriers;

11 (c) Identify relevant state and federal performance and cost
12 reporting systems and requirements, and work towards establishing
13 consistent and uniform performance and cost reporting systems and
14 requirements; and

15 (d) Explore, subject to federal approval, opportunities to test
16 cost allocation models, including the pilot projects established in RCW
17 47.06B.080, that:

18 (i) Allow for cost sharing among public paratransit and medicaid
19 nonemergency medical trips; and

20 (ii) Capture the value of medicaid trips provided by public transit
21 agencies for which they are not currently reimbursed with a funding
22 match by federal medicaid dollars.

23 (7) By December 1, 2009, the work group shall submit a report to
24 the joint transportation committee that explains the progress made
25 towards the goals of this section and identifies any necessary
26 legislative action that must be taken to implement all the provisions
27 of this section. A second progress report must be submitted to the
28 joint transportation committee by June 1, 2010, and a final report must
29 be submitted to the joint transportation committee by December 1, 2010.

30 **Sec. 76.** RCW 47.06B.070 and 2009 c 515 s 9 are each amended to
31 read as follows:

32 (1) A local coordinating coalition is created in each nonemergency
33 medical transportation brokerage region, as designated by the
34 (~~department of social and health services~~) health care authority,
35 that encompasses:

36 (a) A single county that has a population of more than seven
37 hundred fifty thousand but less than one million; and

1 (b) Five counties, and is comprised of at least one county that has
2 a population of more than four hundred thousand.

3 (2) The purpose of a local coordinating coalition is to advance
4 local efforts to coordinate and maximize efficiencies in special needs
5 transportation programs and services, contributing to the overall
6 objectives and goals of the agency council on coordinated
7 transportation. The local coordinating coalition shall serve in an
8 advisory capacity to the agency council on coordinated transportation
9 by providing the council with a focused and ongoing assessment of the
10 special transportation needs and services provided within its region.

11 (3) The composition and size of each local coordinating coalition
12 may vary by region. Local coordinating coalition members, appointed by
13 the chair of the agency council on coordinated transportation to two-
14 year terms, must reflect a balanced representation of the region's
15 providers of special needs transportation services and must include:

16 (a) Members of existing local coordinating coalitions, with
17 approval by those members;

18 (b) One or more representatives of the public transit agency or
19 agencies serving the region;

20 (c) One or more representatives of private service providers;

21 (d) A representative of civic or community-based service providers;

22 (e) A consumer of special needs transportation services;

23 (f) A representative of nonemergency medical transportation
24 medicaid brokers;

25 (g) A representative of social and human service programs;

26 (h) A representative of local high school districts; and

27 (i) A representative from the Washington state department of
28 veterans affairs.

29 (4) Each coalition shall vote on an annual basis to elect one of
30 its members to serve as chair. The position of chair must rotate among
31 the represented members at least every two years. If the position of
32 chair is vacated for any reason, the member representing the regional
33 transportation planning organization described in subsection (6) of
34 this section shall serve as acting chair until the next regular meeting
35 of the coalition, at which time the members will elect a chair.

36 (5) Regular meetings of the local coordinating coalition may be
37 convened at the call of the chair or by a majority of the members.

1 Meetings must be open to the public, and held in locations that are
2 readily accessible to public transportation.

3 (6) The regional transportation planning organization, as described
4 in chapter 47.80 RCW, serving the region in which the local
5 coordinating coalition is created shall provide necessary staff support
6 for the local coordinating coalition. In regions served by more than
7 one regional transportation planning organization, unless otherwise
8 agreed to by the relevant planning organizations, the regional
9 transportation planning organization serving the largest population
10 within the region shall provide the necessary staff support.

11 **Sec. 77.** RCW 48.01.235 and 2003 c 248 s 2 are each amended to read
12 as follows:

13 (1) An issuer and an employee welfare benefit plan, whether insured
14 or self funded, as defined in the employee retirement income security
15 act of 1974, 29 U.S.C. Sec. 1101 et seq. may not deny enrollment of a
16 child under the health plan of the child's parent on the grounds that:

- 17 (a) The child was born out of wedlock;
- 18 (b) The child is not claimed as a dependent on the parent's federal
19 tax return; or
- 20 (c) The child does not reside with the parent or in the issuer's,
21 or insured or self funded employee welfare benefit plan's service area.

22 (2) Where a child has health coverage through an issuer, or an
23 insured or self funded employee welfare benefit plan of a noncustodial
24 parent, the issuer, or insured or self funded employee welfare benefit
25 plan, shall:

- 26 (a) Provide such information to the custodial parent as may be
27 necessary for the child to obtain benefits through that coverage;
- 28 (b) Permit the provider or the custodial parent to submit claims
29 for covered services without the approval of the noncustodial parent.
30 If the provider submits the claim, the provider will obtain the
31 custodial parent's assignment of insurance benefits or otherwise secure
32 the custodial parent's approval.

33 For purposes of this subsection the (~~department of social and~~
34 ~~health services~~) health care authority as the state medicaid agency
35 under RCW 74.09.500 may reassign medical insurance rights to the
36 provider for custodial parents whose children are eligible for services
37 under RCW 74.09.500; and

1 (c) Make payments on claims submitted in accordance with (b) of
2 this subsection directly to the custodial parent, to the provider, or
3 to the (~~department of social and health services~~) health care
4 authority as the state medicaid agency under RCW 74.09.500.

5 (3) Where a child does not reside in the issuer's service area, an
6 issuer shall cover no less than urgent and emergent care. Where the
7 issuer offers broader coverage, whether by policy or reciprocal
8 agreement, the issuer shall provide such coverage to any child
9 otherwise covered that does not reside in the issuer's service area.

10 (4) Where a parent is required by a court order to provide health
11 coverage for a child, and the parent is eligible for family health
12 coverage, the issuer, or insured or self funded employee welfare
13 benefit plan, shall:

14 (a) Permit the parent to enroll, under the family coverage, a child
15 who is otherwise eligible for the coverage without regard to any
16 enrollment season restrictions;

17 (b) Enroll the child under family coverage upon application of the
18 child's other parent, (~~department of social and health services~~)
19 health care authority as the state medicaid agency under RCW 74.09.500,
20 or child support enforcement program, if the parent is enrolled but
21 fails to make application to obtain coverage for such child; and

22 (c) Not disenroll, or eliminate coverage of, such child who is
23 otherwise eligible for the coverage unless the issuer or insured or
24 self funded employee welfare benefit plan is provided satisfactory
25 written evidence that:

26 (i) The court order is no longer in effect; or

27 (ii) The child is or will be enrolled in comparable health coverage
28 through another issuer, or insured or self funded employee welfare
29 benefit plan, which will take effect not later than the effective date
30 of disenrollment.

31 (5) An issuer, or insured or self funded employee welfare benefit
32 plan, that has been assigned the rights of an individual eligible for
33 medical assistance under medicaid and coverage for health benefits from
34 the issuer, or insured or self funded employee welfare benefit plan,
35 may not impose requirements on the (~~department of social and health~~
36 ~~services~~) health care authority that are different from requirements
37 applicable to an agent or assignee of any other individual so covered.

1 **Sec. 78.** RCW 48.43.008 and 2007 c 259 s 24 are each amended to
2 read as follows:

3 When the (~~department of social and health services~~) health care
4 authority determines that it is cost-effective to enroll a person
5 eligible for medical assistance under chapter 74.09 RCW in an
6 employer-sponsored health plan, a carrier shall permit the enrollment
7 of the person in the health plan for which he or she is otherwise
8 eligible without regard to any open enrollment period restrictions.

9 **Sec. 79.** RCW 48.43.517 and 2007 c 5 s 7 are each amended to read
10 as follows:

11 When the (~~department of social and health services~~) health care
12 authority has determined that it is cost-effective to enroll a child
13 participating in a medical assistance program under chapter 74.09 RCW
14 in an employer-sponsored health plan, the carrier shall permit the
15 enrollment of the participant who is otherwise eligible for coverage in
16 the health plan without regard to any open enrollment restrictions.
17 The request for special enrollment shall be made by the (~~department~~)
18 authority or participant within sixty days of the (~~department's~~)
19 authority's determination that the enrollment would be cost-effective.

20 **Sec. 80.** RCW 69.41.030 and 2010 c 83 s 1 are each amended to read
21 as follows:

22 (1) It shall be unlawful for any person to sell, deliver, or
23 possess any legend drug except upon the order or prescription of a
24 physician under chapter 18.71 RCW, an osteopathic physician and surgeon
25 under chapter 18.57 RCW, an optometrist licensed under chapter 18.53
26 RCW who is certified by the optometry board under RCW 18.53.010, a
27 dentist under chapter 18.32 RCW, a podiatric physician and surgeon
28 under chapter 18.22 RCW, a veterinarian under chapter 18.92 RCW, a
29 commissioned medical or dental officer in the United States armed
30 forces or public health service in the discharge of his or her official
31 duties, a duly licensed physician or dentist employed by the veterans
32 administration in the discharge of his or her official duties, a
33 registered nurse or advanced registered nurse practitioner under
34 chapter 18.79 RCW when authorized by the nursing care quality assurance
35 commission, an osteopathic physician assistant under chapter 18.57A RCW
36 when authorized by the board of osteopathic medicine and surgery, a

1 physician assistant under chapter 18.71A RCW when authorized by the
2 medical quality assurance commission, or any of the following
3 professionals in any province of Canada that shares a common border
4 with the state of Washington or in any state of the United States: A
5 physician licensed to practice medicine and surgery or a physician
6 licensed to practice osteopathic medicine and surgery, a dentist
7 licensed to practice dentistry, a podiatric physician and surgeon
8 licensed to practice podiatric medicine and surgery, a licensed
9 advanced registered nurse practitioner, or a veterinarian licensed to
10 practice veterinary medicine: PROVIDED, HOWEVER, That the above
11 provisions shall not apply to sale, delivery, or possession by drug
12 wholesalers or drug manufacturers, or their agents or employees, or to
13 any practitioner acting within the scope of his or her license, or to
14 a common or contract carrier or warehouseman, or any employee thereof,
15 whose possession of any legend drug is in the usual course of business
16 or employment: PROVIDED FURTHER, That nothing in this chapter or
17 chapter 18.64 RCW shall prevent a family planning clinic that is under
18 contract with the (~~department of social and health services~~) health
19 care authority from selling, delivering, possessing, and dispensing
20 commercially prepackaged oral contraceptives prescribed by authorized,
21 licensed health care practitioners.

22 (2)(a) A violation of this section involving the sale, delivery, or
23 possession with intent to sell or deliver is a class B felony
24 punishable according to chapter 9A.20 RCW.

25 (b) A violation of this section involving possession is a
26 misdemeanor.

27 **Sec. 81.** RCW 69.41.190 and 2009 c 575 s 1 are each amended to read
28 as follows:

29 (1)(a) Except as provided in subsection (2) of this section, any
30 pharmacist filling a prescription under a state purchased health care
31 program as defined in RCW 41.05.011(2) shall substitute, where
32 identified, a preferred drug for any nonpreferred drug in a given
33 therapeutic class, unless the endorsing practitioner has indicated on
34 the prescription that the nonpreferred drug must be dispensed as
35 written, or the prescription is for a refill of an antipsychotic,
36 antidepressant, antiepileptic, chemotherapy, antiretroviral, or
37 immunosuppressive drug, or for the refill of a

1 immunomodulator/antiviral treatment for hepatitis C for which an
2 established, fixed duration of therapy is prescribed for at least
3 twenty-four weeks but no more than forty-eight weeks, in which case the
4 pharmacist shall dispense the prescribed nonpreferred drug.

5 (b) When a substitution is made under (a) of this subsection, the
6 dispensing pharmacist shall notify the prescribing practitioner of the
7 specific drug and dose dispensed.

8 (2)(a) A state purchased health care program may impose limited
9 restrictions on an endorsing practitioner's authority to write a
10 prescription to dispense as written only under the following
11 circumstances:

12 (i) There is statistical or clear data demonstrating the endorsing
13 practitioner's frequency of prescribing dispensed as written for
14 nonpreferred drugs varies significantly from the prescribing patterns
15 of his or her peers;

16 (ii) The medical director of a state purchased health program has:
17 (A) Presented the endorsing practitioner with data that indicates the
18 endorsing practitioner's prescribing patterns vary significantly from
19 his or her peers, (B) provided the endorsing practitioner an
20 opportunity to explain the variation in his or her prescribing patterns
21 to those of his or her peers, and (C) if the variation in prescribing
22 patterns cannot be explained, provided the endorsing practitioner
23 sufficient time to change his or her prescribing patterns to align with
24 those of his or her peers; and

25 (iii) The restrictions imposed under (a) of this subsection (2)
26 must be limited to the extent possible to reduce variation in
27 prescribing patterns and shall remain in effect only until such time as
28 the endorsing practitioner can demonstrate a reduction in variation in
29 line with his or her peers.

30 (b) A state purchased health care program may immediately designate
31 an available, less expensive, equally effective generic product in a
32 previously reviewed drug class as a preferred drug, without first
33 submitting the product to review by the pharmacy and therapeutics
34 committee established pursuant to RCW 70.14.050.

35 (c) For a patient's first course of treatment within a therapeutic
36 class of drugs, a state purchased health care program may impose
37 limited restrictions on endorsing practitioners' authority to write a

1 prescription to dispense as written, only under the following
2 circumstances:

3 (i) There is a less expensive, equally effective therapeutic
4 alternative generic product available to treat the condition;

5 (ii) The drug use review board established under WAC 388-530-4000
6 reviews and provides recommendations as to the appropriateness of the
7 limitation;

8 (iii) Notwithstanding the limitation set forth in (c)(ii) of this
9 subsection (2), the endorsing practitioner shall have an opportunity to
10 request as medically necessary, that the brand name drug be prescribed
11 as the first course of treatment;

12 (iv) The state purchased health care program may provide, where
13 available, prescription, emergency room, diagnosis, and hospitalization
14 history with the endorsing practitioner; and

15 (v) Specifically for antipsychotic restrictions, the state
16 purchased health care program shall effectively guide good practice
17 without interfering with the timeliness of clinical decision making.
18 (~~Department of social and health services~~) Health care authority
19 prior authorization programs must provide for responses within
20 twenty-four hours and at least a seventy-two hour emergency supply of
21 the requested drug.

22 (d) If, within a therapeutic class, there is an equally effective
23 therapeutic alternative over-the-counter drug available, a state
24 purchased health care program may designate the over-the-counter drug
25 as the preferred drug.

26 (e) A state purchased health care program may impose limited
27 restrictions on endorsing practitioners' authority to prescribe
28 pharmaceuticals to be dispensed as written for a purpose outside the
29 scope of their approved labels only under the following circumstances:

30 (i) There is a less expensive, equally effective on-label product
31 available to treat the condition;

32 (ii) The drug use review board established under WAC 388-530-4000
33 reviews and provides recommendations as to the appropriateness of the
34 limitation; and

35 (iii) Notwithstanding the limitation set forth in (e)(ii) of this
36 subsection (2), the endorsing practitioner shall have an opportunity to
37 request as medically necessary, that the drug be prescribed for a
38 covered off-label purpose.

1 (f) The provisions of this subsection related to the definition of
2 medically necessary, prior authorization procedures and patient appeal
3 rights shall be implemented in a manner consistent with applicable
4 federal and state law.

5 (3) Notwithstanding the limitations in subsection (2) of this
6 section, for refills for an antipsychotic, antidepressant,
7 antiepileptic, chemotherapy, antiretroviral, or immunosuppressive drug,
8 or for the refill of an immunomodulator antiviral treatment for
9 hepatitis C for which an established, fixed duration of therapy is
10 prescribed for at least twenty-four weeks by no more than forty-eight
11 weeks, the pharmacist shall dispense the prescribed nonpreferred drug.

12 **Sec. 82.** RCW 70.01.010 and 1985 c 213 s 14 are each amended to
13 read as follows:

14 In furtherance of the policy of this state to cooperate with the
15 federal government in the public health programs, the department of
16 social and health services and the health care authority, as
17 appropriate, shall adopt such rules and regulations as may become
18 necessary to entitle this state to participate in federal funds unless
19 the same be expressly prohibited by law. Any section or provision of
20 the public health laws of this state which may be susceptible to more
21 than one construction shall be interpreted in favor of the construction
22 most likely to satisfy federal laws entitling this state to receive
23 federal funds for the various programs of public health.

24 **Sec. 83.** RCW 70.47.010 and 2009 c 568 s 1 are each amended to read
25 as follows:

26 (1)(a) The legislature finds that limitations on access to health
27 care services for enrollees in the state, such as in rural and
28 underserved areas, are particularly challenging for the basic health
29 plan. Statutory restrictions have reduced the options available to the
30 (~~administrator~~) director to address the access needs of basic health
31 plan enrollees. It is the intent of the legislature to authorize the
32 (~~administrator~~) director to develop alternative purchasing strategies
33 to ensure access to basic health plan enrollees in all areas of the
34 state, including: (i) The use of differential rating for managed
35 health care systems based on geographic differences in costs; and (ii)

1 limited use of self-insurance in areas where adequate access cannot be
2 assured through other options.

3 (b) In developing alternative purchasing strategies to address
4 health care access needs, the ((~~administrator~~)) director shall consult
5 with interested persons including health carriers, health care
6 providers, and health facilities, and with other appropriate state
7 agencies including the office of the insurance commissioner and the
8 office of community and rural health. In pursuing such alternatives,
9 the ((~~administrator~~)) director shall continue to give priority to
10 prepaid managed care as the preferred method of assuring access to
11 basic health plan enrollees followed, in priority order, by preferred
12 providers, fee for service, and self-funding.

13 (2) The legislature further finds that:

14 (a) A significant percentage of the population of this state does
15 not have reasonably available insurance or other coverage of the costs
16 of necessary basic health care services;

17 (b) This lack of basic health care coverage is detrimental to the
18 health of the individuals lacking coverage and to the public welfare,
19 and results in substantial expenditures for emergency and remedial
20 health care, often at the expense of health care providers, health care
21 facilities, and all purchasers of health care, including the state; and

22 (c) The use of managed health care systems has significant
23 potential to reduce the growth of health care costs incurred by the
24 people of this state generally, and by low-income pregnant women, and
25 at-risk children and adolescents who need greater access to managed
26 health care.

27 (3) The purpose of this chapter is to provide or make more readily
28 available necessary basic health care services in an appropriate
29 setting to working persons and others who lack coverage, at a cost to
30 these persons that does not create barriers to the utilization of
31 necessary health care services. To that end, this chapter establishes
32 a program to be made available to those residents not eligible for
33 medicare who share in a portion of the cost or who pay the full cost of
34 receiving basic health care services from a managed health care system.

35 (4) It is not the intent of this chapter to provide health care
36 services for those persons who are presently covered through private
37 employer-based health plans, nor to replace employer-based health
38 plans. However, the legislature recognizes that cost-effective and

1 affordable health plans may not always be available to small business
2 employers. Further, it is the intent of the legislature to expand,
3 wherever possible, the availability of private health care coverage and
4 to discourage the decline of employer-based coverage.

5 (5)(a) It is the purpose of this chapter to acknowledge the initial
6 success of this program that has (i) assisted thousands of families in
7 their search for affordable health care; (ii) demonstrated that low-
8 income, uninsured families are willing to pay for their own health care
9 coverage to the extent of their ability to pay; and (iii) proved that
10 local health care providers are willing to enter into a public-private
11 partnership as a managed care system.

12 (b) As a consequence, the legislature intends to extend an option
13 to enroll to certain citizens above two hundred percent of the federal
14 poverty guidelines within the state who reside in communities where the
15 plan is operational and who collectively or individually wish to
16 exercise the opportunity to purchase health care coverage through the
17 basic health plan if the purchase is done at no cost to the state. It
18 is also the intent of the legislature to allow employers and other
19 financial sponsors to financially assist such individuals to purchase
20 health care through the program so long as such purchase does not
21 result in a lower standard of coverage for employees.

22 (c) The legislature intends that, to the extent of available funds,
23 the program be available throughout Washington state to subsidized and
24 nonsubsidized enrollees. It is also the intent of the legislature to
25 enroll subsidized enrollees first, to the maximum extent feasible.

26 (d) The legislature directs that the basic health plan
27 (~~(administrator)~~) director identify enrollees who are likely to be
28 eligible for medical assistance and assist these individuals in
29 applying for and receiving medical assistance. (~~(The administrator and
30 the department of social and health services shall implement a seamless
31 system to coordinate eligibility determinations and benefit coverage
32 for enrollees of the basic health plan and medical assistance
33 recipients.)~~) Enrollees receiving medical assistance are not eligible
34 for the Washington basic health plan.

35 **Sec. 84.** RCW 70.47.020 and 2009 c 568 s 2 are each reenacted and
36 amended to read as follows:

37 As used in this chapter:

1 (1) (~~"Administrator" means the Washington basic health plan~~
2 ~~administrator, who also holds the position of administrator~~))
3 "Director" means the director of the Washington state health care
4 authority.

5 (2) "Health coverage tax credit eligible enrollee" means individual
6 workers and their qualified family members who lose their jobs due to
7 the effects of international trade and are eligible for certain trade
8 adjustment assistance benefits; or are eligible for benefits under the
9 alternative trade adjustment assistance program; or are people who
10 receive benefits from the pension benefit guaranty corporation and are
11 at least fifty-five years old.

12 (3) "Health coverage tax credit program" means the program created
13 by the Trade Act of 2002 (P.L. 107-210) that provides a federal tax
14 credit that subsidizes private health insurance coverage for displaced
15 workers certified to receive certain trade adjustment assistance
16 benefits and for individuals receiving benefits from the pension
17 benefit guaranty corporation.

18 (4) "Managed health care system" means: (a) Any health care
19 organization, including health care providers, insurers, health care
20 service contractors, health maintenance organizations, or any
21 combination thereof, that provides directly or by contract basic health
22 care services, as defined by the (~~administrator~~) director and
23 rendered by duly licensed providers, to a defined patient population
24 enrolled in the plan and in the managed health care system; or (b) a
25 self-funded or self-insured method of providing insurance coverage to
26 subsidized enrollees provided under RCW 41.05.140 and subject to the
27 limitations under RCW 70.47.100(7).

28 (5) "Nonsubsidized enrollee" means an individual, or an individual
29 plus the individual's spouse or dependent children: (a) Who is not
30 eligible for medicare; (b) who is not confined or residing in a
31 government-operated institution, unless he or she meets eligibility
32 criteria adopted by the (~~administrator~~) director; (c) who is accepted
33 for enrollment by the (~~administrator~~) director as provided in RCW
34 48.43.018, either because the potential enrollee cannot be required to
35 complete the standard health questionnaire under RCW 48.43.018, or,
36 based upon the results of the standard health questionnaire, the
37 potential enrollee would not qualify for coverage under the Washington
38 state health insurance pool; (d) who resides in an area of the state

1 served by a managed health care system participating in the plan; (e)
2 who chooses to obtain basic health care coverage from a particular
3 managed health care system; and (f) who pays or on whose behalf is paid
4 the full costs for participation in the plan, without any subsidy from
5 the plan.

6 (6) "Premium" means a periodic payment, which an individual, their
7 employer or another financial sponsor makes to the plan as
8 consideration for enrollment in the plan as a subsidized enrollee, a
9 nonsubsidized enrollee, or a health coverage tax credit eligible
10 enrollee.

11 (7) "Rate" means the amount, negotiated by the ((~~administrator~~)
12 director with and paid to a participating managed health care system,
13 that is based upon the enrollment of subsidized, nonsubsidized, and
14 health coverage tax credit eligible enrollees in the plan and in that
15 system.

16 (8) "Subsidy" means the difference between the amount of periodic
17 payment the ((~~administrator~~) director makes to a managed health care
18 system on behalf of a subsidized enrollee plus the administrative cost
19 to the plan of providing the plan to that subsidized enrollee, and the
20 amount determined to be the subsidized enrollee's responsibility under
21 RCW 70.47.060(2).

22 (9) "Subsidized enrollee" means:

23 (a) An individual, or an individual plus the individual's spouse or
24 dependent children:

25 (i) Who is not eligible for medicare;

26 (ii) Who is not confined or residing in a government-operated
27 institution, unless he or she meets eligibility criteria adopted by the
28 ((~~administrator~~) director;

29 (iii) Who is not a full-time student who has received a temporary
30 visa to study in the United States;

31 (iv) Who resides in an area of the state served by a managed health
32 care system participating in the plan;

33 (v) Whose gross family income at the time of enrollment does not
34 exceed two hundred percent of the federal poverty level as adjusted for
35 family size and determined annually by the federal department of health
36 and human services;

37 (vi) Who chooses to obtain basic health care coverage from a

1 particular managed health care system in return for periodic payments
2 to the plan; and

3 (vii) Who is not receiving medical assistance administered by the
4 (~~department of social and health services~~) authority;

5 (b) An individual who meets the requirements in (a)(i) through
6 (iv), (vi), and (vii) of this subsection and who is a foster parent
7 licensed under chapter 74.15 RCW and whose gross family income at the
8 time of enrollment does not exceed three hundred percent of the federal
9 poverty level as adjusted for family size and determined annually by
10 the federal department of health and human services; and

11 (c) To the extent that state funds are specifically appropriated
12 for this purpose, with a corresponding federal match, an individual, or
13 an individual's spouse or dependent children, who meets the
14 requirements in (a)(i) through (iv), (vi), and (vii) of this subsection
15 and whose gross family income at the time of enrollment is more than
16 two hundred percent, but less than two hundred fifty-one percent, of
17 the federal poverty level as adjusted for family size and determined
18 annually by the federal department of health and human services.

19 (10) "Washington basic health plan" or "plan" means the system of
20 enrollment and payment for basic health care services, administered by
21 the plan (~~administrator~~) director through participating managed
22 health care systems, created by this chapter.

23 **Sec. 85.** RCW 70.47.110 and 1991 sp.s. c 4 s 3 are each amended to
24 read as follows:

25 The (~~department of social and health services~~) health care
26 authority may make payments to (~~the administrator or to~~)
27 participating managed health care systems on behalf of any enrollee who
28 is a recipient of medical care under chapter 74.09 RCW, at the maximum
29 rate allowable for federal matching purposes under Title XIX of the
30 social security act. Any enrollee on whose behalf the (~~department of~~
31 ~~social and health services~~) health care authority makes such payments
32 may continue as an enrollee, making premium payments based on the
33 enrollee's own income as determined under the sliding scale, after
34 eligibility for coverage under chapter 74.09 RCW has ended, as long as
35 the enrollee remains eligible under this chapter. Nothing in this
36 section affects the right of any person eligible for coverage under
37 chapter 74.09 RCW to receive the services offered to other persons

1 under that chapter but not included in the schedule of basic health
2 care services covered by the plan. The (~~administrator~~) director
3 shall seek to determine which enrollees or prospective enrollees may be
4 eligible for medical care under chapter 74.09 RCW and may require these
5 individuals to complete the eligibility determination process under
6 chapter 74.09 RCW prior to enrollment or continued participation in the
7 plan. The (~~administrator and the department of social and health~~
8 ~~services~~) director shall (~~cooperatively~~) adopt procedures to
9 facilitate the transition of plan enrollees and payments on their
10 behalf between the plan and the programs established under chapter
11 74.09 RCW.

12 **Sec. 86.** RCW 70.48.130 and 1993 c 409 s 1 are each amended to read
13 as follows:

14 (1) It is the intent of the legislature that all jail inmates
15 receive appropriate and cost-effective emergency and necessary medical
16 care. Governing units, the (~~department of social and health~~
17 ~~services~~) health care authority, and medical care providers shall
18 cooperate to achieve the best rates consistent with adequate care.

19 (2) Payment for emergency or necessary health care shall be by the
20 governing unit, except that the (~~department of social and health~~
21 ~~services~~) health care authority shall directly reimburse the provider
22 pursuant to chapter 74.09 RCW, in accordance with the rates and
23 benefits established by the (~~department~~) authority, if the confined
24 person is eligible under the (~~department's~~) authority's medical care
25 programs as authorized under chapter 74.09 RCW. After payment by the
26 (~~department~~) authority, the financial responsibility for any
27 remaining balance, including unpaid client liabilities that are a
28 condition of eligibility or participation under chapter 74.09 RCW,
29 shall be borne by the medical care provider and the governing unit as
30 may be mutually agreed upon between the medical care provider and the
31 governing unit. In the absence of mutual agreement between the medical
32 care provider and the governing unit, the financial responsibility for
33 any remaining balance shall be borne equally between the medical care
34 provider and the governing unit. Total payments from all sources to
35 providers for care rendered to confined persons eligible under chapter
36 74.09 RCW shall not exceed the amounts that would be paid by the

1 ((department)) authority for similar services provided under Title XIX
2 medicaid, unless additional resources are obtained from the confined
3 person.

4 (3) As part of the screening process upon booking or preparation of
5 an inmate into jail, general information concerning the inmate's
6 ability to pay for medical care shall be identified, including
7 insurance or other medical benefits or resources to which an inmate is
8 entitled. This information shall be made available to the
9 ((department)) authority, the governing unit, and any provider of
10 health care services.

11 (4) The governing unit or provider may obtain reimbursement from
12 the confined person for the cost of health care services not provided
13 under chapter 74.09 RCW, including reimbursement from any insurance
14 program or from other medical benefit programs available to the
15 confined person. Nothing in this chapter precludes civil or criminal
16 remedies to recover the costs of medical care provided jail inmates or
17 paid for on behalf of inmates by the governing unit. As part of a
18 judgment and sentence, the courts are authorized to order defendants to
19 repay all or part of the medical costs incurred by the governing unit
20 or provider during confinement.

21 (5) To the extent that a confined person is unable to be
22 financially responsible for medical care and is ineligible for the
23 ((department's)) authority's medical care programs under chapter 74.09
24 RCW, or for coverage from private sources, and in the absence of an
25 interlocal agreement or other contracts to the contrary, the governing
26 unit may obtain reimbursement for the cost of such medical services
27 from the unit of government whose law enforcement officers initiated
28 the charges on which the person is being held in the jail: PROVIDED,
29 That reimbursement for the cost of such services shall be by the state
30 for state prisoners being held in a jail who are accused of either
31 escaping from a state facility or of committing an offense in a state
32 facility.

33 (6) There shall be no right of reimbursement to the governing unit
34 from units of government whose law enforcement officers initiated the
35 charges for which a person is being held in the jail for care provided
36 after the charges are disposed of by sentencing or otherwise, unless by
37 intergovernmental agreement pursuant to chapter 39.34 RCW.

1 (7) Under no circumstance shall necessary medical services be
2 denied or delayed because of disputes over the cost of medical care or
3 a determination of financial responsibility for payment of the costs of
4 medical care provided to confined persons.

5 (8) Nothing in this section shall limit any existing right of any
6 party, governing unit, or unit of government against the person
7 receiving the care for the cost of the care provided.

8 **Sec. 87.** RCW 70.168.040 and 2010 c 161 s 1158 are each amended to
9 read as follows:

10 The emergency medical services and trauma care system trust account
11 is hereby created in the state treasury. Moneys shall be transferred
12 to the emergency medical services and trauma care system trust account
13 from the public safety education account or other sources as
14 appropriated, and as collected under RCW 46.63.110(7) and 46.68.440.
15 Disbursements shall be made by the department subject to legislative
16 appropriation. Expenditures may be made only for the purposes of the
17 state trauma care system under this chapter, including emergency
18 medical services, trauma care services, rehabilitative services, and
19 the planning and development of related services under this chapter and
20 for reimbursement by the (~~department of social and health services~~)
21 health care authority for trauma care services provided by designated
22 trauma centers.

23 **Sec. 88.** RCW 70.225.040 and 2007 c 259 s 45 are each amended to
24 read as follows:

25 (1) Prescription information submitted to the department shall be
26 confidential, in compliance with chapter 70.02 RCW and federal health
27 care information privacy requirements and not subject to disclosure,
28 except as provided in subsections (3) and (4) of this section.

29 (2) The department shall maintain procedures to ensure that the
30 privacy and confidentiality of patients and patient information
31 collected, recorded, transmitted, and maintained is not disclosed to
32 persons except as in subsections (3) and (4) of this section.

33 (3) The department may provide data in the prescription monitoring
34 program to the following persons:

35 (a) Persons authorized to prescribe or dispense controlled

1 substances, for the purpose of providing medical or pharmaceutical care
2 for their patients;

3 (b) An individual who requests the individual's own prescription
4 monitoring information;

5 (c) Health professional licensing, certification, or regulatory
6 agency or entity;

7 (d) Appropriate local, state, and federal law enforcement or
8 prosecutorial officials who are engaged in a bona fide specific
9 investigation involving a designated person;

10 (e) Authorized practitioners of the department of social and health
11 services and the health care authority regarding medicaid program
12 recipients;

13 (f) The director or director's designee within the department of
14 labor and industries regarding workers' compensation claimants;

15 (g) The director or the director's designee within the department
16 of corrections regarding offenders committed to the department of
17 corrections;

18 (h) Other entities under grand jury subpoena or court order; and

19 (i) Personnel of the department for purposes of administration and
20 enforcement of this chapter or chapter 69.50 RCW.

21 (4) The department may provide data to public or private entities
22 for statistical, research, or educational purposes after removing
23 information that could be used to identify individual patients,
24 dispensers, prescribers, and persons who received prescriptions from
25 dispensers.

26 (5) A dispenser or practitioner acting in good faith is immune from
27 any civil, criminal, or administrative liability that might otherwise
28 be incurred or imposed for requesting, receiving, or using information
29 from the program.

30 NEW SECTION. **Sec. 89.** The purpose of this chapter is to provide
31 the health care authority with the powers, duties, and authority with
32 respect to the collection of overpayments and the coordination of
33 benefits that are currently provided to the department of social and
34 health services in chapter 43.20B RCW. Providing the health care
35 authority with these powers is necessary for the authority to
36 administer medical assistance programs currently administered by the
37 department of social and health services programs but transferred to

1 the authority under this act. The authority is authorized to
2 collaborate with other state agencies in carrying out its duties under
3 this chapter and, to the extent appropriate, may enter into agreements
4 with such other agencies. Nothing in this chapter may be construed as
5 diminishing the powers, duties, and authority granted to the department
6 of social and health services in chapter 43.20B RCW with respect to the
7 programs that will remain under its jurisdiction following enactment of
8 this act.

9 NEW SECTION. **Sec. 90.** The definitions in this section apply
10 throughout this chapter unless the context clearly requires otherwise:

11 (1) "Assistance" means all programs administered by the authority.

12 (2) "Authority" means the Washington state health care authority.

13 (3) "Director" means the director of the Washington state health
14 care authority.

15 (4) "Overpayment" means any payment or benefit to a recipient or to
16 a vendor in excess of that to which is entitled by law, rule, or
17 contract, including amounts in dispute.

18 (5) "Vendor" means a person or entity that provides goods or
19 services to or for clientele of the authority and that controls
20 operational decisions.

21 NEW SECTION. **Sec. 91.** The authority is authorized to charge fees
22 for services provided unless otherwise prohibited by law. The fees may
23 be sufficient to cover the full cost of the service provided if
24 practical or may be charged on an ability-to-pay basis if practical.
25 This section does not supersede other statutory authority enabling the
26 assessment of fees by the authority. Whenever the authority is
27 authorized by law to collect total or partial reimbursement for the
28 cost of its providing care of or exercising custody over any person,
29 the authority shall collect the reimbursement to the extent practical.

30 NEW SECTION. **Sec. 92.** (1) Except as otherwise provided by law,
31 including subsection (2) of this section, there may be no collection of
32 overpayments and other debts due the authority after the expiration of
33 six years from the date of notice of such overpayment or other debt
34 unless the authority has commenced recovery action in a court of law or
35 unless an administrative remedy authorized by statute is in place.

1 However, any amount due in a case thus extended ceases to be a debt due
2 the authority at the expiration of ten years from the date of the
3 notice of the overpayment or other debt unless a court-ordered remedy
4 would be in effect for a longer period.

5 (2) There may be no collection of debts due the authority after the
6 expiration of twenty years from the date a lien is recorded pursuant to
7 section 97 of this act.

8 (3) The authority, at any time, may accept offers of compromise of
9 disputed claims or may grant partial or total write-off of any debt due
10 the authority if it is no longer cost-effective to pursue. The
11 authority shall adopt rules establishing the considerations to be made
12 in the granting or denial of a partial or total write-off of debts.

13 NEW SECTION. **Sec. 93.** The form of the lien in section 95 of this
14 act must be substantially as follows:

15 STATEMENT OF LIEN

16 Notice is hereby given that the State of Washington, Health Care
17 Authority, has rendered assistance to, a person who was
18 injured on or about the day of in the county of
19 state of, and the said authority hereby asserts
20 a lien, to the extent provided in section 95 of this act, for the
21 amount of such assistance, upon any sum due and owing (name
22 of injured person) from, alleged to have caused the injury,
23 and/or his or her insurer and from any other person or insurer liable
24 for the injury or obligated to compensate the injured person on account
25 of such injuries by contract or otherwise.

26 STATE OF WASHINGTON, HEALTH
27 CARE AUTHORITY

28 By: (Title)

29 STATE OF WASHINGTON }
30 } ss.
31 COUNTY OF }

1 I,, being first duly sworn, on oath state: That I
2 am (title); that I have read the foregoing Statement
3 of Lien, know the contents thereof, and believe the same to
4 be true.

5
6 Signed and sworn to or affirmed before me this
7 day of,
8 by
9 (name of person making statement).

10 (Seal or stamp)
11
12 Notary Public in and for the State
13 of Washington
14 My appointment expires:

15 NEW SECTION. **Sec. 94.** (1) No settlement made by and between a
16 recipient and either the tort feisor or insurer, or both, discharges or
17 otherwise compromises the lien created in section 95 of this act
18 without the express written consent of the director or the director's
19 designee. Discretion to compromise such liens rests solely with the
20 director or the director's designee.

21 (2) No settlement or judgment may be entered purporting to
22 compromise the lien created by section 95 of this act without the
23 express written consent of the director or the director's designee.

24 NEW SECTION. **Sec. 95.** (1) To secure reimbursement of any
25 assistance paid as a result of injuries to or illness of a recipient
26 caused by the negligence or wrong of another, the authority is
27 subrogated to the recipient's rights against a tort feisor or the tort
28 feisor's insurer, or both.

29 (2) The authority has the right to file a lien upon any recovery by
30 or on behalf of the recipient from such tort feisor or the tort
31 feisor's insurer, or both, to the extent of the value of the assistance
32 paid by the authority: PROVIDED, That such lien is not effective
33 against recoveries subject to wrongful death when there are surviving
34 dependents of the deceased. The lien becomes effective upon filing
35 with the county auditor in the county where the assistance was

1 authorized or where any action is brought against the tort feisor or
2 insurer. The lien may also be filed in any other county or served upon
3 the recipient in the same manner as a civil summons if, in the
4 authority's discretion, such alternate filing or service is necessary
5 to secure the authority's interest. The additional lien is effective
6 upon filing or service.

7 (3) The lien of the authority may be against any claim, right of
8 action, settlement proceeds, money, or benefits arising from an
9 insurance program to which the recipient might be entitled (a) against
10 the tort feisor or insurer of the tort feisor, or both, and (b) under
11 any contract of insurance purchased by the recipient or by any other
12 person providing coverage for the illness or injuries for which the
13 assistance is paid or provided by the authority.

14 (4) If recovery is made by the authority under this section and the
15 subrogation is fully or partially satisfied through an action brought
16 by or on behalf of the recipient, the amount paid to the authority must
17 bear its proportionate share of attorneys' fees and costs.

18 (a) The determination of the proportionate share to be borne by the
19 authority must be based upon:

20 (i) The fees and costs approved by the court in which the action
21 was initiated; or

22 (ii) The written agreement between the attorney and client which
23 establishes fees and costs when fees and costs are not addressed by the
24 court.

25 (b) When fees and costs have been approved by a court, after notice
26 to the authority, the authority has the right to be heard on the matter
27 of attorneys' fees and costs or its proportionate share.

28 (c) When fees and costs have not been addressed by the court, the
29 authority shall receive at the time of settlement a copy of the written
30 agreement between the attorney and client which establishes fees and
31 costs and may request and examine documentation of fees and costs
32 associated with the case. The authority may bring an action in
33 superior court to void a settlement if it believes the attorneys'
34 calculation of its proportionate share of fees and costs is
35 inconsistent with the written agreement between the attorney and client
36 which establishes fees and costs or if the fees and costs associated
37 with the case are exorbitant in relation to cases of a similar nature.

1 (5) The rights and remedies provided to the authority in this
2 section to secure reimbursement for assistance, including the
3 authority's lien and subrogation rights, may be delegated to a managed
4 health care system by contract entered into pursuant to RCW 74.09.522.
5 A managed health care system may enforce all rights and remedies
6 delegated to it by the authority to secure and recover assistance
7 provided under a managed health care system consistent with its
8 agreement with the authority.

9 NEW SECTION. **Sec. 96.** (1) An attorney representing a person who,
10 as a result of injuries or illness sustained through the negligence or
11 wrong of another, has received, is receiving, or has applied to receive
12 shall:

13 (a) Notify the authority at the time of filing any claim against a
14 third party, commencing an action at law, negotiating a settlement, or
15 accepting a settlement offer from the tort feisor or the tort feisor's
16 insurer, or both; and

17 (b) Give the authority thirty days' notice before any judgment,
18 award, or settlement may be satisfied in any action or any claim by the
19 applicant or recipient to recover damages for such injuries or illness.

20 (2) The proceeds from any recovery made pursuant to any action or
21 claim described in section 95 of this act that is necessary to fully
22 satisfy the authority's lien against recovery must be placed in a trust
23 account or in the registry of the court until the authority's lien is
24 satisfied.

25 NEW SECTION. **Sec. 97.** (1) The authority shall file liens, seek
26 adjustment, or otherwise effect recovery for assistance correctly paid
27 on behalf of an individual consistent with 42 U.S.C. Sec. 1396p. The
28 authority shall adopt a rule providing for prior notice and hearing
29 rights to the record title holder or purchaser under a land sale
30 contract.

31 (2) Liens may be adjusted by foreclosure in accordance with chapter
32 61.12 RCW.

33 (3) In the case of an individual who was fifty-five years of age or
34 older when the individual received assistance, the authority shall seek
35 adjustment or recovery from the individual's estate, and from
36 nonprobate assets of the individual as defined by RCW 11.02.005, but

1 only for assistance consisting of services that the authority
2 determines to be appropriate, and related hospital and prescription
3 drug services. Recovery from the individual's estate, including
4 foreclosure of liens imposed under this section, must be undertaken as
5 soon as practicable, consistent with 42 U.S.C. Sec. 1396p.

6 (4) The authority shall apply the assistance estate recovery law as
7 it existed on the date that benefits were received when calculating an
8 estate's liability to reimburse the authority for those benefits.

9 (5)(a) The authority shall establish procedures consistent with
10 standards established by the federal department of health and human
11 services and pursuant to 42 U.S.C. Sec. 1396p to waive recovery when
12 such recovery would work an undue hardship. The authority shall
13 recognize an undue hardship for a surviving domestic partner whenever
14 recovery would not have been permitted if he or she had been a
15 surviving spouse. The authority is not authorized to pursue recovery
16 under such circumstances.

17 (b) Recovery of assistance from a recipient's estate may not
18 include property made exempt from claims by federal law or treaty,
19 including exemption for tribal artifacts that may be held by individual
20 Native Americans.

21 (6) A lien authorized under this section relates back to attach to
22 any real property that the decedent had an ownership interest in
23 immediately before death and is effective as of that date or date of
24 recording, whichever is earlier.

25 (7) The authority may enforce a lien authorized under this section
26 against a decedent's life estate or joint tenancy interest in real
27 property held by the decedent immediately prior to his or her death.
28 Such a lien enforced under this subsection may not end and must
29 continue as provided in this subsection until the authority's lien has
30 been satisfied.

31 (a) The value of the life estate subject to the lien is the value
32 of the decedent's interest in the property subject to the life estate
33 immediately prior to the decedent's death.

34 (b) The value of the joint tenancy interest subject to the lien is
35 the value of the decedent's fractional interest the recipient would
36 have owned in the jointly held interest in the property had the
37 recipient and the surviving joint tenants held title to the property as
38 tenants in common on the date of the recipient's death.

1 (c) The authority may not enforce the lien provided by this
2 subsection against a bona fide purchaser or encumbrancer that obtains
3 an interest in the property after the death of the recipient and before
4 the authority records either its lien or the request for notice of
5 transfer or encumbrance as provided by section 116 of this act.

6 (d) The authority may not enforce a lien provided by this
7 subsection against any property right that vested prior to July 1,
8 2005.

9 (8)(a) Subject to the requirements of 42 U.S.C. Sec. 1396p(a) and
10 the conditions of this subsection (8), the authority is authorized to
11 file a lien against the property of an individual prior to his or her
12 death, and to seek adjustment and recovery from the individual's estate
13 or sale of the property subject to the lien, if:

14 (i) The individual is an inpatient in a nursing facility,
15 intermediate care facility for persons with intellectual disabilities,
16 or other medical institution; and

17 (ii) The authority has determined after notice and opportunity for
18 a hearing that the individual cannot reasonably be expected to be
19 discharged from the medical institution and to return home.

20 (b) If the individual is discharged from the medical facility and
21 returns home, the authority shall dissolve the lien.

22 (9) The authority is authorized to adopt rules to effect recovery
23 under this section. The authority may adopt by rule later enactments
24 of the federal laws referenced in this section.

25 (10) It is the responsibility of the authority to fully disclose in
26 advance verbally and in writing, in easy to understand language, the
27 terms and conditions of estate recovery to all persons offered care
28 subject to recovery of payments.

29 (11) In disclosing estate recovery costs to potential clients, and
30 to family members at the consent of the client, the authority shall
31 provide a written description of the community service options.

32 NEW SECTION. **Sec. 98.** (1) Overpayments of assistance become a
33 lien against the real and personal property of the recipient from the
34 time of filing by the authority with the county auditor of the county
35 in which the recipient resides or owns property, and the lien claim has
36 preference over the claims of all unsecured creditors.

1 (2) Debts due the state for overpayments of assistance may be
2 recovered by the state by deduction from the subsequent assistance
3 payments to such persons, lien and foreclosure, or order to withhold
4 and deliver, or may be recovered by civil action.

5 NEW SECTION. **Sec. 99.** (1) Any person who owes a debt to the state
6 for an overpayment of assistance must be notified of that debt by
7 either personal service or certified mail, return receipt requested.
8 Personal service, return of the requested receipt, or refusal by the
9 debtor of such notice is proof of notice to the debtor of the debt
10 owed. Service of the notice must be in the manner prescribed for the
11 service of a summons in a civil action. The notice must include a
12 statement of the debt owed; a statement that the property of the debtor
13 will be subject to collection action after the debtor terminates from
14 assistance; a statement that the property will be subject to lien and
15 foreclosure, distraint, seizure and sale, or order to withhold and
16 deliver; and a statement that the net proceeds will be applied to the
17 satisfaction of the overpayment debt. Action to collect the debt by
18 lien and foreclosure, distraint, seizure and sale, or order to withhold
19 and deliver, is lawful after ninety days from the debtor's termination
20 from assistance or the receipt of the notice of debt, whichever is
21 later. This does not preclude the authority from recovering
22 overpayments by deduction from subsequent assistance payments, not
23 exceeding deductions as authorized under federal law with regard to
24 financial assistance programs: PROVIDED, That subject to federal legal
25 requirement, deductions may not exceed five percent of the grant
26 payment standard if the overpayment resulted from error on the part of
27 the authority or error on the part of the recipient without willful or
28 knowing intent of the recipient in obtaining or retaining the
29 overpayment.

30 (2) A current or former recipient who is aggrieved by a claim that
31 he or she owes a debt for an overpayment of assistance has the right to
32 an adjudicative proceeding pursuant to section 53 of this act. If no
33 application is filed, the debt is subject to collection action as
34 authorized under this chapter. If a timely application is filed, the
35 execution of collection action on the debt is stayed pending the final
36 adjudicative order or termination of the debtor from assistance,
37 whichever occurs later.

1 NEW SECTION. **Sec. 100.** (1) After service of a notice of debt for
2 an overpayment as provided for in section 99 of this act, stating the
3 debt accrued, the director may issue to any person, firm, corporation,
4 association, political subdivision, or department of the state an order
5 to withhold and deliver property of any kind including, but not
6 restricted to, earnings which are due, owing, or belonging to the
7 debtor, when the director has reason to believe that there is in the
8 possession of such person, firm, corporation, association, political
9 subdivision, or department of the state property which is due, owing,
10 or belonging to the debtor. The order to withhold and deliver must
11 state the amount of the debt, and must state in summary the terms of
12 this section, RCW 6.27.150 and 6.27.160, chapters 6.13 and 6.15 RCW, 15
13 U.S.C. Sec. 1673, and other state or federal exemption laws applicable
14 generally to debtors. The order to withhold and deliver must be served
15 in the manner prescribed for the service of a summons in a civil action
16 or by certified mail, return receipt requested. Any person, firm,
17 corporation, association, political subdivision, or department of the
18 state upon whom service has been made shall answer the order to
19 withhold and deliver within twenty days, exclusive of the day of
20 service, under oath and in writing, and shall make true answers to the
21 matters inquired of therein. The director may require further and
22 additional answers to be completed by the person, firm, corporation,
23 association, political subdivision, or department of the state. If any
24 such person, firm, corporation, association, political subdivision, or
25 department of the state possesses any property which may be subject to
26 the claim of the authority, such property must be withheld immediately
27 upon receipt of the order to withhold and deliver and must, after the
28 twenty-day period, upon demand, be delivered forthwith to the director.
29 The director shall hold the property in trust for application on the
30 indebtedness involved or for return, without interest, in accordance
31 with final determination of liability or nonliability. In the
32 alternative, there may be furnished to the director a good and
33 sufficient bond, satisfactory to the director, conditioned upon final
34 determination of liability. Where money is due and owing under any
35 contract of employment, express or implied, or is held by any person,
36 firm, corporation, association, political subdivision, or department of
37 the state subject to withdrawal by the debtor, such money must be
38 delivered by remittance payable to the order of the director. Delivery

1 to the director, subject to the exemptions under RCW 6.27.150 and
2 6.27.160, chapters 6.13 and 6.15 RCW, 15 U.S.C. Sec. 1673, and other
3 state or federal law applicable generally to debtors, of the money or
4 other property held or claimed satisfies the requirement of the order
5 to withhold and deliver. Delivery to the director serves as full
6 acquittance, and the state warrants and represents that it shall defend
7 and hold harmless for such actions persons delivering money or property
8 to the director pursuant to this chapter. The state also warrants and
9 represents that it shall defend and hold harmless for such actions
10 persons withholding money or property pursuant to this chapter.

11 (2) The director shall also, on or before the date of service of
12 the order to withhold and deliver, mail or cause to be mailed by
13 certified mail a copy of the order to withhold and deliver to the
14 debtor at the debtor's last known post office address or, in the
15 alternative, a copy of the order to withhold and deliver must be served
16 on the debtor in the same manner as a summons in a civil action on or
17 before the date of service of the order or within two days thereafter.
18 The copy of the order must be mailed or served together with a concise
19 explanation of the right to petition for a hearing on any issue related
20 to the collection. This requirement is not jurisdictional, but, if the
21 copy is not mailed or served as provided in this section, or if any
22 irregularity appears with respect to the mailing or service, the
23 superior court, on its discretion on motion of the debtor promptly made
24 and supported by affidavit showing that the debtor has suffered
25 substantial injury due to the failure to mail the copy, may set aside
26 the order to withhold and deliver and award to the debtor an amount
27 equal to the damages resulting from the director's failure to serve on
28 or mail to the debtor the copy.

29 NEW SECTION. **Sec. 101.** If any person, firm, corporation,
30 association, political subdivision, or department of the state fails to
31 answer an order to withhold and deliver within the time prescribed in
32 section 100 of this act, or fails or refuses to deliver property
33 pursuant to the order, or after actual notice of filing of a lien as
34 provided for in this chapter, pays over, releases, sells, transfers, or
35 conveys real or personal property subject to such lien to or for the
36 benefit of the debtor or any other person, or fails or refuses to
37 surrender upon demand property distrained under section 100 of this

1 act, or fails or refuses to honor an assignment of wages presented by
2 the director, such person, firm, corporation, association, political
3 subdivision, or department of the state is liable to the authority in
4 an amount equal to one hundred percent of the value of the debt which
5 is the basis of the lien, order to withhold and deliver, distraint, or
6 assignment of wages, together with costs, interest, and reasonable
7 attorneys' fees.

8 NEW SECTION. **Sec. 102.** Any person, firm, corporation,
9 association, political subdivision, or department employing a person
10 owing a debt for overpayment of assistance received shall honor,
11 according to its terms, a duly executed assignment of earnings
12 presented to the employer by the director as a plan to satisfy or
13 retire an overpayment debt. This requirement to honor the assignment
14 of earnings is applicable whether the earnings are to be paid presently
15 or in the future and continues in force and effect until released in
16 writing by the director. Payment of moneys pursuant to an assignment
17 of earnings presented to the employer by the director serves as full
18 acquittance under any contract of employment, and the state warrants
19 and represents it shall defend and hold harmless such action taken
20 pursuant to the assignment of earnings. The director is released from
21 liability for improper receipt of moneys under assignment of earnings
22 upon return of any moneys so received.

23 NEW SECTION. **Sec. 103.** If an improper real property transfer is
24 made as defined in RCW 74.08.331 through 74.08.338, the authority may
25 request the attorney general to file suit to rescind the transaction
26 except as to subsequent bona fide purchasers for value. If it is
27 established by judicial proceedings that a fraudulent conveyance
28 occurred, the value of any assistance which has been furnished may be
29 recovered in any proceedings from the recipient or the recipient's
30 estate.

31 NEW SECTION. **Sec. 104.** When the authority provides assistance to
32 persons who possess excess real property under RCW 74.04.005(11)(g),
33 the authority may file a lien against or otherwise perfect its interest
34 in such real property as a condition of granting such assistance, and
35 the authority has the status of a secured creditor.

1 NEW SECTION. **Sec. 105.** (1) When the authority determines that a
2 vendor was overpaid by the authority for either goods or services, or
3 both, provided to authority clients, except nursing homes under chapter
4 74.46 RCW, the authority shall give written notice to the vendor. The
5 notice must include the amount of the overpayment, the basis for the
6 claim, and the rights of the vendor under this section.

7 (2) The notice may be served upon the vendor in the manner
8 prescribed for the service of a summons in civil action or be mailed to
9 the vendor at the last known address by certified mail, return receipt
10 requested, demanding payment within twenty days of the date of receipt.

11 (3) The vendor has the right to an adjudicative proceeding governed
12 by the administrative procedure act, chapter 34.05 RCW, and the rules
13 of the authority. The vendor's application for an adjudicative
14 proceeding must be in writing, state the basis for contesting the
15 overpayment notice, and include a copy of the authority's notice. The
16 application must be served on and received by the authority within
17 twenty-eight days of the vendor's receipt of the notice of overpayment.
18 The vendor must serve the authority in a manner providing proof of
19 receipt.

20 (4) Where an adjudicative proceeding has been requested, the
21 presiding or reviewing office shall determine the amount, if any, of
22 the overpayment received by the vendor.

23 (5) If the vendor fails to attend or participate in the
24 adjudicative proceeding, upon a showing of valid service, the presiding
25 or reviewing officer may enter an administrative order declaring the
26 amount claimed in the notice to be assessed against the vendor and
27 subject to collection action by the authority.

28 (6) Failure to make an application for an adjudicative proceeding
29 within twenty-eight days of the date of notice results in the
30 establishment of a final debt against the vendor in the amount asserted
31 by the authority and that amount is subject to collection action. The
32 authority may also charge the vendor with any costs associated with the
33 collection of any final overpayment or debt established against the
34 vendor.

35 (7) The authority may enforce a final overpayment or debt through
36 lien and foreclosure, distraint, seizure and sale, order to withhold
37 and deliver, or other collection action available to the authority to
38 satisfy the debt due.

1 (8) Debts determined under this chapter are subject to collection
2 action without further necessity of action by a presiding or reviewing
3 officer. The authority may collect the debt in accordance with
4 sections 100, 101, and 106 of this act. In addition, a vendor lien may
5 be subject to distraint and seizure and sale in the same manner as
6 prescribed for support liens in RCW 74.20A.130.

7 (9) Chapter 66, Laws of 1998 applies to overpayments for goods or
8 services provided on or after July 1, 1998.

9 (10) The authority may adopt rules consistent with this section.

10 NEW SECTION. **Sec. 106.** (1) The authority may, at the director's
11 discretion, secure the repayment of any outstanding overpayment, plus
12 interest, if any, through the filing of a lien against the vendor's
13 real property, or by requiring the posting of a bond, assignment of
14 deposit, or some other form of security acceptable to the authority, or
15 by doing both.

16 (a) Any lien is effective from the date of filing for record with
17 the county auditor of the county in which the property is located and
18 the lien claim has preference over the claims of all unsecured
19 creditors.

20 (b) The authority shall review and determine the acceptability of
21 all other forms of security.

22 (c) Any bond must be issued by a company licensed as a surety in
23 the state of Washington.

24 (d) This subsection does not apply to nursing homes licensed under
25 chapter 18.51 RCW or portions of hospitals licensed under chapter 70.41
26 RCW and operating as a nursing home, if those facilities are subject to
27 chapter 74.46 RCW.

28 (2) The authority may recover any overpayment, plus interest, if
29 any, by setoff or recoupment against subsequent payments to the vendor.

30 NEW SECTION. **Sec. 107.** Liens created under section 106 of this
31 act bind the affected property for a period of ten years after the lien
32 has been recorded or ten years after the resolution of all good faith
33 disputes as to the overpayment, whichever is later. Any civil action
34 by the authority to enforce such lien must be timely commenced before
35 the ten-year period expires or the lien is released. A civil action to
36 enforce such lien is not timely commenced unless the summons and

1 complaint are filed within the ten-year period in a court having
2 jurisdiction and service of the summons and complaint is made upon all
3 parties in the manner prescribed by appropriate civil court rules.

4 NEW SECTION. **Sec. 108.** Any action to enforce a vendor overpayment
5 debt must be commenced within six years from the date of the
6 authority's notice to the vendor.

7 NEW SECTION. **Sec. 109.** The remedies under sections 106 and 107 of
8 this act are nonexclusive and nothing contained in this chapter may be
9 construed to impair or affect the right of the authority to maintain a
10 civil action or to pursue any other remedies available to it under the
11 laws of this state to recover such debt.

12 NEW SECTION. **Sec. 110.** (1) Except as provided in subsection (4)
13 of this section, vendors shall pay interest on overpayments at the rate
14 of one percent per month or portion thereof. Where partial repayment
15 of an overpayment is made, interest accrues on the remaining balance.
16 Interest must not accrue when the overpayment occurred due to authority
17 error.

18 (2) If the overpayment is discovered by the vendor prior to
19 discovery and notice by the authority, the interest begins accruing
20 ninety days after the vendor notifies the authority of such
21 overpayment.

22 (3) If the overpayment is discovered by the authority prior to
23 discovery and notice by the vendor, the interest begins accruing thirty
24 days after the date of notice by the authority to the vendor.

25 (4) This section does not apply to:

26 (a) Interagency or intergovernmental transactions; and

27 (b) Contracts for public works, goods and services procured for the
28 exclusive use of the authority, equipment, or travel.

29 NEW SECTION. **Sec. 111.** (1) To avoid a duplicate payment of
30 benefits, a recipient of assistance from the authority is deemed to
31 have subrogated the authority to the recipient's right to recover
32 temporary total disability compensation due to the recipient and the
33 recipient's dependents under Title 51 RCW, to the extent of such
34 assistance or compensation, whichever is less. However, the amount to

1 be repaid to the authority must bear its proportionate share of
2 attorneys' fees and costs, if any, incurred under Title 51 RCW by the
3 recipient or the recipient's dependents.

4 (2) The authority may assert and enforce a lien and notice to
5 withhold and deliver to secure reimbursement. The authority shall
6 identify in the lien and notice to withhold and deliver the recipient
7 of assistance and temporary total disability compensation and the
8 amount claimed by the authority.

9 NEW SECTION. **Sec. 112.** The effective date of the lien and notice
10 to withhold and deliver provided in section 111 of this act is the day
11 that it is received by the department of labor and industries or a
12 self-insurer as defined in chapter 51.08 RCW. Service of the lien and
13 notice to withhold and deliver may be made personally, by regular mail
14 with postage prepaid, or by electronic means. A statement of lien and
15 notice to withhold and deliver must be mailed to the recipient at the
16 recipient's last known address by certified mail, return receipt
17 requested, no later than two business days after the authority mails,
18 delivers, or transmits the lien and notice to withhold and deliver to
19 the department of labor and industries or a self-insurer.

20 NEW SECTION. **Sec. 113.** The director of labor and industries or
21 the director's designee, or a self-insurer as defined in chapter 51.08
22 RCW, following receipt of the lien and notice to withhold and deliver,
23 shall deliver to the director of the authority or the director's
24 designee any temporary total disability compensation payable to the
25 recipient named in the lien and notice to withhold and deliver up to
26 the amount claimed. The director of labor and industries or
27 self-insurer shall withhold and deliver from funds currently in the
28 director's or self-insurer's possession or from any funds that may at
29 any time come into the director's or self-insurer's possession on
30 account of temporary total disability compensation payable to the
31 recipient named in the lien and notice to withhold and deliver.

32 NEW SECTION. **Sec. 114.** (1) A recipient feeling aggrieved by the
33 action of the authority in recovering his or her temporary total
34 disability compensation as provided in sections 111 through 115 of this
35 act has the right to an adjudicative proceeding.

1 (2) A recipient seeking an adjudicative proceeding shall file an
2 application with the director within twenty-eight days after the
3 statement of lien and notice to withhold and deliver was mailed to the
4 recipient. If the recipient files an application more than
5 twenty-eight days after, but within one year of, the date the statement
6 of lien and notice to withhold and deliver was mailed, the recipient is
7 entitled to a hearing if the recipient shows good cause for the
8 recipient's failure to file a timely application. The filing of a late
9 application does not affect prior collection action pending the final
10 adjudicative order. Until good cause for failure to file a timely
11 application is decided, the authority may continue to collect under the
12 lien and notice to withhold and deliver.

13 (3) The proceeding shall be governed by chapter 34.05 RCW, the
14 administrative procedure act.

15 NEW SECTION. **Sec. 115.** Sections 111 through 114 of this act and
16 this section do not apply to persons whose eligibility for benefits
17 under Title 51 RCW is based upon an injury or illness occurring prior
18 to July 1, 1972.

19 NEW SECTION. **Sec. 116.** (1) When an individual receives assistance
20 subject to recovery under this chapter and the individual is the holder
21 of record title to real property or the purchaser under a land sale
22 contract, the authority may present to the county auditor for recording
23 in the deed and mortgage records of a county a request for notice of
24 transfer or encumbrance of the real property. The authority shall
25 adopt a rule providing prior notice and hearing rights to the record
26 title holder or purchaser under a land sale contract.

27 (2) The authority shall present to the county auditor for recording
28 a termination of request for notice of transfer or encumbrance when, in
29 the judgment of the authority, it is no longer necessary or appropriate
30 for the authority to monitor transfers or encumbrances related to the
31 real property.

32 (3) The authority shall adopt by rule a form for the request for
33 notice of transfer or encumbrance and the termination of request for
34 notice of transfer or encumbrance that, at a minimum:

35 (a) Contains the name of the assistance recipient and a case

1 identifier or other appropriate information that links the individual
2 who is the holder of record title to real property or the purchaser
3 under a land sale contract to the individual's assistance records;

4 (b) Contains the legal description of the real property;

5 (c) Contains a mailing address for the authority to receive the
6 notice of transfer or encumbrance; and

7 (d) Complies with the requirements for recording in RCW 36.18.010
8 for those forms intended to be recorded.

9 (4) The authority shall pay the recording fee required by the
10 county clerk under RCW 36.18.010.

11 (5) The request for notice of transfer or encumbrance described in
12 this section does not affect title to real property and is not a lien
13 on, encumbrance of, or other interest in the real property.

14 NEW SECTION. **Sec. 117.** By December 10, 2011, the department of
15 social and health services and the health care authority shall report
16 to the governor and the legislature their recommendations to the role
17 of the health care authority of the state's purchasing of mental health
18 treatment, substance abuse treatment, and long-term care services,
19 including services for those with developmental disabilities. In
20 developing these recommendations, the agencies shall consult with
21 tribal governments and with interested stakeholders, including
22 consumers, health care and other service providers, health insurance
23 carriers, and local governments.

24 NEW SECTION. **Sec. 118.** The following acts or parts of acts are
25 each repealed:

26 (1) RCW 74.09.015 (Nurse hotline, when funded) and 2007 c 259 s 16;

27 (2) RCW 74.09.085 (Contracts--Performance measures--Financial
28 incentives) and 2005 c 446 s 3;

29 (3) RCW 74.09.110 (Administrative personnel--Professional
30 consultants and screeners) and 1979 c 141 s 339 & 1959 c 26 s
31 74.09.110;

32 (4) RCW 74.09.5221 (Medical assistance--Federal standards--
33 Waivers--Application) and 1997 c 231 s 112;

34 (5) RCW 74.09.5227 (Implementation date--Payments for services
35 provided by rural hospitals) and 2001 2nd sp.s. c 2 s 3;

- 1 (6) RCW 74.09.755 (AIDS--Community-based care--Federal social
2 security act waiver) and 1989 c 427 s 12;
- 3 (7) RCW 43.20A.860 (Requirement to seek federal waivers and state
4 law changes to medical assistance program) and 1995 c 265 s 26; and
- 5 (8) RCW 74.04.270 (Audit of accounts--Uniform accounting system)
6 and 1979 c 141 s 304 & 1959 c 26 s 74.04.270.

7 NEW SECTION. **Sec. 119.** (1) All powers, duties, and functions of
8 the department of social and health services pertaining to the medical
9 assistance program and the medicaid purchasing administration are
10 transferred to the health care authority to the extent necessary to
11 carry out the purposes of this act. All references to the secretary or
12 the department of social and health services in the Revised Code of
13 Washington shall be construed to mean the director or the health care
14 authority when referring to the functions transferred in this section.

15 (2)(a) All reports, documents, surveys, books, records, files,
16 papers, or written material in the possession of the department of
17 social and health services pertaining to the powers, functions, and
18 duties transferred shall be delivered to the custody of the health care
19 authority. All cabinets, furniture, office equipment, motor vehicles,
20 and other tangible property employed by the department of social and
21 health services in carrying out the powers, functions, and duties
22 transferred shall be made available to the health care authority. All
23 funds, credits, or other assets held in connection with the powers,
24 functions, and duties transferred shall be assigned to the health care
25 authority.

26 (b) Any appropriations made to the department of social and health
27 services for carrying out the powers, functions, and duties transferred
28 shall, on the effective date of this section, be transferred and
29 credited to the health care authority.

30 (c) Whenever any question arises as to the transfer of any
31 personnel, funds, books, documents, records, papers, files, equipment,
32 or other tangible property used or held in the exercise of the powers
33 and the performance of the duties and functions transferred, the
34 director of financial management shall make a determination as to the
35 proper allocation and certify the same to the state agencies concerned.

36 (3) All employees of the medicaid purchasing administration at the
37 department of social and health services are transferred to the

1 jurisdiction of the health care authority. All employees classified
2 under chapter 41.06 RCW, the state civil service law, are assigned to
3 the health care authority to perform their usual duties upon the same
4 terms as formerly, without any loss of rights, subject to any action
5 that may be appropriate thereafter in accordance with the laws and
6 rules governing state civil service.

7 (4) All rules and all pending business before the department of
8 social and health services pertaining to the powers, functions, and
9 duties transferred shall be continued and acted upon by the health care
10 authority. All existing contracts and obligations shall remain in full
11 force and shall be performed by the health care authority.

12 (5) The transfer of the powers, duties, functions, and personnel of
13 the department of social and health services shall not affect the
14 validity of any act performed before the effective date of this
15 section.

16 (6) If apportionments of budgeted funds are required because of the
17 transfers directed by this section, the director of financial
18 management shall certify the apportionments to the agencies affected,
19 the state auditor, and the state treasurer. Each of these shall make
20 the appropriate transfer and adjustments in funds and appropriation
21 accounts and equipment records in accordance with the certification.

22 (7) A nonsupervisory medicaid purchasing unit bargaining unit is
23 created at the health care authority. All nonsupervisory civil service
24 employees of the medicaid purchasing administration at the department
25 of social and health services assigned to the health care authority
26 under this section whose positions are within the existing bargaining
27 unit description at the department of social and health services shall
28 become a part of the nonsupervisory medicaid purchasing division
29 bargaining unit at the health care authority under the provisions of
30 chapter 41.80 RCW. The exclusive bargaining representative of the
31 existing bargaining unit at the department of social and health
32 services is certified as the exclusive bargaining representative of the
33 nonsupervisory medicaid purchasing unit bargaining unit at the health
34 care authority without the necessity of an election.

35 (8) A supervisory medicaid purchasing unit bargaining unit is
36 created at the health care authority. All supervisory civil service
37 employees of the medicaid purchasing administration at the department
38 of social and health services assigned to the health care authority

1 under this section whose positions are within the existing bargaining
2 unit description at the department of social and health services shall
3 become a part of the supervisory medicaid purchasing unit bargaining
4 unit at the health care authority under the provisions of chapter 41.80
5 RCW. The exclusive bargaining representative of the existing
6 bargaining unit at the department of social and health services is
7 certified as the exclusive bargaining representative of the supervisory
8 medicaid purchasing division bargaining unit at the health care
9 authority without the necessity of an election.

10 (9) The bargaining units of employees created under this section
11 are appropriate units under the provisions of chapter 41.80 RCW.
12 However, nothing contained in this section shall be construed to alter
13 the authority of the public employment relations commission under the
14 provisions of chapter 41.80 RCW to amend or modify the bargaining
15 units.

16 (10) Positions from the department of social and health services
17 central administration are transferred to the jurisdiction of the
18 health care authority. Employees classified under chapter 41.06 RCW,
19 the state civil service law, are assigned to the health care authority
20 to perform their usual duties upon the same terms as formerly, without
21 any loss of rights, subject to any action that may be appropriate
22 thereafter in accordance with the laws and rules governing state civil
23 service.

24 (11) All classified employees of the department of social and
25 health services assigned to the medical assistance program and medicaid
26 purchasing administration under this section whose positions are within
27 an existing bargaining unit description at the medical assistance
28 program and medicaid purchasing administration shall become a part of
29 the existing bargaining unit at the medical assistance program and
30 medicaid purchasing administration and shall be considered an
31 appropriate inclusion or modification of the existing bargaining unit
32 under the provisions of chapter 41.80 RCW.

33 NEW SECTION. **Sec. 120.** The code reviser shall note wherever
34 "administrator" is used or referred to in the Revised Code of
35 Washington as the head of the health care authority that the title of
36 the agency head has been changed to "director." The code reviser shall

1 prepare legislation for the 2012 regular session that changes all
2 statutory references to "administrator" of the health care authority to
3 "director" of the health care authority.

4 NEW SECTION. **Sec. 121.** RCW 43.20A.365 is recodified as a section
5 in chapter 74.09 RCW.

6 NEW SECTION. **Sec. 122.** Sections 89 through 116 of this act
7 constitute a new chapter in Title 41 RCW, to be codified as chapter
8 41.05A RCW.

9 NEW SECTION. **Sec. 123.** Sections 74 through 76 of this act expire
10 June 30, 2012.

11 NEW SECTION. **Sec. 124.** If any provision of this act or its
12 application to any person or circumstance is held invalid, the
13 remainder of the act or the application of the provision to other
14 persons or circumstances is not affected.

15 NEW SECTION. **Sec. 125.** This act is necessary for the immediate
16 preservation of the public peace, health, or safety, or support of the
17 state government and its existing public institutions, and takes effect
18 July 1, 2011.

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