

SJM 8006

The Legislature requests the federal government to either create a universal health care program or, absent federal action, partner with the state to implement a single-payer health system. To allow the state to implement a single-payer health system, Congress could pass House Resolution 3775 or grant the state the appropriate waivers.

HB 1812

Updates the business and occupation tax deduction for Medicaid delivery reform incentive payments to capture Medicaid transformation project funding and subsequent project iterations.

HB 1313 (see companion bill SB 5492)

Improving health care affordability for older adults and people with disabilities on medicare. Requires the Health Care Authority (HCA) to offer eligible clients the four Medicare Savings Programs. Prohibits the Medicare Savings Programs from requiring a resource test. Authorizes the HCA to establish income limits higher than the federally required minimum levels for Medicare Savings Programs.

SB 5492 (see companion bill HB 1313)

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HB 1357

Modernizing the prior authorization process. Establishes requirements for the prior authorization process for private health insurance, Public Employee Benefit Board and School Employee Benefit Board health programs, and Medicaid programs related to time frames for decisions, qualifications for reviewers, electronic authorization options, and communication requirements. Directs the Office of the Insurance Commissioner to adopt rules to prohibit carriers from requiring prior authorization for billing codes with an approval rate over 95 percent. Eliminates the requirement that the affected enrollee must have suffered substantial harm and sought independent review of the health care treatment decision in order to bring a cause of action against a health carrier for failure to meet the standard of care.

HB 1713

Increasing access to health care services in rural and underserved areas of the state. Establishes a pilot project to increase medical assistance program payments to health care providers and facilities that serve a specified number of medical assistance and Medicare enrollees in rural areas or areas with a high concentration of persons who have historically been marginalized and underserved with respect to health care access

SB 5497

Concerning Medicaid expenditures. Declares the Health Care Authority (Authority) to be responsible for oversight of program integrity activities for all Medicaid funding received by state agencies. Directs the Authority to use specific best practices for identifying improper Medicaid spending and establishes standards for contracts between the Authority and managed care organizations regarding responsibilities for maintaining program integrity. Requires the Authority to develop a strategic plan for Medicaid program integrity and a single, statewide Medicaid fraud and abuse prevention plan. Establishes the Medicaid Expenditure Forecast Work Group in statute to provide technical support to the Governor's Office and the fiscal committees of the Legislature and approve a Medicaid expenditure forecast for use in the budget development process.

SB 5481

An act relating to the uniform telemedicine act. Creates a registration process for out-of-state health care providers to provide telemedicine services to Washington State residents.

SB 5338

Requires the Office of the Insurance Commissioner (OIC) to review the state's benchmark plan to determine whether to request approval from the Centers for Medicare and Medicaid Services to modify the benchmark plan. Requires the OIC to determine the impacts of coverage of certain services on individual and small group health plan design, actuarial values, and premiums if the services were included as an essential health benefit.

SB 5066

Requires a health care benefit manager (HCBM) to file every benefit management contract and contract amendment between the HCBM and a health carrier with the Office of the Insurance Commissioner.