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**HOUSE BILL 1713**

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**State of Washington**

**68th Legislature**

**2023 Regular Session**

**By** Representatives Maycumber, Chapman, Mosbrucker, Walsh, Ybarra, Tharinger, McEntire, Graham, Sandlin, Volz, Griffey, Couture, Kretz, Dent, and Schmick

1 AN ACT Relating to increasing access to health care services in  
2 rural and underserved areas of the state; and adding a new section to  
3 chapter 74.09 RCW.

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

5 NEW SECTION. **Sec. 1.** A new section is added to chapter 74.09  
6 RCW to read as follows:

7 (1) Beginning July 1, 2024, the authority shall conduct a pilot  
8 project to increase medical assistance program payments to health  
9 care providers and health care facilities serving a high proportion  
10 of patients enrolled in medical assistance programs under this  
11 chapter and medicare.

12 (2) Between July 1, 2024, and July 1, 2027, a health care  
13 provider or health care facility may receive a rebalancing payment  
14 under this section if:

15 (a) The health care provider or health care facility is  
16 authorized by the authority to provide covered health care services  
17 to persons enrolled in medical assistance programs under this  
18 chapter;

19 (b) The health care provider or health care facility is located  
20 in:

21 (i) A rural area of the state; or

1 (ii) An area of the state with a high concentration of persons  
2 who have historically been marginalized and underserved with respect  
3 to health care access, whether the community is located in an urban,  
4 suburban, or rural area;

5 (c) At least 50 percent of the health care provider's or health  
6 care facility's patient encounters during the relevant payment period  
7 were patients enrolled in medical assistance programs under this  
8 chapter or medicare; and

9 (d) The health care provider or health care facility submits the  
10 information required by the authority to determine eligibility for  
11 the rebalancing payment and the amount of the rebalancing payment.

12 (3) The amount of the rebalancing payment for a health care  
13 provider or health care facility shall be the difference between the  
14 health care provider's or health care facility's actual reimbursement  
15 from all sources, including managed health care systems and the  
16 authority's fee-for-service programs, for health care services  
17 provided to patients enrolled in medical assistance programs under  
18 this chapter for the relevant payment period and the amount that the  
19 health care provider or health care facility would have received for  
20 those health care services had it been reimbursed at 100 percent of  
21 reasonable costs based on medicare reimbursement standards.

22 (4) The authority shall establish a process for health care  
23 providers and health care facilities to apply for the rebalancing  
24 payment under this section and a method to calculate the appropriate  
25 rebalancing payment for patients who were enrolled in medical  
26 assistance programs under this chapter during the relevant payment  
27 period. The authority shall determine the dates of relevant payment  
28 periods which shall be on a quarterly basis.

29 (5) The authority shall:

30 (a) Establish criteria, forms, and methodologies for determining  
31 the eligibility of health care providers and health care facilities  
32 for a rebalancing payment under this section, including criteria for  
33 determining the geographic criteria under subsection (2)(b) of this  
34 section;

35 (b) Calculate the appropriate rebalancing payment for eligible  
36 health care providers and health care facilities;

37 (c) Establish a methodology for determining 100 percent of  
38 reasonable costs based on medicare reimbursement standards and apply  
39 the methodology to calculate each eligible health care provider's and  
40 health care facility's rebalancing payment;

1 (d) Disburse payments to health care providers and health care  
2 facilities on a quarterly basis; and

3 (e) Adopt rules necessary to implement this chapter.

4 (6) By December 1, 2027, the authority shall submit a report to  
5 the governor's office and the legislature on the results of the pilot  
6 project. The report must contain:

7 (a) The number of health care providers and health care  
8 facilities that received the rebalancing payment under the pilot  
9 project and the average amounts received by category of health care  
10 provider and health care facility;

11 (b) An analysis of access to health care services in rural and  
12 historically marginalized communities and overall health impacts of  
13 any changes in access in communities in which rebalancing payments  
14 were received;

15 (c) A comparison of the status of the health care providers and  
16 health care facilities in the communities in which rebalancing  
17 payments were received from prior to the pilot project to its  
18 completion for the following:

19 (i) Health care provider and health care facility payment rates  
20 from all categories of payers;

21 (ii) The number of health care providers and health care  
22 facilities providing health care services to the community, by  
23 category of health care provider or health care facility; and

24 (iii) The number of services provided to members of the  
25 community, by category, regardless of payer; and

26 (d) Recommendations of ways to more equitably reimburse health  
27 care providers and health care facilities in medical assistance  
28 programs under this chapter so that private insurance programs are  
29 not compelled to pay higher rates to health care providers and health  
30 care facilities to offset low medical assistance rates.

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