
SUBSTITUTE HOUSE BILL 1313

State of Washington

68th Legislature

2023 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Farivar, Macri, Tharinger, Harris, Alvarado, Mena, Thai, Berry, Ryu, Orwall, Callan, Waters, Wylie, Ortiz-Self, Stonier, Cheney, Chopp, Riccelli, Bergquist, Bateman, Morgan, Lekanoff, Reeves, Davis, Senn, Doglio, Santos, Reed, Goodman, Kloba, Pollet, Fosse, Ormsby, and Chapman)

1 AN ACT Relating to improving health care affordability for older
2 adults and people with disabilities on medicare; adding a new section
3 to chapter 74.09 RCW; and creating a new section.

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

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

6 (a) Medicare provides health coverage to adults 65 years of age
7 and older, as well as people with disabilities, but it comes with
8 significant out-of-pocket costs. Medicare enrollees pay premiums and
9 cost-sharing for the services medicare covers and the full cost for
10 the services that medicare excludes, including vision, dental, and
11 hearing services. Half of low-income medicare enrollees with income
12 at 200 percent of the federal poverty level spend 27 percent or more
13 of their income on out-of-pocket health care costs;

14 (b) Lower income enrollees struggle with these costs and may
15 defer or forgo care, with their health suffering as a result. In a
16 recent survey of over 1,300 Washington residents, 75 percent of
17 households that included a person with a disability and 32 percent of
18 people over age 65 went without care in the last year due to cost.
19 For example, 46 percent of households with a person with a disability
20 did not fill a prescription, cut pills in half, or skipped a dose due
21 to cost concerns;

1 (c) Compared to coverage available to younger people and people
2 without disabilities, medicare enrollees in Washington get much more
3 limited help with their health care costs and services;

4 (i) A medicare enrollee can stay on medicaid only if their income
5 is below about 75 percent of the federal poverty level, compared to
6 138 percent of the federal poverty level for a younger person or a
7 person without a disability. This means that when a person who is
8 living at the poverty level turns 65, they lose their access to
9 affordable, comprehensive health coverage;

10 (ii) Medicare savings programs are joint federal-state programs
11 that help enrollees with the cost of premiums, cost sharing, and
12 prescription drug costs. Current standards for these programs in
13 Washington are at the lowest level permitted by federal law;

14 (d) Other states have taken steps to expand the programs that
15 help medicare enrollees with health costs, with some states
16 harmonizing eligibility for medicaid and others expanding access to
17 medicare savings programs. For example, California and New York
18 recently raised income limits for medicaid to 138 percent of the
19 federal poverty level, and Massachusetts has raised income limits for
20 medicare savings programs to 226 percent of the federal poverty
21 level.

22 (2) The legislature therefore intends to take a step toward
23 parity in access to affordable health care by expanding the
24 availability of medicare savings programs, in order to provide
25 premium and cost-sharing assistance to an estimated 50,000 or more
26 older adults and people with disabilities, helping them to afford the
27 health care they need to thrive.

28 NEW SECTION. **Sec. 2.** A new section is added to chapter 74.09
29 RCW to read as follows:

30 (1) The authority shall offer eligible clients the following
31 medicare savings programs:

- 32 (a) The qualified medicare beneficiary program;
- 33 (b) The specified low-income medicare beneficiary program;
- 34 (c) The qualified individual program; and
- 35 (d) The qualified disabled and working individuals program.

36 (2) To be eligible for a medicare savings program, a client must
37 be entitled to medicare part A and meet other eligibility
38 requirements established by the authority and federal law.

1 (3) (a) A client is income eligible for the qualified medicare
2 beneficiary program if the client's countable income is less than or
3 equal to 135 percent of the federal poverty level.

4 (b) Subject to appropriations, the authority may establish by
5 rule higher income limits for medicare savings programs. The
6 authority shall seek to maximize the availability of the qualified
7 individual program through the centers for medicare and medicaid
8 services.

9 (c) The medicare savings programs may not require a resource
10 test.

11 (4) The authority may adopt any rules necessary to administer
12 this section. Nothing in this section may be interpreted to limit the
13 authority's existing rule-making authority related to medicare
14 savings programs.

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