

CERTIFICATION OF ENROLLMENT

**HOUSE BILL 1626**

Chapter 299, Laws of 2023

68th Legislature  
2023 Regular Session

COLORECTAL CANCER SCREENING TESTS—COVERAGE BY MEDICAL ASSISTANCE  
PROGRAMS

EFFECTIVE DATE: July 23, 2023

Passed by the House March 4, 2023  
Yeas 95 Nays 0

LAURIE JINKINS

**Speaker of the House of  
Representatives**

Passed by the Senate April 12, 2023  
Yeas 39 Nays 9

DENNY HECK

**President of the Senate**

Approved May 4, 2023 3:27 PM

JAY INSLEE

**Governor of the State of Washington**

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **HOUSE BILL 1626** as passed by the House of Representatives and the Senate on the dates hereon set forth.

BERNARD DEAN

**Chief Clerk**

FILED

May 5, 2023

**Secretary of State  
State of Washington**

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HOUSE BILL 1626

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Passed Legislature - 2023 Regular Session

State of Washington

68th Legislature

2023 Regular Session

By Representatives Bronoske, Rude, Ryu, Griffey, Callan, Fosse, Senn, Macri, Pollet, Graham, Leavitt, and Reed

Read first time 01/26/23. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to coverage for colorectal screening tests under  
2 medical assistance programs; and amending RCW 74.09.520.

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

4 **Sec. 1.** RCW 74.09.520 and 2022 c 255 s 4 are each amended to  
5 read as follows:

6 (1) The term "medical assistance" may include the following care  
7 and services subject to rules adopted by the authority or department:

8 (a) Inpatient hospital services; (b) outpatient hospital services;

9 (c) other laboratory and X-ray services; (d) nursing facility

10 services; (e) physicians' services, which shall include prescribed

11 medication and instruction on birth control devices; (f) medical

12 care, or any other type of remedial care as may be established by the

13 secretary or director; (g) home health care services; (h) private

14 duty nursing services; (i) dental services; (j) physical and

15 occupational therapy and related services; (k) prescribed drugs,

16 dentures, and prosthetic devices; and eyeglasses prescribed by a

17 physician skilled in diseases of the eye or by an optometrist,

18 whichever the individual may select; (l) personal care services, as

19 provided in this section; (m) hospice services; (n) other diagnostic,

20 screening, preventive, and rehabilitative services; and (o) like

21 services when furnished to a child by a school district in a manner

1 consistent with the requirements of this chapter. For the purposes of  
2 this section, neither the authority nor the department may cut off  
3 any prescription medications, oxygen supplies, respiratory services,  
4 or other life-sustaining medical services or 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  
9 these services.

10 (2) The department shall adopt, amend, or rescind such  
11 administrative rules as are necessary to ensure that Title XIX  
12 personal care services are provided to eligible persons in  
13 conformance with federal regulations.

14 (a) These administrative rules shall include financial  
15 eligibility indexed according to the requirements of the social  
16 security act providing for medicaid eligibility.

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

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

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

35 (4) Effective July 1, 1989, the authority shall offer hospice  
36 services in accordance with available funds.

37 (5) For Title XIX personal care services administered by the  
38 department, the department shall contract with area agencies on aging  
39 or may contract with a federally recognized Indian tribe under RCW  
40 74.39A.090(3):

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

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

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

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

12 (6) In the event that an area agency on aging or federally  
13 recognized Indian tribe is unwilling to enter into or satisfactorily  
14 fulfill a contract or an individual consumer's need for case  
15 management services will be met through an alternative delivery  
16 system, the department is authorized to:

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

18 (b) Provide the services directly until a qualified contractor  
19 can be found.

20 (7) Subject to the availability of amounts appropriated for this  
21 specific purpose, the authority may offer medicare part D  
22 prescription drug copayment coverage to full benefit dual eligible  
23 beneficiaries.

24 (8) Effective January 1, 2016, the authority shall require  
25 universal screening and provider payment for autism and developmental  
26 delays as recommended by the bright futures guidelines of the  
27 American academy of pediatrics, as they existed on August 27, 2015.  
28 This requirement is subject to the availability of funds.

29 (9) Subject to the availability of amounts appropriated for this  
30 specific purpose, effective January 1, 2018, the authority shall  
31 require provider payment for annual depression screening for youth  
32 ages twelve through eighteen as recommended by the bright futures  
33 guidelines of the American academy of pediatrics, as they existed on  
34 January 1, 2017. Providers may include, but are not limited to,  
35 primary care providers, public health nurses, and other providers in  
36 a clinical setting. This requirement is subject to the availability  
37 of funds appropriated for this specific purpose.

38 (10) Subject to the availability of amounts appropriated for this  
39 specific purpose, effective January 1, 2018, the authority shall  
40 require provider payment for maternal depression screening for

1 mothers of children ages birth to six months. This requirement is  
2 subject to the availability of funds appropriated for this specific  
3 purpose.

4 (11) Subject to the availability of amounts appropriated for this  
5 specific purpose, the authority shall:

6 (a) Allow otherwise eligible reimbursement for the following  
7 related to mental health assessment and diagnosis of children from  
8 birth through five years of age:

9 (i) Up to five sessions for purposes of intake and assessment, if  
10 necessary;

11 (ii) Assessments in home or community settings, including  
12 reimbursement for provider travel; and

13 (b) Require providers to use the current version of the DC:0-5  
14 diagnostic classification system for mental health assessment and  
15 diagnosis of children from birth through five years of age.

16 (12) Effective January 1, 2024, the authority shall require  
17 coverage for noninvasive preventive colorectal cancer screening tests  
18 assigned either a grade of A or grade of B by the United States  
19 preventive services task force and shall require coverage for  
20 colonoscopies performed as a result of a positive result from such a  
21 test.

Passed by the House March 4, 2023.

Passed by the Senate April 12, 2023.

Approved by the Governor May 4, 2023.

Filed in Office of Secretary of State May 5, 2023.

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