

May 16, 2013

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Sen. Nelson
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Re: Medicaid Expansion – Budget Priorities for Coverage and Benefits

The undersigned organizations applaud the Legislature’s intent to move forward with the Medicaid Expansion in Washington State. This decision will provide health coverage to nearly 350,000 Washington residents while generating significant savings and economic activity for our state.

As the Legislature considers how to successfully implement the Medicaid Expansion, we wish to ensure that coverage and benefits are sufficient to meet the needs of low-income residents. Without careful implementation, thousands of low-income residents could be left underinsured or unable to access the new coverage options. To address these concerns, the undersigned organizations urge you to:

1. Maintain health coverage for those who cannot access new coverage options.

Starting in 2014, most people currently eligible for state coverage programs will transition to the Medicaid Expansion or Exchange. However, certain populations will not be able to maintain their existing coverage without a state commitment. This coverage should be preserved. In the transition to improved coverage, we must “do no harm” to current enrollees.

Budget Item	Gov.	Sen.	House	Priorities
	GF-S in millions			
Take Charge Family Planning Retains family planning services for those unable to access services due to new enrollment processes.	-2.8	-1.0	-1.5	<u>Preferred: Senate</u> Governor eliminates family planning program for those with income up to 250% FPL. Senate anticipates lower utilization but retain program, since some will not be able to access new coverage options because federal rules prevent confidential application and create delays in contraception access. House does

				same but places more restrictions.
Breast & Cervical Cancer Treatment Continues services for women receiving cancer treatment.	-3.3	-3.3	- 3.3	No Preference: Gov, Senate, or House All budgets retain continued cancer treatment but only for women currently receiving treatment whose coverage would be disrupted if they transitioned to Medicaid or the Exchange. However, federal guidance appears to require a modification. We support continuation of this program to assist women not yet insured at the time they need treatment.
Breast, Cervical & Colon Cancer Screening (DOH) Senate eliminates, House reduces number of screenings. Screening through this program required to qualify for Breast & Cervical Cancer Treatment program.	-5.6	-5.6	-2.9	Preferred: House While there should be some reduction in this program, we oppose its elimination. Screenings are cost-effective, often needed promptly, and required for entry into the Breast & Cervical Cancer Treatment program
Incapacity Exams Continues incapacity exams and assistance to disabled clients.	-13.3	-10.5	--	Preferred: House Governor and Senate eliminate incapacity exams for disabled enrollees. House retains current level of funding (with continuing federal match) to permit continued housing and essential needs support and cash grants necessary to maintain health.

2. Align and restore benefits, creating a unified, comprehensive benefits package.

Federal law requires newly eligible Medicaid enrollees to receive essential health benefits, including preventive services, mental health services at parity with other services, and habilitative services (e.g. therapies for people with disabilities to gain function). Unless the Legislature adds these services for current Medicaid enrollees, they will receive less comprehensive benefits than new enrollees with higher incomes. We saw the harm that came with unequal benefits when dental services were cut for most adults—it’s now time to restore a uniform benefits package by restoring adult dental and adding essential health benefits for current enrollees.

Budget Item	Gov.	Sen.	House	Priorities
	GF-S in millions			
Adult Dental Restores dental benefit for adult Medicaid enrollees	23.9	9.8	23.9	Preferred: House or Governor Senate lacks coverage for restorative care (e.g., fillings). House and Governor fund restorative services to prevent costly emergency care.
Benefit Alignment Aligns Medicaid benefit	7.9	.8	7.9	Preferred: House or Governor Senate lacks coverage of habilitative services for

package to ensure existing enrollees receive same benefits as newly eligible enrollees				current enrollees (these services are required for newly eligible enrollees). House and Governor fund habilitative services for current enrollees, ensuring that adults and children with disabilities and chronic illnesses receive therapies needed to function.
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Thank you for your consideration. Please contact Kate White Tudor (WhiteTudorLLC@comcast.net) or Lonnie Johns Brown (lonniejb@comcast.net) with any questions.

Sincerely,

AARP Washington

Allied Health Advocates

American Cancer Society Cancer Action Network

Children’s Alliance

Columbia Legal Services – On behalf of clients

Doctors for America

Faith Action Network

Health Care Committee, Washington State Coalition for Language Access

Health Care for All-Washington

International Community Health Services

Islamic Civic Engagement Project

League of Women Voters of WA

Lifelong AIDS Alliance

Mental Health Action

NARAL Pro-Choice Washington

National Multiple Sclerosis Society, Greater Northwest Chapter

Northwest Health Law Advocates

Physicians for a National Health Program Western Washington chapter

Planned Parenthood Votes NW

Puget Sound Advocates for Retirement Action

SEIU Healthcare 775 NW

SEIU 925

SEIU Healthcare 1199 NW

Seth Armstrong, former Rep.

Statewide Poverty Action Network

Temple Beth Am Health Care For All Committee

United Food and Commercial Workers, Local 21

Washington Budget and Policy Center

Washington Chapter American Academy of Pediatrics

Washington Chapter, March of Dimes

Washington Community Action Network

Washington State Labor Council, AFL-CIO

Washington State Nurses Association