

- (2) Section 13, chapter 224, Laws of 1986 and RCW 9.95.0012; and
 (3) Section 14, chapter 224, Laws of 1986 (uncodified).

NEW SECTION. Sec. 7. The sum of three hundred sixteen thousand dollars, or as much thereof as may be necessary, is appropriated for the biennium ending June 30, 1991, from the general fund to the indeterminate sentence review board to carry out sections 1 and 3 of this act.

Passed the House April 22, 1989.

Passed the Senate April 22, 1989.

Approved by the Governor May 5, 1989.

Filed in Office of Secretary of State May 5, 1989.

CHAPTER 260

[Substitute House Bill No. 1560]

MEDICAL ASSISTANCE—PROGRAM REQUIREMENTS AND PAYMENT RATES

AN ACT Relating to medical assistance; amending RCW 74.09.730, 74.09.522, and 18-71.210; and adding a new section to chapter 70.24 RCW.

Be it enacted by the Legislature of the State of Washington:

Sec. 1. Section 20, chapter 5, Laws of 1987 1st ex. sess. and RCW 74.09.730 are each amended to read as follows:

~~((1) The department of social and health services shall, to the extent that funds are specifically appropriated for this purpose, provide matching grants on a one-to-one state/local basis to hospitals that are designated by the hospital commission as meeting all of the following criteria:~~

~~(a) Providing an amount of charity care equal to or greater than two hundred fifty percent of the state average;~~

~~(b) A tertiary care center; and~~

~~(c) Providing ten percent of the tertiary care to patients from outside the county in which the hospital is located.~~

~~(2) Grants shall be allocated to eligible hospitals based on the hospital's relative amount of charity care.~~

~~(3) Local matching funds shall be from a nonrate-setting revenue source as defined by the hospital commission.~~

~~(4) The department shall seek matching federal Title XIX medicaid funds pursuant to the "disproportionate share" provisions of the federal social security act. If necessary to obtain federal funds, the department may use the following provision in lieu of those set forth in subsections (1), (2), and (3) of this section: A hospital is eligible for a grant if it is designated by the hospital commission as having medical assistance charges exceeding twenty percent of the hospital's total rate-setting revenue during the preceding calendar year.)) In establishing Title XIX payment rates for inpatient hospital services:~~

(1) The department of social and health services shall take into account the situation of hospitals which serve a disproportionate number of low-income patients with special needs;

(2) The department shall define eligible disproportionate share hospitals by regulation, and shall consider a hospital's Medicaid utilization rate, its low-income utilization rate, and its provision of obstetric services;

(3) The payment methodology for disproportionate share hospitals shall be specified by the department in regulation.

Sec. 2. Section 2, chapter 303, Laws of 1986 as amended by section 21, chapter 5, Laws of 1987 1st ex. sess. and RCW 74.09.522 are each amended to read as follows:

(1) For the purposes of this section, "managed health care system" means any health care organization, including health care providers, insurers, health care service contractors, health maintenance organizations, health insuring organizations, or any combination thereof, that provides directly or by contract health care services covered under RCW 74.09.520 and rendered by licensed providers, on a prepaid capitated case management basis and that meets the requirements of section 1903(m)(1)(A) of Title XIX of the federal social security act.

(2) No later than July 1, ~~((1989))~~ 1991, the department of social and health services shall enter into agreements with managed health care systems to provide health care services to recipients of aid to families with dependent children under the following conditions:

(a) ~~Agreements shall be made ((within one class A county in the eastern part of the state)) for at least ((ten)) thirty thousand recipients((, and one class AA county for at least fifteen thousand recipients in the western part of the state, and one first class county of at least five thousand recipients in the western part of the state))~~ state-wide;

(b) ~~Agreements in at least one ((of the agreements)) county shall include enrollment of all recipients of aid to families with dependent children ((residing in a defined geographical area));~~

(c) To the extent that this provision is consistent with section 1903(m) of Title XIX of the federal social security act, recipients shall have a choice of systems in which to enroll and shall have the right to terminate their enrollment in a system: PROVIDED, That the department may limit recipient termination of enrollment without cause to the first month of a period of enrollment, which period shall not exceed six months: AND PROVIDED FURTHER, That the department shall not restrict a recipient's right to terminate enrollment in a system for cause;

(d) To the extent that this provision is consistent with section 1903(m) of Title XIX of the federal social security act, participating managed health care systems shall not enroll a disproportionate number of medical assistance recipients within the total numbers of persons served by the managed

health care systems, except that this subsection (d) shall not apply to entities described in subparagraph (B) of section 1903(m) of Title XIX of the federal social security act;

(e) Prior to negotiating with any managed health care system, the department shall estimate, on an actuarially sound basis, the expected cost of providing the health care services expressed in terms of upper and lower limits, and recognizing variations in the cost of providing the services through the various systems and in different project areas. In negotiating with managed health care systems the department shall adopt a uniform procedure ~~((that includes at least request for proposals))~~ to negotiate and enter into contractual arrangements, including standards regarding the quality of services to be provided; and financial integrity of the responding system ~~((The department may negotiate with respondents to the extent necessary to refine any proposals))~~;

(f) The department shall seek waivers from federal requirements as necessary to implement this chapter;

(g) The department shall, wherever possible, enter into prepaid capitation contracts that include inpatient care. However, if this is not possible or feasible, the department may enter into prepaid capitation contracts that do not include inpatient care;

(h) The department shall define those circumstances under which a managed health care system is responsible for out-of-system services and assure that recipients shall not be charged for such services; and

(i) Nothing in this section prevents the department from entering into similar agreements ~~((in additional counties or))~~ for other groups of people eligible to receive services under chapter 74.09 RCW.

(3) The department shall seek to obtain a large number of contracts with providers of health services to medicaid recipients. The department shall ensure that publicly supported community health centers and providers in rural areas, who show serious intent and apparent capability to participate in the project as managed health care systems are seriously considered as providers in the project. The department shall coordinate these projects with the plans developed under chapter 70.47 RCW.

(4) The department shall work jointly with the state of Oregon and other states in this geographical region in order to develop recommendations to be presented to the appropriate federal agencies and the United States congress for improving health care of the poor, while controlling related costs.

NEW SECTION. Sec. 3. A new section is added to chapter 70.24 RCW to read as follows:

(1) "Class IV human immunodeficiency virus insurance program," as used in this section, means the program financed by state funds to assure

health insurance coverage for individuals with class IV human immunodeficiency virus infection, as defined by the state board of health, who meet eligibility requirements established by the department.

(2) The department may pay for health insurance coverage with funds appropriated for this purpose on behalf of persons who are infected with class IV human immunodeficiency virus, meet program eligibility requirements, and are eligible for "continuation coverage" as provided by the federal consolidated omnibus budget reconciliation act of 1985 or group health insurance policies: PROVIDED, That this authorization to pay for health insurance shall cease on June 30, 1991, as to any coverage not initiated prior to that date.

Sec. 4. Section 3, chapter 305, Laws of 1971 ex. sess. as last amended by section 502, chapter 212, Laws of 1987 and RCW 18.71.210 are each amended to read as follows:

No act or omission of any physician's trained mobile intensive care paramedic, intravenous therapy technician, or airway management technician, as defined in RCW 18.71.200 as now or hereafter amended, any emergency medical technician or first responder as defined in RCW 18.73-.030, (~~or any first responder under RCW 18.73.205~~), done or omitted in good faith while rendering emergency medical service under the responsible supervision and control of a licensed physician or an approved medical program director or delegate(s) to a person who has suffered illness or bodily injury shall impose any liability upon:

(1) The trained mobile intensive care paramedic, intravenous therapy technician, airway management technician, emergency medical technician, or first responder;

(2) The medical program director;

(3) The supervising physician(s);

(4) Any hospital, the officers, members of the staff, nurses, or other employees of a hospital;

(5) Any training agency or training physician(s);

(6) Any licensed ambulance service; or

(7) Any federal, state, county, city or other local governmental unit or employees of such a governmental unit.

This section shall apply to an act or omission committed or omitted in the performance of the actual emergency medical procedures and not in the commission or omission of an act which is not within the field of medical expertise of the physician's trained mobile intensive care paramedic, intravenous therapy technician, airway management technician, emergency medical technician, or first responder, as the case may be.

This section shall not relieve a physician or a hospital of any duty otherwise imposed by law upon such physician or hospital for the designation or training of a physician's trained mobile intensive care paramedic, intravenous therapy technician, airway management technician, emergency

medical technician, or first responder, nor shall this section relieve any individual or other entity listed in this section of any duty otherwise imposed by law for the provision or maintenance of equipment to be used by the physician's trained mobile intensive care paramedics, intravenous therapy technicians, airway management technicians, emergency medical technicians, or first responders.

This section shall not apply to any act or omission which constitutes either gross negligence or willful or wanton misconduct.

Passed the House April 19, 1989.

Passed the Senate April 14, 1989.

Approved by the Governor May 5, 1989.

Filed in Office of Secretary of State May 5, 1989.

CHAPTER 261

[House Bill No. 1996]

VOTER REGISTRATION CANCELLATION—INQUIRY AND NOTICE

AN ACT Relating to voter registration cancellation; amending RCW 29.10.180; and repealing RCW 29.10.190.

Be it enacted by the Legislature of the State of Washington:

Sec. 1. Section 1, chapter 359, Laws of 1987 and RCW 29.10.180 are each amended to read as follows:

(1) Whenever any vote-by-mail ballot, notification to voters following reprecincting of the county, notification to voters of selection to serve on jury duty, or initial voter identification card is returned by the postal service as undeliverable, the county auditor shall, in every instance, inquire into the validity of the registration of that voter.

(2) The county auditor shall initiate his or her inquiry by sending, by first-class mail, a written notice to the challenged voter at the address indicated on the voter's permanent registration record and to any other address at which the county auditor could reasonably expect mail to be received by the voter. The county auditor shall not request any restriction on the forwarding of such notice by the postal service. The notice shall contain the nature of the inquiry and provide a suitable form for reply. The notice shall also contain a warning that the county auditor must receive a response within ~~((sixty))~~ forty-five days from the date of mailing or the individual's voter registration will be canceled.

(3) The voter, in person or in writing, may state that the information on the permanent voter registration record is correct or may request a change in the address information on the permanent registration record no later than the ~~((sixtieth))~~ forty-fifth day after the date of mailing the inquiry.