

REVENUE: No revenue impact
FISCAL: Fiscal statement issued

Action:	Do Pass as Amended, Be Printed Engrossed and Be Placed on the Consent Calendar
Vote:	7 - 0 - 2
Yeas:	Bonamici, Cannon, Gelser, Kotek, Maurer, Richardson, Greenlick
Nays:	0
Exc.:	Bruun, Flores
Prepared By:	Sandy Thiele-Cirka, Administrator
Meeting Dates:	5/22

WHAT THE MEASURE DOES: Requires employee benefit plan and health insurer to reimburse state Medicaid expenditures made for benefit of enrollee under specified circumstances. Requires employee benefit plan and health insurer to provide eligibility and claims to state Medicaid agency upon request. Clarifies that health insurance plans must provide eligibility claims to state Medicaid agency upon request. Clarifies implementation procedures. Declares emergency, effective upon passage.

ISSUES DISCUSSED:

- Importance of compliance with Section 6035 of the Deficit Reduction Act (DRA) of 2005
- Explanation of third party payers
- Review of discrimination language
- Clarification of Section 6035 of the DRA

EFFECT OF COMMITTEE AMENDMENT: Adds prepaid managed care health services organizations to health insurers that are classified as third parties.

BACKGROUND: On February 8, 2006, the DRA was signed into law. The Act is expected to generate \$39 billion in federal Medicaid and Medicare reductions from 2006 to 2010, and \$99 billion over the 2006 to 2015 period. Many of the DRA policy changes shift costs to beneficiaries. Additionally, the DRA reduces federal and state Medicaid spending, and also changes health care access and coverage for low-income beneficiaries.

SB 153B continues to bring the Department of Human Services into compliance with the DRA.