

1 **SSB 5416 - H AMD 0362 FAILED 04/25/99**

2 By Representative Alexander

3 On page 1, line 18, strike and-

4 On page 1, line 19, after Title XXI- strike .- and insert ; and
5 (e)who has a special health care need. A child with a special
6 health care need is: (i) one who has a chronic health condition that is
7 expected to last at least one year and have significant sequelae
8 requiring ongoing extensive medical care. Examples of such conditions
9 may include but are not limited to: birth defects including genetic,
10 congenital, or acquired disorders; developmental disabilities; and
11 chronic illnesses such as diabetes, sickle cell disease, cystic
12 fibrosis, muscular dystrophy, and cerebral palsy. A child who has any
13 of these conditions, as diagnosed by their primary care or specialty
14 physician, shall be eligible for the Washington state children's health
15 insurance program with minimal ongoing evaluation; or (ii) one who has
16 a condition that is initially severe but will improve over time as a
17 result of appropriate treatment. Examples of these conditions may
18 include but are not limited to: malignancies, chronic respiratory
19 disease of prematurity, and severe injuries. A child who has any of
20 these conditions, will require extensive medical services for a limited
21 time, and will be initially eligible for the children's health
22 insurance program. In order for such a child to remain eligible in the
23 children's health insurance program, the health status of the child
24 must be reviewed on an annual basis by a physician experienced in
25 providing care to children with special health care needs.

26 (3) Upon notification to the Legislature that the department has
27 exceeded by 10,000 the 1999-01 budget goal of the ongoing outreach
28 project to enroll 21,500 additional children with family incomes at or
29 below 200% of federal poverty level, the department may expand the
30 children's health insurance program to all children in families below
31 250 percent of the federal poverty level not otherwise eligible for
32 Medicaid. Such expansion shall be contingent upon the Legislature's
33 acknowledgment of the achievement of this level of performance, at
34 which time, subsection (2)(e)of this section shall no longer be
35 applicable. The department shall report to the fiscal committees of
36 the Legislature on December 1, 1999 and December 1, 2000 the

1 incremental number of average monthly eligible children enrolled each
2 month as a result of this outreach effort.

3 (4) By December 15, 1999, the Washington health care authority
4 shall provide recommendations to the Legislature on the design of a
5 state program to meet the health care coverage needs of children in
6 families between 200 and 250 percent of the federal poverty level that
7 meets the requirements of the federal Children's Health Insurance
8 Program. In preparing the recommendations the authority shall contract
9 with an actuarial firm to develop the final recommendations reported to
10 the Legislature. The firm must have extensive knowledge of the
11 operations of health care coverage systems, both public and private,
12 and must have experience in providing recommendations to at least one
13 other state that has designed a state program that received approval by
14 the federal government to serve children eligible for the Children's
15 Health Insurance Program as authorized by Congress. In preparing the
16 final recommendations, the firm must evaluate and bring forward
17 recommendations to implement all of the following program structures:
18 employer partnership programs; premium payment assistance for eligible
19 families; employer tax credits or other incentives to employers to
20 provide family coverage; expansion of existing state programs other
21 than Medicaid; and creation of a separate state program to specifically
22 implement the Children's Health Insurance Program.-

23 Renumber remaining subsections consecutively.

EFFECT: Establishes the Children's Health Insurance Program for children with special health care needs with family incomes at or under 250% of the federal poverty level.