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**SUBSTITUTE SENATE BILL 6459**

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**State of Washington**

**59th Legislature**

**2006 Regular Session**

**By** Senate Committee on Health & Long-Term Care (originally sponsored by Senators Keiser, Brandland, Thibaudeau, Spanel, Rasmussen, Kline, Parlette and Kohl-Welles)

READ FIRST TIME 02/01/06.

1       AN ACT Relating to community-based health care solutions; creating  
2 new sections; making an appropriation; and providing an expiration  
3 date.

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

5       NEW SECTION.   **Sec. 1.** The legislature finds that:

6       (1) Despite sustained efforts at the federal and state level, too  
7 many people in Washington remain without access to appropriate health  
8 care. Particularly alarming is the increase in the number of small  
9 business employees who are uninsured. Without a health home, many low-  
10 income and other vulnerable populations are left to inefficiently  
11 navigate a fragmented treatment system that fails to support their  
12 long-term well-being.

13       (2) In recent years, numerous community-based organizations have  
14 emerged around the state to address health care concerns at a local  
15 level. Through innovation and public/private collaboration, they have  
16 demonstrated great success and show even greater promise in improving  
17 health care access for local residents. Less remote than state and  
18 federal agencies, these organizations have built on local relationships

1 to increase the availability and affordability of services, and  
2 coordinate care, making efficient use of a wide variety of community  
3 resources to meet community needs.

4 (3) Many of these organizations have relied on grants from the  
5 healthy communities access program, an initiative of the United States  
6 department of health and human services that provided funding and  
7 technical assistance to support collaborative efforts at the local  
8 level to coordinate and strengthen health services for the uninsured  
9 and underinsured. The program, however, was recently discontinued,  
10 placing these local efforts at risk.

11 It is therefore the intent of the legislature to enhance and  
12 support the development of collaborative community-based organizations  
13 working at the local level to increase access to health care for  
14 Washington residents.

15 NEW SECTION. **Sec. 2.** (1) The community health care collaborative  
16 grant program is established to further the efforts of community-based  
17 organizations to increase access to appropriate, affordable health care  
18 for Washington residents, particularly employed low-income persons who  
19 are uninsured and underinsured, through local programs addressing one  
20 or more of the following: (a) Access to medical treatment; (b) the  
21 efficient use of health care resources; or (c) quality of care.

22 (2) Grants of up to five hundred thousand dollars per organization  
23 shall be awarded pursuant to sections 3 and 4 of this act by a board  
24 consisting of: (a) The administrator of the health care authority; (b)  
25 the secretary of the department of health; (c) the assistant secretary  
26 of the health and recovery services administration within the  
27 department of social and health services; (d) the insurance  
28 commissioner; and (e) one other member, appointed by the governor, who  
29 shall act as chair.

30 (3) The health care authority shall provide administrative support  
31 for the program.

32 NEW SECTION. **Sec. 3.** Eligibility for grants shall be limited to  
33 nonprofit organizations established to serve a defined substate  
34 geographic region and having a formal collaborative governance  
35 structure and decision-making process for improving access. The nature  
36 and format of the application, and the application procedure, shall be

1 determined by the board. At a minimum, each application shall: (1)  
2 Identify the geographic region served by the organization; (2) show how  
3 the structure and operation of the organization reflects the interests  
4 of, and is accountable to, this region; (3) indicate the size of the  
5 grant being requested, and how the money will be spent; and (4) include  
6 sufficient information for the board to evaluate the application based  
7 on the criteria established in section 4 of this act.

8 NEW SECTION. **Sec. 4.** (1) Grants shall be awarded on a competitive  
9 basis based on the board's determination of which applicant  
10 organization will best serve the purposes of the grant program. In  
11 making this determination, the board shall consider the extent to  
12 which:

13 (a) The programs to be supported by the grant are likely to  
14 address, in a measurable fashion, documented health care access needs  
15 within the region to be served;

16 (b) An applicant organization can be expected to successfully  
17 implement these programs, including the extent to which the application  
18 reflects formal, active collaboration among key community members such  
19 as local governments, school districts, large and small businesses,  
20 nonprofit organizations, carriers, private health care providers, and  
21 public health agencies;

22 (c) The applicant organization will match the grant with funds from  
23 other sources. Grants may be awarded only to organizations providing  
24 at least two dollars in matching funds for each grant dollar awarded;

25 (d) The grant will enhance the long-term capacity of the applicant  
26 organization and its partners to serve the region's documented health  
27 care access needs, including the sustainability of the programs to be  
28 supported by the grant;

29 (e) The programs to be supported by the grant reflect creative,  
30 innovative approaches which complement and enhance existing efforts to  
31 address the needs of the uninsured and underinsured and, if successful,  
32 could be replicated in other areas of the state; and

33 (f) The programs to be supported by the grant make efficient and  
34 cost-effective use of available funds through administrative  
35 simplification and improvements in the structure and operation of the  
36 health care delivery system.

1 (2) The board shall endeavor to disburse grant funds throughout the  
2 state, supporting organizations and programs of differing sizes and  
3 scales, and serving differing populations.

4 NEW SECTION. **Sec. 5.** One-half the total amount of any award shall  
5 be disbursed to an organization upon its selection as a grant  
6 recipient. The remaining half shall be disbursed one year later only  
7 upon receipt by the board of a progress report from the organization,  
8 and a determination by the board that the organization is  
9 satisfactorily serving the purposes of the grant program and meeting  
10 the objectives identified in its application regarding: (1) Access to  
11 medical treatment; (2) the efficient use of health care resources; or  
12 (3) quality of care.

13 NEW SECTION. **Sec. 6.** By July 1, 2008, the board shall provide the  
14 governor and the legislature with an evaluation of the community health  
15 care collaborative grant program, describing the organizations and  
16 programs funded and the results achieved. Particularly successful  
17 programs shall be highlighted with recommendations on whether, and how,  
18 the programs could be replicated statewide. The evaluation shall also  
19 summarize any recommendations from the participating organizations  
20 regarding ways to improve the grant program and for the state to  
21 otherwise support community-based organizations working to improve  
22 access to health care for Washington residents, including any changes  
23 in state statutes or regulations.

24 NEW SECTION. **Sec. 7.** The health care authority may adopt rules to  
25 implement this act.

26 NEW SECTION. **Sec. 8.** The community health care collaborative  
27 account is created in the custody of the state treasurer. Expenditures  
28 from the account may be used only for the purposes set forth in this  
29 act. The account is subject to allotment procedures under chapter  
30 43.88 RCW, but an appropriation is not required for expenditures.

31 NEW SECTION. **Sec. 9.** The sum of three million one hundred  
32 thousand dollars, or as much thereof as may be necessary, is  
33 appropriated from the general fund to the community health care

1 collaborative account for the fiscal year ending June 30, 2007, to  
2 carry out the purposes of this act. No more than one hundred thousand  
3 dollars may be used by the health care authority for administrative  
4 expenses.

5 NEW SECTION. **Sec. 10.** This act expires June 30, 2009.

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