

CERTIFICATION OF ENROLLMENT
ENGROSSED SECOND SUBSTITUTE SENATE BILL 6459

59th Legislature
2006 Regular Session

Passed by the Senate February 13, 2006
YEAS 46 NAYS 1

President of the Senate

Passed by the House March 2, 2006
YEAS 96 NAYS 2

Speaker of the House of Representatives

Approved

Governor of the State of Washington

CERTIFICATE

I, Thomas Hoemann, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **ENGROSSED SECOND SUBSTITUTE SENATE BILL 6459** as passed by the Senate and the House of Representatives on the dates hereon set forth.

Secretary

FILED

**Secretary of State
State of Washington**

ENGROSSED SECOND SUBSTITUTE SENATE BILL 6459

Passed Legislature - 2006 Regular Session

State of Washington 59th Legislature 2006 Regular Session

By Senate Committee on Ways & Means (originally sponsored by Senators Keiser, Brandland, Thibaudeau, Spanel, Rasmussen, Kline, Parlette and Kohl-Welles)

READ FIRST TIME 02/7/06.

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

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

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

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

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

1 coordinate care, making efficient use of a wide variety of community
2 resources to meet community needs.

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

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

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

21 (2) Grants of up to five hundred thousand dollars per organization
22 shall be awarded pursuant to sections 3 and 4 of this act by the
23 administrator of the health care authority in consultation with the
24 secretary of the department of health, the assistant secretary of the
25 health and recovery services administration within the department of
26 social and health services, and the insurance commissioner.

27 (3) The health care authority shall provide administrative support
28 for the program.

29 NEW SECTION. **Sec. 3.** Eligibility for grants shall be limited to
30 nonprofit organizations established to serve a defined substate
31 geographic region and having a formal collaborative governance
32 structure and decision-making process for improving access. The nature
33 and format of the application, and the application procedure, shall be
34 determined by the administrator of the health care authority. At a
35 minimum, each application shall: (1) Identify the geographic region
36 served by the organization; (2) show how the structure and operation of

1 the organization reflects the interests of, and is accountable to, this
2 region; (3) indicate the size of the grant being requested, and how the
3 money will be spent; and (4) include sufficient information for an
4 evaluation of the application based on the criteria established in
5 section 4 of this act.

6 NEW SECTION. **Sec. 4.** (1) Grants shall be awarded on a competitive
7 basis based on a determination of which applicant organization will
8 best serve the purposes of the grant program. In making this
9 determination, consideration shall be given to the extent to which:

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

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

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

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

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

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

34 (2) The administrator shall endeavor to disburse grant funds
35 throughout the state, supporting organizations and programs of
36 differing sizes and scales, and serving differing populations.

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

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

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

28 NEW SECTION. **Sec. 8.** The community health care collaborative
29 account is created in the custody of the state treasurer. Expenditures
30 from the account may be used only for the purposes set forth in this
31 act. Only the administrator of the health care authority or the
32 administrator's designee may authorize expenditures from the account.
33 The account is subject to allotment procedures under chapter 43.88 RCW,

1 but an appropriation is not required for expenditures.

2 NEW SECTION. **Sec. 9.** This act expires June 30, 2009.

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