

# FINAL BILL REPORT

## 2SSB 5093

---

C 5 L 07  
Synopsis as Enacted

**Brief Description:** Concerning access to health care services for children.

**Sponsors:** Senate Committee on Ways & Means (originally sponsored by Senators Marr, Keiser, Franklin, Shin, Fairley, Hobbs, Weinstein, Kauffman, Pridemore, Oemig, Eide, Brown, Tom, Kohl-Welles, Regala, McAuliffe, Spanel, Rockefeller and Rasmussen; by request of Governor Gregoire).

**Senate Committee on Health & Long-Term Care**  
**Senate Committee on Ways & Means**  
**House Committee on Appropriations**

**Background:** The Washington State Population Survey estimates 4.4 percent of children in Washington State were uninsured in 2006, down from a recorded high of 11.4 percent of children in 1993. It is estimated that nearly 63 percent of uninsured children are potentially eligible for public coverage by virtue of family income.

The Department of Social and Health Services (DSHS) operates several programs designed to provide coverage for children under age 19. Medicaid provides coverage for children with family incomes at or below 200 percent of the Federal Poverty Level. The State Children's Health Insurance Program (SCHIP) provides coverage for children with family incomes at or below 250 percent of the Federal Poverty Level. The Children's Health Program (CHP) provides coverage for children under age 18, who are not eligible for Medicaid (immigrants), with family incomes at or below 100 percent of the Federal Poverty Level.

Legislation passed in 2005 declared the intent that all children in the state of Washington have health coverage by 2010, by building upon and strengthening the successes of private health insurance coverage and publicly sponsored children's health insurance programs. The 2006 Blue Ribbon Commission on Health Care Costs and Access reiterated interest in covering all children by 2010, and recommended linking insurance coverage with other policies that improve children's health, and specifically improving children's nutrition and physical activity.

**Summary:** DSHS must create a seamless program to provide affordable health coverage for children under the age of 19 with family incomes at or below 250 percent of the Federal Poverty Level (FPL). Effective January 2009, eligibility is expanded to 300 percent FPL, subject to appropriation. DSHS will continue to determine eligibility for Medicaid, the State Children's Health Insurance Program, and the Children's Health Program as necessary to ensure federal financial participation. The Caseload Forecast Council and DSHS will estimate the anticipated caseload and cost of this program. Children with family incomes between 200 percent and 300 percent of FPL will be charged premiums. DSHS will monitor how many children enter this program from private insurance and report to the Legislature by December 2010. Beginning January 1, 2009, children with family incomes above 300 percent of the FPL

will have an opportunity to purchase coverage from DSHS without state subsidy. Families with access to employer-sponsored insurance will be directed to enroll in the employer's coverage (with premium assistance) when it is cost effective for the state.

DSHS is authorized to contract with community-based organizations and government to support proactive and targeted outreach efforts. Beginning in 2009, targeted provider rate increases will be linked to quality improvement measures.

A select legislative task force on school health reform is established. Its findings and recommendations will be submitted in October 2008. Goals are established for: all school districts to have school health advisory committees to support healthy food choice and physical activity; schools to have only healthy foods and beverages that meet minimum standards; and that schools should provide 150 minutes per week of physical education for students in grades one through eight.

**Votes on Final Passage:**

Senate	38	9
House	68	28

**Effective:** July 22, 2007