

SENATE BILL REPORT

2SSB 5093

As Passed Senate, February 14, 2007

Title: An act relating to health care services for children.

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).

Brief History:

Committee Activity: Health & Long-Term Care: 1/22/07, 1/29/07 [DPS-WM, DNP, w/oRec].

Ways & Means: 2/06/07, 2/12/07 [DP2S, DNP, w/oRec].

Passed Senate: 2/14/07, 38-9.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Bill No. 5093 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Keiser, Chair; Franklin, Vice Chair; Fairley, Kastama, Kohl-Welles and Marr.

Minority Report: Do not pass.

Signed by Senators Pflug, Ranking Minority Member and Parlette.

Minority Report: That it be referred without recommendation.

Signed by Senator Carrell.

Staff: Mich'l Needham (786-7442)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: That Second Substitute Senate Bill No. 5093 be substituted therefor, and the second substitute bill do pass.

Signed by Senators Prentice, Chair; Fraser, Vice Chair, Capital Budget Chair; Pridemore, Vice Chair, Operating Budget; Fairley, Hatfield, Hobbs, Keiser, Kohl-Welles, Oemig, Rasmussen, Regala, Rockefeller and Tom.

Minority Report: Do not pass.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Signed by Senators Zarelli, Ranking Minority Member; Brandland, Carrell, Parlette and Schoesler.

Minority Report: That it be referred without recommendation.

Signed by Senator Roach.

Staff: Elaine Deschamps (786-7441)

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 of Second Substitute Bill: DSHS must create a seamless program to provide affordable health coverage program 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.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: Yes.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony (Health & Long-Term Care): PRO: There are 73,000 uninsured children in this state and we can do more. This bill makes progress for children's health. Providing children a medical home and focusing on prevention is critical. Dental caries are a significant medical issue for children that should be included in the prevention focus. Collaboration on outreach is critical for success. There is interest in expanding coordinated school health programs. There is concern with the buy-in program.

OTHER: There is some concern about program sustainability and building on the current foundation at DSHS that already has some access and payment issues.

Persons Testifying (Health & Long-Term Care): PRO: Senator Marr, prime sponsor; Christina Hulet, Governor's Office; Roger Gantz, DSHS; John Neff, Children's Hospital; Chris Olson, American Academy of Pediatrics and Sacred Heart Hospital; David Christianson, Mary Bridge Hospital; Marilyn Ahearn, Mary Bridge Hospital; Len McComb, Washington State Hospital Association; Liz Arjun, Children's Alliance; Sandi Swarthout, Washington Health Foundation; Karen Merrikin, Group Health; Tracy Garland, Washington Dental Services; Sydney Zvara, citizen.

OTHER: Loren Freeman, Freeman Associates.

Staff Summary of Public Testimony (Ways & Means): PRO: This bill promotes a wellness-based rather than an emergent-based approach to health care for children. By expanding insurance coverage and improving access to preventative care, the state will save money through less emergency room utilization. The bill also establishes accountability by linking provider rate increases to performance measures. The state can pursue outreach efforts that make the most use of local and federal matching funds.

OTHER: A similar bill by the Governor is sufficient.

Persons Testifying (Ways & Means): PRO: Senator Marr, prime sponsor; Liz Arjun, Children's Alliance; Gail Weaver, Yakima Valley Memorial Hospital; Chris Olson, American Academy of Pediatrics; Len McComb, Washington State Hospital Association.

OTHER: Christina Hulet, Governor's Office; Roger Gantz, DSHS; Nick Lutes, Office of Financial Management.