SENATE BILL REPORT
ESHB 2128

As of March 25, 2009

Title: An act relating to meeting the goal of all children in Washington state having health care coverage by 2010.

Brief Description: Concerning health care coverage for children.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Seaquist and Simpson).

Brief History: Passed House: 3/06/09, 68-28.
Committee Activity: Health & Long-Term Care: 3/23/09.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Staff: Mich'l Needham (786-7442)

Background: The Department of Social and Health Services (DSHS) must provide affordable health coverage for all children living in Washington whose family income is at or below 250 percent of the federal poverty level, with an expansion to 300 percent of the federal poverty level scheduled for January 2009, subject to Legislative appropriation. For children living in families with household income above 300 percent of the federal poverty level, DSHS must offer nonsubsidized health coverage for children beginning on January 1, 2009, through the same children's health programs available to the Apple Health children. Actuarial analysis of the nonsubsidized program has identified concerns with the program structure and design.

Summary of Bill: DSHS must modify the Apple Health for Kids Program outreach, application, and renewal procedures to increase enrollment and enrollment rates, and renewals and renewal rates. DSHS must report to the Legislature by September 30, 2009, on outreach and enrollment efforts, and efforts to receive additional federal funding for outreach activities. DSHS must use an eligibility card for each child enrolled that uses the name and logo of the Apple Health for Kids Program and includes the statement that the goal of the Apple Health for Kids Program is to provide health care coverage so that all children in Washington state have the opportunity to succeed in school and live healthy lives.

DSHS must modify performance measures that show whether children enrolled in the program are receiving health care from an established and effective medical home and

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whether the overall health of enrolled children is improving. Performance indicators are added to include visual acuity and eye health, and mental health status. Current performance indicators include care management for chronic illnesses, emergency room utilization, and preventive oral health services. DSHS must appoint an Apple Health executive that reports directly to the Secretary of DSHS to oversee the Apple Health for Kids program.

The nonsubsidized program for children with family income that exceeds 300 percent of the federal poverty level is delayed to January 1, 2010, and the program is modified to allow the benefit design to differ from the Apple Health for Kids benefit design, to the extent necessary to offer an affordable benefit package. The managed health care systems offering the program are exempt from the same Title 48 requirements as the Basic Health program.

Appropriation: None.

Fiscal Note: Requested on March 9, 2009.

Committee/Commission/Task Force Created: No.

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

Staff Summary of Public Testimony: PRO: We all agree that Apple Health is an important program and this bill helps take the next step forward to comply with newly passed federal State Children's Health Insurance Program (SCHIP) reauthorization and access new funding in that bill. There have been successful outreach efforts that have resulted in over 55,000 newly enrolled children since the bill passed in 2007. The bill adds some reporting and tracking of outcomes to see how we are impacting the health of children. The program reporting and coordination efforts will need a coordinating person and the bill creates an Apple Health Executive for this, but it does not need to be a new person or FTE.

The bill is about leveraging federal money, maximizing efficiency, and reducing unnecessary administrative effort and cost. Two-thirds of the children that remain uninsured in this state have family incomes below 250 percent of the federal poverty level and it is important to retain a strong emphasis on outreach and enrollment to reach these children. It is important to promote program recognition with the program name, but we are willing to work on options to reduce the fiscal impact. Streamlined efforts with outreach and use of existing data can enroll more children, and free up time to focus on health outcomes.

The opportunity to wraparound employer coverage is important and may allow more children to access dental services. Dental disease is often overlooked but it is critical to capture early. The performance measures will be helpful for tracking outcomes but before we hold people accountable for success, we would like to see providers paid for using the developmental screening tools that will become an important outcome measure.

Persons Testifying: PRO: Representative Seaquist, prime sponsor; Teresa Mosqueda, Children's Alliance; Hugh Ewart, Seattle Children's Hospital; Lisa Podell, Seattle-King County Public Health; Kate White Tuder, Community Health Plan of Washington, Community Health Centers; Sean Pickard, Washington Dental Service Foundation; Sofia

Aragon, Washington State Nurses Association; Laurie Lippold, Washington Chapter of American Academy of Pediatrics.