
HOUSE BILL 2155

State of Washington 61st Legislature 2009 Regular Session

By Representatives Seaquist, Wallace, Kenney, Goodman, and Santos

Read first time 02/11/09. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to meeting the goal of all children in Washington
2 state having health care coverage by 2010; amending RCW 74.09.470 and
3 74.09.480; and creating new sections.

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

5 NEW SECTION. **Sec. 1.** The legislature finds that substantial
6 progress has been made toward achieving the equally important goals set
7 in 2007 that all children in Washington state have health care coverage
8 by 2010 and that child health outcomes improve. The legislature also
9 finds that continued steps are necessary to reach the goals that all
10 children in Washington state shall have access to the health services
11 they need to be healthy and ready to learn and that key measures of
12 child health outcomes will show year by year improvement. The
13 legislature further finds that reaching these goals is integral to the
14 state's ability to weather the current economic crisis. The recent
15 reauthorization of the federal children's health insurance program
16 provides additional opportunities for the state to reach these goals.

17 **Sec. 2.** RCW 74.09.470 and 2007 c 5 s 2 are each amended to read as
18 follows:

1 (1) Consistent with the goals established in RCW 74.09.402, through
2 the apple health for kids program authorized in this section, the
3 department shall provide affordable health care coverage to children
4 under the age of nineteen who reside in Washington state and whose
5 family income at the time of enrollment is not greater than (~~two~~
6 ~~hundred fifty~~) three hundred percent of the federal poverty level as
7 adjusted for family size and determined annually by the federal
8 department of health and human services(~~(, and effective January 1,~~
9 ~~2009, and only to the extent that funds are specifically appropriated~~
10 ~~therefor, to children whose family income is not greater than three~~
11 ~~hundred percent of the federal poverty level12 program, the department shall take such actions as may be necessary to
13 ensure the receipt of federal financial participation under the medical
14 assistance program, as codified at Title XIX of the federal social
15 security act, the state children's health insurance program, as
16 codified at Title XXI of the federal social security act, and any other
17 federal funding sources that are now available or may become available
18 in the future. The department and the caseload forecast council shall
19 estimate the anticipated caseload and costs of the program established
20 in this section.~~

21 (2) The department shall accept applications for enrollment for
22 children's health care coverage; establish appropriate minimum-
23 enrollment periods, as may be necessary; and determine eligibility
24 based on current family income. The department shall make eligibility
25 determinations within the time frames for establishing eligibility for
26 children on medical assistance, as defined by RCW 74.09.510. The
27 application and annual renewal processes shall be designed to minimize
28 administrative barriers for applicants and enrolled clients, and to
29 minimize gaps in eligibility for families who are eligible for
30 coverage. The department shall take the opportunity provided in the
31 federal children's health insurance program reauthorization act to
32 implement express lane eligibility for children's health coverage not
33 later than July 1, 2010. If a change in family income results in a
34 change in program eligibility, the department shall transfer the family
35 members to the appropriate programs and notify the family with respect
36 to any change in premium obligation, without a break in eligibility.
37 The department shall use the same eligibility redetermination and
38 appeals procedures as those provided for children on medical assistance

1 programs. The department shall manage its outreach, application, and
2 renewal procedures with the goal of achieving year by year improvements
3 in enrollment, enrollment rates, renewals, and renewal rates. The
4 department shall modify its eligibility renewal procedures to lower the
5 percentage of children failing to annually renew. ((The department
6 shall report to the appropriate committees of the legislature on its
7 progress in this regard by December 2007.)) The department shall use an
8 eligibility card for the program established under this section that
9 clearly identifies the bearer, by text and by logo, as a participant in
10 the apple health for kids program.

11 (3) To ensure continuity of care and ease of understanding for
12 families and health care providers, and to maximize the efficiency of
13 the program, the amount, scope, and duration of health care services
14 provided to children under this section shall be the same as that
15 provided to children under medical assistance, as defined in RCW
16 74.09.520.

17 (4) The primary mechanism for purchasing health care coverage under
18 this section shall be through contracts with managed health care
19 systems as defined in RCW 74.09.522 (~~((except when utilization patterns~~
20 ~~suggest that fee for service purchasing could produce equally effective~~
21 ~~and cost efficient care))). However, the department shall make every
22 effort within available resources to purchase health care coverage for
23 uninsured children whose families have access to dependent coverage
24 through an employer-sponsored health plan or another source when it is
25 cost-effective for the state to do so, and the purchase is consistent
26 with requirements of Title XIX and Title XXI of the federal social
27 security act. (~~To the extent allowable under federal law,)) The~~
28 department shall require families to enroll in available employer-
29 sponsored coverage, as a condition of participating in the program
30 established under ((chapter 5, Laws of 2007)) this section, when it is
31 cost-effective for the state to do so. Families who enroll in
32 available employer-sponsored coverage under ((chapter 5, Laws of 2007))
33 this section shall be accounted for separately in the annual report
34 required by RCW 74.09.053.~~

35 (5)(a) To reflect appropriate parental responsibility, the
36 department shall develop and implement a schedule of premiums for
37 children's health care coverage due to the department from families
38 with income greater than two hundred percent of the federal poverty

1 level. For families with income greater than two hundred fifty percent
2 of the federal poverty level, the premiums shall be established in
3 consultation with the senate majority and minority leaders and the
4 speaker and minority leader of the house of representatives. Premiums
5 shall be set at a reasonable level that does not pose a barrier to
6 enrollment. The amount of the premium shall be based upon family
7 income and shall not exceed the premium limitations in Title XXI of the
8 federal social security act. Premiums shall not be imposed on children
9 in households at or below two hundred percent of the federal poverty
10 level as articulated in RCW 74.09.055.

11 (b) Beginning January 1, (~~(2009)~~) 2010, the department shall offer
12 families whose income is greater than three hundred percent of the
13 federal poverty level the opportunity to purchase health care coverage
14 for their children through the programs administered under this section
15 without (~~(a)~~) an explicit premium subsidy from the state. The design
16 of the health benefit package offered to these children may differ with
17 respect to cost-sharing and other appropriate elements from that
18 provided to children under subsection (3) of this section. The amount
19 paid by the family shall be in an amount equal to the rate paid by the
20 state to the managed health care system for coverage of the child,
21 including any associated and administrative costs to the state of
22 providing coverage for the child.

23 (6) The department shall undertake and continue a proactive,
24 targeted outreach and education effort with the goal of enrolling
25 children in health coverage and improving the health literacy of youth
26 and parents. The department shall collaborate with the department of
27 health, local public health jurisdictions, the office of (~~{the}~~) the
28 superintendent of public instruction, the department of early learning,
29 health educators, health care providers, health carriers, and parents
30 in the design and development of this effort. The outreach and
31 education effort shall include the following components:

32 (a) Broad dissemination of information about the availability of
33 coverage, including media campaigns;

34 (b) Assistance with completing applications, and community-based
35 outreach efforts to help people apply for coverage. Community-based
36 outreach efforts should be targeted to the populations least likely to
37 be covered;

1 (c) Use of existing systems, such as enrollment information from
2 the free and reduced-price lunch program, the department of early
3 learning child care subsidy program, the department of health's women,
4 infants, and children program, and the early childhood education and
5 assistance program, to identify children who may be eligible but not
6 enrolled in coverage;

7 (d) Contracting with community-based organizations and government
8 entities to support community-based outreach efforts to help families
9 apply for coverage. These efforts should be targeted to the
10 populations least likely to be covered. The department shall provide
11 informational materials for use by government entities and community-
12 based organizations in their outreach activities, and should identify
13 any available federal matching funds to support these efforts;

14 (e) Development and dissemination of materials to engage and inform
15 parents and families statewide on issues such as: The benefits of
16 health insurance coverage; the appropriate use of health services,
17 including primary care provided by health care practitioners licensed
18 under chapters 18.71, 18.57, 18.36A, and 18.79 RCW, and emergency
19 services; the value of a medical home, well-child services and
20 immunization, and other preventive health services with linkages to
21 department of health child profile efforts; identifying and managing
22 chronic conditions such as asthma and diabetes; and the value of good
23 nutrition and physical activity;

24 (f) An evaluation of the outreach and education efforts, based upon
25 clear, cost-effective outcome measures that are included in contracts
26 with entities that undertake components of the outreach and education
27 effort;

28 (g) A feasibility study and implementation plan to develop online
29 application capability that is integrated with the department's
30 automated client eligibility system, and to develop data linkages with
31 the office of (~~the~~) the superintendent of public instruction for
32 free and reduced-price lunch enrollment information and the department
33 of early learning for child care subsidy program enrollment
34 information. The department shall submit a feasibility study on the
35 implementation of the requirements in this subsection to the governor
36 and legislature by July 2008.

37 (7) The department shall take action to increase the number of
38 primary care physicians providing dental disease preventive services

1 including oral health screenings, risk assessment, family education,
2 the application of fluoride varnish, and referral to a dentist as
3 needed.

4 (8) The department shall monitor the rates of substitution between
5 private-sector health care coverage and the coverage provided under
6 this section and shall report to appropriate committees of the
7 legislature by December 2010.

8 (9) The secretary shall designate an apple health for kids program
9 director as the person with primary responsibility to work within the
10 department, across state agencies, and with the community to
11 successfully implement the apple health for kids program. This
12 position shall report directly to the secretary.

13 **Sec. 3.** RCW 74.09.480 and 2007 c 5 s 4 are each amended to read as
14 follows:

15 (1) The department, in collaboration with the department of health,
16 health carriers, local public health jurisdictions, children's health
17 care providers including pediatricians, family practitioners, and
18 pediatric subspecialists, parents, and other purchasers, shall
19 ~~((identify explicit performance measures that indicate that a child has~~
20 ~~an established and effective medical home, such as)) establish a
21 concise set of explicit performance measures that can indicate whether
22 children enrolled in the program are receiving health care through an
23 established and effective medical home, and whether the overall health
24 of enrolled children is improving. Such indicators may include, but
25 are not limited to:~~

- 26 (a) Childhood immunization rates;
- 27 (b) Well child care utilization rates, including the use of
28 validated, structured developmental assessment tools that include
29 behavioral and oral health screening;
- 30 (c) Care management for children with chronic illnesses;
- 31 (d) Emergency room utilization; ~~((and))~~
- 32 (e) Preventive oral health service utilization; and
- 33 (f) Children's mental health status. In defining these measures
34 the department shall be guided by the measures provided in RCW
35 71.36.025.

36 Performance measures and targets for each performance measure must
37 be ~~((reported to the appropriate committees of the senate and house of~~

1 ~~representatives by December 1, 2007))~~ established and monitored each
2 biennium, with a goal of achieving measurable, improved health outcomes
3 for the children of Washington state each biennium.

4 (2) Beginning in calendar year 2009, targeted provider rate
5 increases shall be linked to quality improvement measures established
6 under this section. The department, in conjunction with those groups
7 identified in subsection (1) of this section, shall develop parameters
8 for determining criteria for increased payment, alternative payment
9 methodologies, or other incentives for those practices and health plans
10 that incorporate evidence-based practice and improve and achieve
11 sustained improvement with respect to the measures (~~in both fee for~~
12 ~~service and managed care~~)).

13 (3) The department shall provide an annual report to the governor
14 and the legislature related to provider performance on these measures,
15 beginning in September 2010 for 2007 through 2009 and (~~annually~~)
16 biennially thereafter. The department shall provide a report on its
17 program towards developing this biennial reporting system to the
18 legislature and the governor by September 30, 2009.

19 NEW SECTION. Sec. 4. This act may be known and cited as the apple
20 health for kids act.

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