

HOUSE BILL REPORT

SSB 5912

As Reported by House Committee On: Ways & Means

Title: An act relating to the expansion of family planning services to two hundred fifty percent of the federal poverty level.

Brief Description: Expanding family planning services to two hundred fifty percent of the federal poverty level.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Keiser, Pflug, Kohl-Welles and Kline).

Brief History:

Committee Activity:

Ways & Means: 5/20/11 [DP].

Brief Summary of Substitute Bill

- Requires the Department of Social and Health Services to submit an application for an amendment to the Medicaid Take Charge family planning waiver to expand income eligibility from 200 to 250 percent of the federal poverty level.
- Requires the Office of Financial Management to reduce State General Fund allotments for the Medical Assistance Program by \$3.85 million for the 2011-13 fiscal biennium.

HOUSE COMMITTEE ON WAYS & MEANS

Majority Report: Do pass. Signed by 15 members: Representatives Hunter, Chair; Darneille, Vice Chair; Hasegawa, Vice Chair; Carlyle, Cody, Dickerson, Haigh, Hudgins, Hunt, Kagi, Kenney, Ormsby, Seaquist, Springer and Sullivan.

Minority Report: Do not pass. Signed by 10 members: Representatives Alexander, Ranking Minority Member; Bailey, Assistant Ranking Minority Member; Dammeier, Assistant Ranking Minority Member; Orcutt, Assistant Ranking Minority Member; Chandler, Haler, Parker, Ross, Schmick and Wilcox.

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.

Staff: Erik Cornellier (786-7116) and Chris Blake (786-7392).

Background:

Through the Take Charge Program, the Department of Social and Health Services (DSHS) provides family planning services to state residents with family incomes below 200 percent of the federal poverty level (FPL). Services include an annual gynecological exam and pap smear, birth control pills and devices, emergency contraception, and sterilization. Pregnancy termination is not a covered service. Services are delivered by a variety of local contractors, including county health departments, community clinics, and non-profit organizations. Approximately 60,000 people per month are enrolled in the Take Charge Program at an annual cost of \$21 million.

Medicaid is a federal-state program that provides health care services to specified categories of low-income individuals pursuant to federal standards. States may request waivers from federal requirements for experimental, pilot, or demonstration projects. Under a Medicaid waiver, the federal government provides 90 percent matching funds for family planning services provided through the Take Charge Program.

Within available funds, the DSHS is directed to request an amendment to the Take Charge waiver to increase income eligibility from 200 to 250 percent of the FPL. The DSHS has not requested or implemented this eligibility expansion.

Summary of Bill:

The DSHS must submit an application to the federal Department of Health and Human Services by September 30, 2011, requesting an expansion of eligibility for the Take Charge Program from 200 to 250 percent of the FPL. This expansion is not subject to the availability of funding.

Upon implementation of the expansion, the Office of Financial Management must reduce State General Fund allotments for the Medical Assistance Program by \$3.85 million.

Appropriation: None.

Fiscal Note: Available on original bill.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) This is an excellent bill that proposes good policy and good budgeting. This bill expands the existing Take Charge Program to assure that all of the women whose pregnancies

are otherwise paid for by the state will receive access to family planning services. Over time this bill will save, at a minimum, \$6 million dollars per biennium. There is a correlation between the Take Charge Program and reductions in unintended pregnancies. The Take Charge Program helps maternal health outcomes and healthy births. This bill will help women whose incomes fluctuate to access family planning services consistently. The lack of prenatal care increases the risk of children needing special education and additional help in school, which can lead to additional costs in the juvenile justice and corrections systems. Supporting prenatal health is the humane thing to do.

(Opposed) There has been a 70 percent increase in state costs for live births since the Take Charge Program took effect. Since the implementation of the program, there has been a 15 percent increase in the number of births paid for by Medicaid and abortions have increased by 30 percent. The Take Charge Program has not succeeded in saving the state money.

Persons Testifying: (In support) Jennifer Allen, Planned Parenthood of Washington; Pam Crone, Aurora Medical; and Steve Segall.

(Opposed) Joseph Backholm, Family Policy Institute.

Persons Signed In To Testify But Not Testifying: None.