
SENATE BILL 6047

State of Washington

65th Legislature

2018 Regular Session

By Senators Miloscia, Palumbo, and Keiser

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1 AN ACT Relating to ensuring access to affordable health care
2 coverage for children; amending RCW 74.09.470; creating a new
3 section; and declaring an emergency.

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

5 NEW SECTION. **Sec. 1.** It is the intent of the legislature to
6 ensure children in Washington state have access to medical care and
7 affordable health insurance coverage.

8 **Sec. 2.** RCW 74.09.470 and 2011 1st sp.s. c 33 s 2 are each
9 amended to read as follows:

10 (1) Consistent with the goals established in RCW 74.09.402,
11 through the apple health for kids program authorized in this section,
12 the authority shall provide affordable health care coverage to
13 children under the age of nineteen who reside in Washington state and
14 whose family income at the time of enrollment is not greater than
15 (~~two hundred fifty~~) three hundred twelve percent of the federal
16 poverty level as adjusted for family size and determined annually by
17 the federal department of health and human services(~~(, and effective~~
18 ~~January 1, 2009, and only to the extent that funds are specifically~~
19 ~~appropriated therefor, to children whose family income is not greater~~
20 ~~than three hundred percent of the federal poverty level)). In~~

1 administering the program, the authority shall take such actions as
2 may be necessary to ensure the receipt of federal financial
3 participation under the medical assistance program, as codified at
4 Title XIX of the federal social security act, the state children's
5 health insurance program, as codified at Title XXI of the federal
6 social security act, and any other federal funding sources that are
7 now available or may become available in the future. The authority
8 and the caseload forecast council shall estimate the anticipated
9 caseload and costs of the program established in this section.

10 (2) The authority shall accept applications for enrollment for
11 children's health care coverage; establish appropriate minimum-
12 enrollment periods, as may be necessary; and determine eligibility
13 based on current family income. The authority shall make eligibility
14 determinations within the time frames for establishing eligibility
15 for children on medical assistance, as defined by RCW 74.09.510. The
16 application and annual renewal processes shall be designed to
17 minimize administrative barriers for applicants and enrolled clients,
18 and to minimize gaps in eligibility for families who are eligible for
19 coverage. If a change in family income results in a change in the
20 source of funding for coverage, the authority shall transfer the
21 family members to the appropriate source of funding and notify the
22 family with respect to any change in premium obligation, without a
23 break in eligibility. The authority shall use the same eligibility
24 redetermination and appeals procedures as those provided for children
25 on medical assistance programs. The authority shall modify its
26 eligibility renewal procedures to lower the percentage of children
27 failing to annually renew. The authority shall manage its outreach,
28 application, and renewal procedures with the goals of: (a) Achieving
29 year by year improvements in enrollment, enrollment rates, renewals,
30 and renewal rates; (b) maximizing the use of existing program
31 databases to obtain information related to earned and unearned income
32 for purposes of eligibility determination and renewals, including,
33 but not limited to, the basic food program, the child care subsidy
34 program, federal social security administration programs, and the
35 employment security department wage database; (c) streamlining
36 renewal processes to rely primarily upon data matches, online
37 submissions, and telephone interviews; and (d) implementing any other
38 eligibility determination and renewal processes to allow the state to
39 receive an enhanced federal matching rate and additional federal
40 outreach funding available through the federal children's health

1 insurance program reauthorization act of 2009 by January 2010. The
2 department shall advise the governor and the legislature regarding
3 the status of these efforts by September 30, 2009. The information
4 provided should include the status of the department's efforts, the
5 anticipated impact of those efforts on enrollment, and the costs
6 associated with that enrollment.

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

13 (4) The primary mechanism for purchasing health care coverage
14 under this section shall be through contracts with managed health
15 care systems as defined in RCW 74.09.522, subject to conditions,
16 limitations, and appropriations provided in the biennial
17 appropriations act. However, the authority shall make every effort
18 within available resources to purchase health care coverage for
19 uninsured children whose families have access to dependent coverage
20 through an employer-sponsored health plan or another source when it
21 is cost-effective for the state to do so, and the purchase is
22 consistent with requirements of Title XIX and Title XXI of the
23 federal social security act. To the extent allowable under federal
24 law, the authority shall require families to enroll in available
25 employer-sponsored coverage, as a condition of participating in the
26 program established under this section, when it is cost-effective for
27 the state to do so. Families who enroll in available employer-
28 sponsored coverage under this section shall be accounted for
29 separately in the annual report required by RCW 74.09.053.

30 (5)(a) To reflect appropriate parental responsibility, the
31 authority shall develop and implement a schedule of premiums for
32 children's health care coverage due to the authority from families
33 with income greater than two hundred percent of the federal poverty
34 level. For families with income greater than two hundred fifty
35 percent of the federal poverty level, the premiums shall be
36 established in consultation with the senate majority and minority
37 leaders and the speaker and minority leader of the house of
38 representatives. For children eligible for coverage under the
39 federally funded children's health insurance program, Title XXI of
40 the federal social security act, premiums shall be set at a

1 reasonable level that does not pose a barrier to enrollment. The
2 amount of the premium shall be based upon family income and shall not
3 exceed the premium limitations in Title XXI of the federal social
4 security act. For children who are not eligible for coverage under
5 the federally funded children's health insurance program, premiums
6 shall be set every two years in an amount no greater than the average
7 state-only share of the per capita cost of coverage in the state-
8 funded children's health program.

9 (b) Premiums shall not be imposed on children in households at or
10 below two hundred percent of the federal poverty level as articulated
11 in RCW 74.09.055.

12 (c) Beginning no later than January 1, 2010, the authority shall
13 offer families whose income is greater than three hundred percent of
14 the federal poverty level the opportunity to purchase health care
15 coverage for their children through the programs administered under
16 this section without an explicit premium subsidy from the state. The
17 design of the health benefit package offered to these children should
18 provide a benefit package substantially similar to that offered in
19 the apple health for kids program, and may differ with respect to
20 cost-sharing, and other appropriate elements from that provided to
21 children under subsection (3) of this section including, but not
22 limited to, application of preexisting conditions, waiting periods,
23 and other design changes needed to offer affordable coverage. The
24 amount paid by the family shall be in an amount equal to the rate
25 paid by the state to the managed health care system for coverage of
26 the child, including any associated and administrative costs to the
27 state of providing coverage for the child. Any pooling of the program
28 enrollees that results in state fiscal impact must be identified and
29 brought to the legislature for consideration.

30 (6) The authority shall undertake and continue a proactive,
31 targeted outreach and education effort with the goal of enrolling
32 children in health coverage and improving the health literacy of
33 youth and parents. The authority shall collaborate with the
34 department of social and health services, department of health, local
35 public health jurisdictions, the office of the superintendent of
36 public instruction, the department of (~~early learning~~) children,
37 youth, and families, health educators, health care providers, health
38 carriers, community-based organizations, and parents in the design
39 and development of this effort. The outreach and education effort
40 shall include the following components:

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

3 (b) Assistance with completing applications, and community-based
4 outreach efforts to help people apply for coverage. Community-based
5 outreach efforts should be targeted to the populations least likely
6 to be covered;

7 (c) Use of existing systems, such as enrollment information from
8 the free and reduced-price lunch program, the department of (~~early~~
9 ~~learning~~) children, youth, and families child care subsidy program,
10 the department of health's women, infants, and children program, and
11 the early childhood education and assistance program, to identify
12 children who may be eligible but not enrolled in coverage;

13 (d) Contracting with community-based organizations and government
14 entities to support community-based outreach efforts to help families
15 apply for coverage. These efforts should be targeted to the
16 populations least likely to be covered. The authority shall provide
17 informational materials for use by government entities and community-
18 based organizations in their outreach activities, and should identify
19 any available federal matching funds to support these efforts;

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

30 (f) An evaluation of the outreach and education efforts, based
31 upon clear, cost-effective outcome measures that are included in
32 contracts with entities that undertake components of the outreach and
33 education effort;

34 (g) An implementation plan to develop online application
35 capability that is integrated with the automated client eligibility
36 system, and to develop data linkages with the office of the
37 superintendent of public instruction for free and reduced-price lunch
38 enrollment information and the department of (~~early—learning~~)
39 children, youth, and families for child care subsidy program
40 enrollment information.

1 (7) The authority shall take action to increase the number of
2 primary care physicians providing dental disease preventive services
3 including oral health screenings, risk assessment, family education,
4 the application of fluoride varnish, and referral to a dentist as
5 needed.

6 (8) The department shall monitor the rates of substitution
7 between private-sector health care coverage and the coverage provided
8 under this section.

9 NEW SECTION. **Sec. 3.** Section 2 of this act is necessary for the
10 immediate preservation of the public peace, health, or safety, or
11 support of the state government and its existing public institutions,
12 and takes effect immediately.

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