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HOUSE BILL 2128

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State of Washington                      61st Legislature                      2009 Regular Session

By Representatives Seaquist and Simpson

Read first time 02/10/09. 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 hundred  
6 fifty percent of the federal poverty level as adjusted for family size  
7 and determined annually by the federal department of health and human  
8 services, and effective January 1, 2009, and only to the extent that  
9 funds are specifically appropriated therefor, to children whose family  
10 income is not greater than three hundred percent of the federal poverty  
11 level. In administering the program, the department shall take such  
12 actions as may be necessary to ensure the receipt of federal financial  
13 participation under the medical assistance program, as codified at  
14 Title XIX of the federal social security act, the state children's  
15 health insurance program, as codified at Title XXI of the federal  
16 social security act, and any other federal funding sources that are now  
17 available or may become available in the future. The department and  
18 the caseload forecast council shall estimate the anticipated caseload  
19 and costs of the program established in this section.

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

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

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

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

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

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

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

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

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

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

37 (c) Use of existing systems, such as enrollment information from  
38 the free and reduced-price lunch program, the department of early

1 learning child care subsidy program, the department of health's women,  
2 infants, and children program, and the early childhood education and  
3 assistance program, to identify children who may be eligible but not  
4 enrolled in coverage;

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

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

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

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

35 (7) The department shall take action to increase the number of  
36 primary care physicians providing dental disease preventive services  
37 including oral health screenings, risk assessment, family education,

1 the application of fluoride varnish, and referral to a dentist as  
2 needed.

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

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

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

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

25 (a) Childhood immunization rates;

26 (b) Well child care utilization rates, including the use of  
27 validated, structured developmental assessment tools that include  
28 behavioral and oral health screening;

29 (c) Care management for children with chronic illnesses;

30 (d) Emergency room utilization; ~~((and))~~

31 (e) Preventive oral health service utilization; and

32 (f) Children's mental health status. In defining these measures  
33 the department shall be guided by the measures provided in RCW  
34 71.36.025.

35 Performance measures and targets for each performance measure must  
36 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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