
SENATE BILL 5926

State of Washington

68th Legislature

2024 Regular Session

By Senator Muzzall

Prefiled 12/29/23.

1 AN ACT Relating to providing continuous coverage enrollment
2 eligibility in medicaid for children under age six; and amending RCW
3 74.09.510 and 74.09.470.

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

5 **Sec. 1.** RCW 74.09.510 and 2017 3rd sp.s. c 6 s 337 are each
6 amended to read as follows:

7 Medical assistance may be provided in accordance with eligibility
8 requirements established by the authority, as defined in the social
9 security Title XIX state plan for mandatory categorically needy
10 persons and:

11 (1) Individuals who would be eligible for cash assistance except
12 for their institutional status;

13 (2) Individuals who are under twenty-one years of age, who would
14 be eligible for medicaid, but do not qualify as dependent children
15 and who are in (a) foster care, (b) subsidized adoption, (c) a
16 nursing facility or an intermediate care facility for persons with
17 intellectual disabilities, or (d) inpatient psychiatric facilities;

18 (3) Individuals who:

19 (a) Are under twenty-one years of age;

20 (b) On or after July 22, 2007, were in foster care under the
21 legal responsibility of the department of social and health services,

1 the department of children, youth, and families, or a federally
2 recognized tribe located within the state; and

3 (c) On their eighteenth birthday, were in foster care under the
4 legal responsibility of the department of children, youth, and
5 families or a federally recognized tribe located within the state;

6 (4) Persons who are aged, blind, or disabled who: (a) Receive
7 only a state supplement, or (b) would not be eligible for cash
8 assistance if they were not institutionalized;

9 (5) Categorically eligible individuals who meet the income and
10 resource requirements of the cash assistance programs;

11 (6) Individuals who are enrolled in managed health care systems,
12 who have otherwise lost eligibility for medical assistance, but who
13 have not completed a current six-month enrollment in a managed health
14 care system, and who are eligible for federal financial participation
15 under Title XIX of the social security act;

16 (7) Children and pregnant women allowed by federal statute for
17 whom funding is appropriated;

18 (8) Working individuals with disabilities authorized under
19 section 1902(a)(10)(A)(ii) of the social security act for whom
20 funding is appropriated;

21 (9) Other individuals eligible for medical services under RCW
22 74.09.700 for whom federal financial participation is available under
23 Title XIX of the social security act;

24 (10) Persons allowed by section 1931 of the social security act
25 for whom funding is appropriated; (~~and~~)

26 (11) Women who: (a) Are under sixty-five years of age; (b) have
27 been screened for breast and cervical cancer under the national
28 breast and cervical cancer early detection program administered by
29 the department of health or tribal entity and have been identified as
30 needing treatment for breast or cervical cancer; and (c) are not
31 otherwise covered by health insurance. Medical assistance provided
32 under this subsection is limited to the period during which the woman
33 requires treatment for breast or cervical cancer, and is subject to
34 any conditions or limitations specified in the omnibus appropriations
35 act; and

36 (12) Children under the age of six, who are eligible for
37 continuous eligibility upon initial enrollment when they:

38 (a) Meet the eligibility requirements under Title XIX of the
39 social security act as established in rule by the authority; or

1 (b) Meet the eligibility requirements under Title XXI of the
2 federal social security act as established in rule by the authority
3 and for whom funding is appropriated.

4 **Sec. 2.** RCW 74.09.470 and 2023 c 51 s 40 are each amended to
5 read as follows:

6 (1) Consistent with the goals established in RCW 74.09.402,
7 through the apple health for kids program authorized in this section,
8 the authority shall provide affordable health care coverage to
9 children under the age of nineteen who reside in Washington state and
10 whose family income at the time of enrollment is not greater than 260
11 percent of the federal poverty level as adjusted for family size and
12 determined annually by the federal department of health and human
13 services, and effective January 1, 2009, and only to the extent that
14 funds are specifically appropriated therefor, to children whose
15 family income is not greater than 312 percent of the federal poverty
16 level. In administering the program, the authority shall take such
17 actions as may be necessary to ensure the receipt of federal
18 financial participation under the medical assistance program, as
19 codified at Title XIX of the federal social security act, the state
20 children's health insurance program, as codified at Title XXI of the
21 federal social security act, and any other federal funding sources
22 that are now available or may become available in the future. The
23 authority and the caseload forecast council shall estimate the
24 anticipated caseload and costs of the program established in this
25 section.

26 (2) The authority shall accept applications for enrollment for
27 children's health care coverage; establish appropriate minimum-
28 enrollment periods, as may be necessary; and determine eligibility
29 based on current family income. The authority shall make eligibility
30 determinations within the time frames for establishing eligibility
31 for children on medical assistance, as defined by RCW 74.09.510. The
32 application and annual renewal processes shall be designed to
33 minimize administrative barriers for applicants and enrolled clients,
34 and to minimize gaps in eligibility for families who are eligible for
35 coverage. If a change in family income results in a change in the
36 source of funding for coverage, the authority shall transfer the
37 family members to the appropriate source of funding and notify the
38 family with respect to any change in premium obligation, without a
39 break in eligibility. The authority shall use the same eligibility

1 redetermination and appeals procedures as those provided for children
2 on medical assistance programs. The authority shall modify its
3 eligibility renewal procedures to lower the percentage of children
4 failing to annually renew. The authority shall manage its outreach,
5 application, and renewal procedures with the goals of: (a) Achieving
6 year by year improvements in enrollment, enrollment rates, renewals,
7 and renewal rates; (b) maximizing the use of existing program
8 databases to obtain information related to earned and unearned income
9 for purposes of eligibility determination and renewals, including,
10 but not limited to, the basic food program, the child care subsidy
11 program, federal social security administration programs, and the
12 employment security department wage database; (c) streamlining
13 renewal processes to rely primarily upon data matches, online
14 submissions, and telephone interviews; and (d) implementing any other
15 eligibility determination and renewal processes to allow the state to
16 receive an enhanced federal matching rate and additional federal
17 outreach funding available through the federal children's health
18 insurance program reauthorization act of 2009 by January 2010. The
19 department shall advise the governor and the legislature regarding
20 the status of these efforts by September 30, 2009. The information
21 provided should include the status of the department's efforts, the
22 anticipated impact of those efforts on enrollment, and the costs
23 associated with that enrollment.

24 (3) To ensure continuity of care and ease of understanding for
25 families and health care providers, and to maximize the efficiency of
26 the program, the amount, scope, and duration of health care services
27 provided to children under this section shall be the same as that
28 provided to children under medical assistance, as defined in RCW
29 74.09.520.

30 (4) The primary mechanism for purchasing health care coverage
31 under this section shall be through contracts with managed health
32 care systems as defined in RCW 74.09.522, subject to conditions,
33 limitations, and appropriations provided in the biennial
34 appropriations act. However, the authority shall make every effort
35 within available resources to purchase health care coverage for
36 uninsured children whose families have access to dependent coverage
37 through an employer-sponsored health plan or another source when it
38 is cost-effective for the state to do so, and the purchase is
39 consistent with requirements of Title XIX and Title XXI of the
40 federal social security act. To the extent allowable under federal

1 law, the authority shall require families to enroll in available
2 employer-sponsored coverage, as a condition of participating in the
3 program established under this section, when it is cost-effective for
4 the state to do so. Families who enroll in available employer-
5 sponsored coverage under this section shall be accounted for
6 separately in the annual report required by RCW 74.09.053.

7 (5) (a) To reflect appropriate parental responsibility, the
8 authority shall develop and implement a schedule of premiums for
9 children's health care coverage due to the authority from families
10 with income greater than 210 percent of the federal poverty level.
11 For families with income greater than 260 percent of the federal
12 poverty level, the premiums shall be established in consultation with
13 the senate majority and minority leaders and the speaker and minority
14 leader of the house of representatives. For children eligible for
15 coverage under the federally funded children's health insurance
16 program, Title XXI of the federal social security act, premiums shall
17 be set at a reasonable level that does not pose a barrier to
18 enrollment. The amount of the premium shall be based upon family
19 income and shall not exceed the premium limitations in Title XXI of
20 the federal social security act. For children who are not eligible
21 for coverage under the federally funded children's health insurance
22 program, premiums shall be set every two years in an amount no
23 greater than the average state-only share of the per capita cost of
24 coverage in the state-funded children's health program.

25 (b) Premiums shall not be imposed on children in households at or
26 below 210 percent of the federal poverty level as articulated in RCW
27 74.09.055.

28 (c) The authority shall offer families whose income is greater
29 than 312 percent of the federal poverty level the opportunity to
30 purchase health care coverage for their children through the programs
31 administered under this section without an explicit premium subsidy
32 from the state. The design of the health benefit package offered to
33 these children should provide a benefit package substantially similar
34 to that offered in the apple health for kids program, and may differ
35 with respect to cost-sharing, and other appropriate elements from
36 that provided to children under subsection (3) of this section
37 including, but not limited to, application of preexisting conditions,
38 waiting periods, and other design changes needed to offer affordable
39 coverage. The amount paid by the family shall be in an amount equal
40 to the rate paid by the state to the managed health care system for

1 coverage of the child, including any associated and administrative
2 costs to the state of providing coverage for the child. Any pooling
3 of the program enrollees that results in state fiscal impact must be
4 identified and brought to the legislature for consideration.

5 (6) The authority shall undertake and continue a proactive,
6 targeted outreach and education effort with the goal of enrolling
7 children in health coverage and improving the health literacy of
8 youth and parents. The authority shall collaborate with the
9 department of social and health services, department of health, local
10 public health jurisdictions, the office of the superintendent of
11 public instruction, the department of children, youth, and families,
12 health educators, health care providers, health carriers, community-
13 based organizations, and parents in the design and development of
14 this effort. The outreach and education effort shall include the
15 following components:

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

18 (b) Assistance with completing applications, and community-based
19 outreach efforts to help people apply for coverage. Community-based
20 outreach efforts should be targeted to the populations least likely
21 to be covered;

22 (c) Use of existing systems, such as enrollment information from
23 the free and reduced-price lunch program, the department of children,
24 youth, and families child care subsidy program, the department of
25 health's women, infants, and children program, and the early
26 childhood education and assistance program, to identify children who
27 may be eligible but not enrolled in coverage;

28 (d) Contracting with community-based organizations and government
29 entities to support community-based outreach efforts to help families
30 apply for coverage. These efforts should be targeted to the
31 populations least likely to be covered. The authority shall provide
32 informational materials for use by government entities and community-
33 based organizations in their outreach activities, and should identify
34 any available federal matching funds to support these efforts;

35 (e) Development and dissemination of materials to engage and
36 inform parents and families statewide on issues such as: The benefits
37 of health insurance coverage; the appropriate use of health services,
38 including primary care provided by health care practitioners licensed
39 under chapters 18.71, 18.57, 18.36A, and 18.79 RCW, and emergency
40 services; the value of a medical home, well-child services and

1 immunization, and other preventive health services with linkages to
2 department of health child profile efforts; identifying and managing
3 chronic conditions such as asthma and diabetes; and the value of good
4 nutrition and physical activity;

5 (f) An evaluation of the outreach and education efforts, based
6 upon clear, cost-effective outcome measures that are included in
7 contracts with entities that undertake components of the outreach and
8 education effort;

9 (g) An implementation plan to develop online application
10 capability that is integrated with the automated client eligibility
11 system, and to develop data linkages with the office of the
12 superintendent of public instruction for free and reduced-price lunch
13 enrollment information and the department of children, youth, and
14 families for child care subsidy program enrollment information.

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

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

23 (9) The authority shall adopt rules to ensure continuous
24 eligibility of children under age six as required by RCW 74.09.510.

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