## SENATE BILL 6304

State of Washington 65th Legislature 2018 Regular Session

By Senators Frockt, Rivers, Saldaña, Hobbs, Cleveland, Rolfes, Keiser, Conway, Hasegawa, Billig, Walsh, and Fain

Read first time 01/11/18. Referred to Committee on Health & Long Term Care.

- 1 AN ACT Relating to continuing access to medicaid services;
- 2 amending RCW 74.09.470; adding a new section to chapter 74.09 RCW;
- 3 and declaring an emergency.
- 4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 5 <u>NEW SECTION.</u> **Sec. 1.** A new section is added to chapter 74.09 6 RCW to read as follows:
- Medical assistance shall be provided for pregnant women who
- 8 reside in Washington state and whose family income at the time of
- 9 application is no greater than one hundred ninety-three percent of
- 10 the federal poverty level as adjusted for family size and determined
- 11 annually by the federal department of health and human services. In
- 12 administering the program, the authority shall take such actions as
- 13 may be necessary to assure the receipt of federal financial
- 14 participation under the medical assistance program and any other
- 15 federal funding sources that are currently available or may become
- 16 available in the future.
- 17 **Sec. 2.** RCW 74.09.470 and 2011 1st sp.s. c 33 s 2 are each
- 18 amended to read as follows:
- 19 (1) Consistent with the goals established in RCW 74.09.402,
- 20 through the apple health for kids program authorized in this section,

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the authority shall provide affordable health care coverage to 1 children under the age of nineteen who reside in Washington state and 2 whose family income at the time of enrollment is not greater than 3 ((two)) three hundred ((fifty)) twelve percent of the federal poverty 4 level as adjusted for family size and determined annually by the 5 6 federal department of health and human services((, and effective January 1, 2009, and only to the extent that funds are specifically 7 appropriated therefor, to children whose family income is not greater 8 than three hundred percent of the federal poverty level)). 9 10 administering the program, the authority shall take such actions as may be necessary to ensure the receipt of federal financial 11 participation under the medical assistance program, as codified at 12 Title XIX of the federal social security act, the state children's 13 health insurance program, as codified at Title XXI of the federal 14 social security act, and any other federal funding sources that are 15 16 now available or may become available in the future. The authority 17 and the caseload forecast council shall estimate the anticipated 18 caseload and costs of the program established in this section.

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(2) The authority shall accept applications for enrollment for children's health care coverage; establish appropriate minimumenrollment periods, as may be necessary; and determine eligibility based on current family income. The authority shall make eliqibility determinations within the time frames for establishing eligibility for children on medical assistance, as defined by RCW 74.09.510. The application and annual renewal processes shall be designed to minimize administrative barriers for applicants and enrolled clients, and to minimize gaps in eligibility for families who are eligible for coverage. If a change in family income results in a change in the source of funding for coverage, the authority shall transfer the family members to the appropriate source of funding and notify the family with respect to any change in premium obligation, without a break in eligibility. The authority shall use the same eligibility redetermination and appeals procedures as those provided for children on medical assistance programs. The authority shall modify its eligibility renewal procedures to lower the percentage of children failing to annually renew. The authority shall manage its outreach, application, and renewal procedures with the goals of: (a) Achieving year by year improvements in enrollment, enrollment rates, renewals, and renewal rates; (b) maximizing the use of existing program databases to obtain information related to earned and unearned income

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1 for purposes of eligibility determination and renewals, including, but not limited to, the basic food program, the child care subsidy 2 3 program, federal social security administration programs, and the employment security department wage database; (c) streamlining 4 renewal processes to rely primarily upon data matches, online 5 6 submissions, and telephone interviews; and (d) implementing any other 7 eligibility determination and renewal processes to allow the state to receive an enhanced federal matching rate and additional federal 8 outreach funding available through the federal children's health 9 insurance program reauthorization act of 2009 by January 2010. The 10 11 department shall advise the governor and the legislature regarding 12 the status of these efforts by September 30, 2009. The information provided should include the status of the department's efforts, the 13 anticipated impact of those efforts on enrollment, and the costs 14 associated with that enrollment. 15

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

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- (4) The primary mechanism for purchasing health care coverage under this section shall be through contracts with managed health care systems as defined in RCW 74.09.522, subject to conditions, limitations, and appropriations provided in the appropriations act. However, the authority shall make every effort within available resources to purchase health care coverage for uninsured children whose families have access to dependent coverage through an employer-sponsored health plan or another source when it is cost-effective for the state to do so, and the purchase is consistent with requirements of Title XIX and Title XXI of the federal social security act. To the extent allowable under federal law, the authority shall require families to enroll in available employer-sponsored coverage, as a condition of participating in the program established under this section, when it is cost-effective for the state to do so. Families who enroll in available employersponsored coverage under this section shall be accounted for separately in the annual report required by RCW 74.09.053.
- 39 (5)(a) To reflect appropriate parental responsibility, the 40 authority shall develop and implement a schedule of premiums for

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1 children's health care coverage due to the authority from families with income greater than two hundred ten percent of the federal 2 poverty level. For families with income greater than two hundred 3 ((fifty)) sixty percent of the federal poverty level, the premiums 4 shall be established in consultation with the senate majority and 5 б minority leaders and the speaker and minority leader of the house of representatives. For children eligible for coverage under the 7 federally funded children's health insurance program, Title XXI of 8 the federal social security act, premiums shall be set at a 9 reasonable level that does not pose a barrier to enrollment. The 10 11 amount of the premium shall be based upon family income and shall not 12 exceed the premium limitations in Title XXI of the federal social security act. For children who are not eligible for coverage under 13 the federally funded children's health insurance program, premiums 14 shall be set every two years in an amount no greater than the average 15 16 state-only share of the per capita cost of coverage in the state-17 funded children's health program.

(b) Premiums shall not be imposed on children in households at or below two hundred <u>ten</u> percent of the federal poverty level as articulated in RCW 74.09.055.

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

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children in health coverage and improving the health literacy of youth and parents. The authority shall collaborate with the department of social and health services, department of health, local public health jurisdictions, the office of the superintendent of public instruction, the department of ((early learning)) children, youth, and families, health educators, health care providers, health carriers, community-based organizations, and parents in the design and development of this effort. The outreach and education effort shall include the following components: 

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

- (b) Assistance with completing applications, and community-based outreach efforts to help people apply for coverage. Community-based outreach efforts should be targeted to the populations least likely to be covered;
- (c) Use of existing systems, such as enrollment information from the free and reduced-price lunch program, the department of ((early learning)) children, youth, and families child care subsidy program, the department of health's women, infants, and children program, and the early childhood education and assistance program, to identify children who may be eligible but not enrolled in coverage;
- (d) Contracting with community-based organizations and government entities to support community-based outreach efforts to help families apply for coverage. These efforts should be targeted to the populations least likely to be covered. The authority shall provide informational materials for use by government entities and community-based organizations in their outreach activities, and should identify any available federal matching funds to support these efforts;
- (e) Development and dissemination of materials to engage and inform parents and families statewide on issues such as: The benefits of health insurance coverage; the appropriate use of health services, including primary care provided by health care practitioners licensed under chapters 18.71, 18.57, 18.36A, and 18.79 RCW, and emergency services; the value of a medical home, well-child services and immunization, and other preventive health services with linkages to department of health child profile efforts; identifying and managing chronic conditions such as asthma and diabetes; and the value of good nutrition and physical activity;
- (f) An evaluation of the outreach and education efforts, based upon clear, cost-effective outcome measures that are included in

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contracts with entities that undertake components of the outreach and education effort;

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- (g) An implementation plan to develop online application capability that is integrated with the automated client eligibility system, and to develop data linkages with the office of the superintendent of public instruction for free and reduced-price lunch enrollment information and the department of ((early learning)) children, youth, and families for child care subsidy program enrollment information.
- 10 (7) The authority shall take action to increase the number of 11 primary care physicians providing dental disease preventive services 12 including oral health screenings, risk assessment, family education, 13 the application of fluoride varnish, and referral to a dentist as 14 needed.
- 15 (8) The department shall monitor the rates of substitution 16 between private-sector health care coverage and the coverage provided 17 under this section.
- NEW SECTION. **Sec. 3.** This act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect immediately.

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