
HOUSE BILL 1620

State of Washington

61st Legislature

2009 Regular Session

By Representatives Kenney, Ericksen, Driscoll, Seaquist, Hunt, Armstrong, and Simpson

Read first time 01/26/09. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to community health care collaborative grants;
2 amending RCW 41.05.220; adding new sections to chapter 41.05 RCW; and
3 creating a new section.

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

5 **Sec. 1.** RCW 41.05.220 and 1998 c 245 s 38 are each amended to read
6 as follows:

7 (1) State general funds appropriated to the department of health
8 for the purposes of funding community health centers to provide primary
9 health and dental care services, migrant health services, and maternity
10 health care services shall be transferred to the state health care
11 authority. Any related administrative funds expended by the department
12 of health for this purpose shall also be transferred to the health care
13 authority. The health care authority shall ((~~exclusively~~)) expend
14 these funds through contracts with community health centers to provide
15 primary health and dental care services, migrant health services, and
16 maternity health care services. The administrator of the health care
17 authority shall establish requirements necessary to assure community
18 health centers provide quality health care services that are
19 appropriate and effective and are delivered in a cost-efficient manner.

1 The administrator shall further assure that community health centers
2 have appropriate referral arrangements for acute care and medical
3 specialty services not provided by the community health centers.

4 (2) The authority, in consultation with the department of health,
5 shall work with community and migrant health clinics and other
6 providers of care to underserved populations, to ensure that the number
7 of people of color and underserved people receiving access to managed
8 care is expanded in proportion to need, based upon demographic data.

9 (3) Within funds appropriated for community health care
10 collaborative grants, the authority may award grants for community-
11 based health care collaborative programs that increase access to
12 appropriate, affordable health care for Washington residents,
13 consistent with requirements established by sections 2 through 4 of
14 this act.

15 NEW SECTION. Sec. 2. A new section is added to chapter 41.05 RCW
16 to read as follows:

17 (1) The community health care collaborative grant program is
18 established to further the efforts of community-based coalitions to
19 increase access to appropriate, affordable health care for Washington
20 residents, particularly employed low-income persons and children in
21 school who are uninsured and underinsured, through local programs
22 addressing one or more of the following: (a) Access to medical
23 treatment; (b) the efficient use of health care resources; and (c)
24 quality of care.

25 (2) Consistent with funds appropriated for community health care
26 collaborative grants specifically for this purpose or for community
27 grants established under RCW 41.05.220, two-year grants of up to five
28 hundred thousand dollars per organization may be awarded pursuant to
29 section 3 of this act by the administrator of the health care
30 authority.

31 (3) The health care authority shall provide administrative support
32 for the program. Administrative support activities may include health
33 care authority facilitation of statewide discussions regarding best
34 practices and standardized performance measures among grantees, or
35 subcontracting for such discussions.

36 (4) Eligibility for community health care collaborative grants
37 shall be limited to nonprofit organizations established to serve a

1 defined geographic region. To be eligible, a nonprofit organization
2 must have a formal collaborative governance structure and decision-
3 making process that includes representation by hospitals, public
4 health, behavioral health, community health centers, rural health
5 clinics, and private practitioners that serve low-income persons in the
6 region, unless there are no such providers within the region, or
7 providers decline or refuse to participate or place unreasonable
8 conditions on their participation. The nature and format of the
9 application, and the application procedure, shall be determined by the
10 administrator of the health care authority. At a minimum, each
11 application shall: (a) Identify the geographic region served by the
12 organization; (b) show how the structure and operation of the
13 organization reflects the interests of, and is accountable to, this
14 region and members providing care within this region; (c) indicate the
15 size of the grant being requested, and how the money will be spent; and
16 (d) include sufficient information for an evaluation of the application
17 based on the criteria established in section 3 of this act.

18 NEW SECTION. **Sec. 3.** A new section is added to chapter 41.05 RCW
19 to read as follows:

20 (1) The community health care collaborative grants shall be awarded
21 on a competitive basis based on a determination of which applicant
22 organization will best serve the purposes of the grant program
23 established in section 2 of this act. In making this determination,
24 priority for funding shall be given to the applicants that demonstrate:

25 (a) The initiatives to be supported by the community health care
26 collaborative grant are likely to address, in a measurable fashion,
27 documented health care access and quality improvement goals aligned
28 with state health policy priorities and needs within the region to be
29 served;

30 (b) An applicant organization documents formal, active
31 collaboration among key community partners that includes local
32 governments, school districts, large and small businesses, nonprofit
33 organizations, carriers, private health care providers, and public
34 health agencies;

35 (c) The applicant organization will match the community health care
36 collaborative grant with funds from other sources. The health care

1 authority may award grants solely to organizations providing at least
2 two dollars in matching funds for each community health care
3 collaborative grant dollar awarded;

4 (d) The community health care collaborative grant will enhance the
5 long-term capacity of the applicant organization and its members to
6 serve the region's documented health care access needs, including the
7 sustainability of the programs to be supported by the community health
8 care collaborative grant;

9 (e) The initiatives to be supported by the community health care
10 collaborative grant reflect creative, innovative approaches which
11 complement and enhance existing efforts to address the needs of the
12 uninsured and underinsured and, if successful, could be replicated in
13 other areas of the state; and

14 (f) The programs to be supported by the community health care
15 collaborative grant make efficient and cost-effective use of available
16 funds through administrative simplification and improvements in the
17 structure and operation of the health care delivery system.

18 (2) The administrator of the health care authority shall endeavor
19 to disburse community health care collaborative grant funds throughout
20 the state, supporting collaborative initiatives of differing sizes and
21 scales, serving at-risk populations.

22 (3) One-half the total amount of any award shall be disbursed to an
23 organization upon its selection as a community health care
24 collaborative grant recipient. The grantee shall submit quarterly
25 performance reports on standard outcome measures among all grantees
26 that show:

- 27 (a) Improved access to care and a medical home;
- 28 (b) Increased enrollment in coverage of the uninsured;
- 29 (c) Decreased unnecessary emergency room use; and
- 30 (d) Long-term sustainability.

31 (4) The remaining portion of the community health care
32 collaborative grant award must be disbursed one year later if the
33 administrator of the health care authority (a) timely receives all
34 quarterly progress reports from the organization and (b) determines
35 that the organization is satisfactorily serving the purposes of the
36 community health care collaborative grant program and meeting the
37 objectives identified in its application regarding: Access to medical

1 treatment; the efficient use of health care resources; and quality of
2 care.

3 NEW SECTION. **Sec. 4.** A new section is added to chapter 41.05 RCW
4 to read as follows:

5 By July 1st of each fiscal year the administrator of the health
6 care authority shall provide the governor and the legislature with an
7 evaluation of the community health care collaborative grant program,
8 describing the organizations and collaborative initiatives funded and
9 the results achieved. Particularly successful coalitions shall be
10 highlighted with recommendations on whether, and how they could be
11 replicated statewide. The evaluation shall also summarize any
12 recommendations from the participating grantees regarding ways to
13 improve the community health care collaborative grant program and for
14 the state to otherwise support community-based coalitions working to
15 improve access to health care and quality improvement for Washington
16 residents, including any changes in state statutes or regulations.

17 NEW SECTION. **Sec. 5.** The health care authority may adopt rules to
18 implement this act.

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