H-1769.2			

## HOUSE BILL 2127

State of Washington 61st Legislature 2009 Regular Session

By Representatives Seaquist, Kenney, 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 progress has been made toward achieving the equally important goals set 6 in 2007 that all children in Washington state have health care coverage by 2010 and that child health outcomes improve. The legislature also 8 9 finds that continued steps are necessary to reach the goals that all children in Washington state shall have access to the health services 10 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. 13 legislature further finds that reaching these goals is integral to the 14 state's ability to weather the current economic crisis. reauthorization of the federal children's health insurance program 15 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 follows:

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

(2) The department 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 department shall make eligibility determinations within the time frames for establishing eligibility for children on medical assistance, as defined by RCW 74.09.510. 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 The department shall take the opportunity provided in the coverage. federal children's health insurance program reauthorization act to implement express lane eligibility for children's health coverage not later than July 1, 2010. If a change in family income results in a change in program eligibility, the department shall transfer the family members to the appropriate programs and notify the family with respect to any change in premium obligation, without a break in eligibility. The department shall use the same eligibility redetermination and appeals procedures as those provided for children on medical assistance The department shall manage its outreach, application, and programs.

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

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- (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, and to medicaid eligible children under chapter 71.24 RCW.
- (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 ((except when utilization patterns suggest that fee for service purchasing could produce equally effective and cost efficient care)). However, the department 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 department shall require families to enroll in available employersponsored coverage, as a condition of participating in the program established under ((chapter 5, Laws of 2007)) this section, when it is cost-effective for the state to do so. Families who enroll in available employer-sponsored coverage under ((chapter 5, Laws of 2007)) this section shall be accounted for separately in the annual report required by RCW 74.09.053.
- (5)(a) To reflect appropriate parental responsibility, the department shall develop and implement a schedule of premiums for children's health care coverage due to the department from families with income greater than two hundred percent of the federal poverty level. For families with income greater than two hundred fifty percent

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

- (b) Beginning January 1, ((2009)) 2010, the department shall offer families whose income is greater than three hundred percent of the federal poverty level the opportunity to purchase health care coverage for their children through the programs administered under this section without ((a)) an explicit premium subsidy from the state. The design of the health benefit package offered to these children may differ with respect to cost-sharing and other appropriate elements from that provided to children under subsection (3) of this section. 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.
- (6) The department shall undertake <u>and continue</u> a proactive, targeted outreach and education effort with the goal of enrolling children in health coverage and improving the health literacy of youth and parents. The department shall collaborate with the department of health, local public health jurisdictions, the office of ((<del>[the]</del>)) the superintendent of public instruction, the department of early learning, health educators, health care providers, health carriers, 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;
- 37 (c) Use of existing systems, such as enrollment information from 38 the free and reduced-price lunch program, the department of early

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learning 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 department 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 contracts with entities that undertake components of the outreach and education effort;
- (g) A feasibility study and implementation plan to develop online application capability that is integrated with the department's automated client eligibility system, and to develop data linkages with the office of (({the})) the superintendent of public instruction for free and reduced-price lunch enrollment information and the department of early learning for child care subsidy program enrollment information. The department shall submit a feasibility study on the implementation of the requirements in this subsection to the governor and legislature by July 2008.
- (7) The department shall take action to increase the number of primary care physicians providing dental disease preventive services including oral health screenings, risk assessment, family education,

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

- (8) The department shall monitor the rates of substitution between private-sector health care coverage and the coverage provided under this section and shall report to appropriate committees of the legislature by December 2010.
- (9) The secretary shall designate an apple health for kids program director as the person with primary responsibility to work within the department, across state agencies, and with the community to successfully implement the apple health for kids program. This position shall report directly to the secretary.
- **Sec. 3.** RCW 74.09.480 and 2007 c 5 s 4 are each amended to read as follows:
  - (1) The department, in collaboration with the department of health, health carriers, local public health jurisdictions, children's health care providers including pediatricians, family practitioners, and pediatric subspecialists, parents, and other purchasers, shall ((identify explicit performance measures that indicate that a child has an established and effective medical home, such as)) establish a concise set of explicit performance measures that can indicate whether children enrolled in the program are receiving health care through an established and effective medical home, and whether the overall health of enrolled children is improving. Such indicators may include, but are not limited to:
    - (a) Childhood immunization rates;

- (b) Well child care utilization rates, including the use of validated, structured developmental assessment tools that include behavioral and oral health screening;
  - (c) Care management for children with chronic illnesses;
  - (d) Emergency room utilization; ((and))
  - (e) Preventive oral health service utilization; and
- (f) Children's mental health status. In defining these measures
  the department shall be guided by the measures provided in RCW
  71.36.025.
- Performance measures and targets for each performance measure must be ((reported to the appropriate committees of the senate and house of

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representatives by December 1, 2007)) established and monitored each biennium, with a goal of achieving measurable, improved health outcomes for the children of Washington state each biennium.

- (2) Beginning in calendar year 2009, targeted provider rate increases shall be linked to quality improvement measures established under this section. The department, in conjunction with those groups identified in subsection (1) of this section, shall develop parameters for determining criteria for increased payment, alternative payment methodologies, or other incentives for those practices and health plans that incorporate evidence-based practice and improve and achieve sustained improvement with respect to the measures ((in both fee for service and managed care)).
- (3) The department shall provide an annual report to the governor and the legislature related to provider performance on these measures, beginning in September 2010 for 2007 through 2009 and ((annually)) biennially thereafter. The department shall provide a report on its program towards developing this biennial reporting system to the legislature and the governor by September 30, 2009.
- 19 <u>NEW SECTION.</u> **Sec. 4.** This act may be known and cited as the apple 20 health for kids act.

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