

CERTIFICATION OF ENROLLMENT  
**SUBSTITUTE SENATE BILL 5360**

Chapter 299, Laws of 2009  
(partial veto)

61st Legislature  
2009 Regular Session

COMMUNITY HEALTH CARE COLLABORATIVE GRANT PROGRAM

EFFECTIVE DATE: 07/26/09

Passed by the Senate April 19, 2009  
YEAS 46 NAYS 0

BRAD OWEN

\_\_\_\_\_  
**President of the Senate**

Passed by the House April 14, 2009  
YEAS 97 NAYS 0

FRANK CHOPP

\_\_\_\_\_  
**Speaker of the House of Representatives**

Approved April 30, 2009, 11:10 a.m.,  
with the exception of Section 3 which is  
vetoed.

CHRISTINE GREGOIRE

\_\_\_\_\_  
**Governor of the State of Washington**

CERTIFICATE

I, Thomas Hoemann, Secretary of  
the Senate of the State of  
Washington, do hereby certify that  
the attached is **SUBSTITUTE SENATE  
BILL 5360** as passed by the Senate  
and the House of Representatives  
on the dates hereon set forth.

THOMAS HOEMANN

\_\_\_\_\_  
**Secretary**

FILED

May 1, 2009

**Secretary of State  
State of Washington**

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**SUBSTITUTE SENATE BILL 5360**

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AS AMENDED BY THE HOUSE

Passed Legislature - 2009 Regular Session

**State of Washington                      61st Legislature                      2009 Regular Session**

**By** Senate Health & Long-Term Care (originally sponsored by Senators Keiser, Brandland, Franklin, Murray, Brown, Ranker, Fraser, Parlette, and Kohl-Welles)

READ FIRST TIME 02/25/09.

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

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

4            NEW SECTION.    **Sec. 1.** A new section is added to chapter 41.05 RCW  
5 to read as follows:

6            (1) The community health care collaborative grant program is  
7 established to further the efforts of community-based coalitions to  
8 increase access to appropriate, affordable health care for Washington  
9 residents, particularly employed low-income persons and children in  
10 school who are uninsured and underinsured, through local programs  
11 addressing one or more of the following: (a) Access to medical  
12 treatment; (b) the efficient use of health care resources; and (c)  
13 quality of care.

14            (2) Consistent with funds appropriated for community health care  
15 collaborative grants specifically for this purpose, two-year grants may  
16 be awarded pursuant to section 2 of this act by the administrator of  
17 the health care authority.

18            (3) The health care authority shall provide administrative support  
19 for the program. Administrative support activities may include health

1 care authority facilitation of statewide discussions regarding best  
2 practices and standardized performance measures among grantees, or  
3 subcontracting for such discussions.

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

25 NEW SECTION. **Sec. 2.** A new section is added to chapter 41.05 RCW  
26 to read as follows:

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

32 (a) The initiatives to be supported by the community health care  
33 collaborative grant are likely to address, in a measurable fashion,  
34 documented health care access and quality improvement goals aligned  
35 with state health policy priorities and needs within the region to be  
36 served;

1 (b) The applicant organization must document formal, active  
2 collaboration among key community partners that includes local  
3 governments, school districts, large and small businesses, nonprofit  
4 organizations, tribal governments, carriers, private health care  
5 providers, public health agencies, and community public health and  
6 safety networks, as defined in RCW 70.190.010;

7 (c) The applicant organization will match the community health care  
8 collaborative grant with funds from other sources. The health care  
9 authority may award grants solely to organizations providing at least  
10 two dollars in matching funds for each community health care  
11 collaborative grant dollar awarded;

12 (d) The community health care collaborative grant will enhance the  
13 long-term capacity of the applicant organization and its members to  
14 serve the region's documented health care access needs, including the  
15 sustainability of the programs to be supported by the community health  
16 care collaborative grant;

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

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

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

30 (3) Grants shall be disbursed over a two-year cycle, provided the  
31 grant recipient consistently provides timely reports that demonstrate  
32 the program is satisfactorily meeting the purposes of the grant and the  
33 objectives identified in the organization's application. The  
34 requirements for the performance reports shall be determined by the  
35 health care authority administrator. The performance measures shall be  
36 aligned with the community health care collaborative grant program  
37 goals and, where possible, shall be consistent with statewide policy

1 trends and outcome measures required by other public and private grant  
2 funders.

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

5 **By July 1st of each even-numbered fiscal year the administrator of**  
6 **the health care authority shall provide the governor and the**  
7 **legislature with an evaluation of the community health care**  
8 **collaborative grant program, describing the organizations and**  
9 **collaborative initiatives funded and the results achieved. The report**  
10 **shall include the impact of the program, results of performance**  
11 **measures, general findings, and recommendations.**

*\*Sec. 3 was vetoed. See message at end of chapter.*

12 **NEW SECTION. Sec. 4. The health care authority may adopt rules to**  
13 **implement this act.**

Passed by the Senate April 19, 2009.  
Passed by the House April 14, 2009.  
Approved by the Governor April 30, 2009, with the exception of  
certain items that were vetoed.  
Filed in Office of Secretary of State May 1, 2009.

Note: Governor's explanation of partial veto is as follows:

"I am returning herewith, without my approval as to Section 3,  
Substitute Senate Bill 5360 entitled:

"AN ACT Relating to community health care collaborative grants."

Section 3 requires the administrator of the Health Care Authority to  
produce a report every two years. In difficult economic times,  
producing additional reports will only further strain limited funding  
and staff time. If legislators or governors require further  
information on the performance of the grant program, they can simply  
request such information from the Health Care Authority. For this  
reason, I have vetoed Section 3 of Substitute Senate Bill 5360.

With the exception of Section 3, Substitute Senate Bill No. 5360 is  
approved."