
HOUSE BILL 1186

State of Washington

66th Legislature

2019 Regular Session

By Representatives Stonier, Harris, Tharinger, Cody, Riccelli, Wylie, Ryu, Dolan, Ortiz-Self, Doglio, Frame, Walen, Pollet, Macri, and Stanford

Read first time 01/16/19. Referred to Committee on Appropriations.

1 AN ACT Relating to continuing access to medicaid services;
2 amending RCW 74.09.470; and adding a new section to chapter 74.09
3 RCW.

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

5 NEW SECTION. **Sec. 1.** A new section is added to chapter 74.09
6 RCW to read as follows:

7 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 2018 c 58 s 2 are each amended to read
18 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,

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

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

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

16 (3) To ensure continuity of care and ease of understanding for
17 families and health care providers, and to maximize the efficiency of
18 the program, the amount, scope, and duration of health care services
19 provided to children under this section shall be the same as that
20 provided to children under medical assistance, as defined in RCW
21 74.09.520.

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

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

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

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

39 (6) The authority shall undertake and continue a proactive,
40 targeted outreach and education effort with the goal of enrolling

1 children in health coverage and improving the health literacy of
2 youth and parents. The authority shall collaborate with the
3 department of social and health services, department of health, local
4 public health jurisdictions, the office of the superintendent of
5 public instruction, the department of children, youth, and families,
6 health educators, health care providers, health carriers, community-
7 based organizations, and parents in the design and development of
8 this effort. The outreach and education effort shall include the
9 following components:

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

12 (b) Assistance with completing applications, and community-based
13 outreach efforts to help people apply for coverage. Community-based
14 outreach efforts should be targeted to the populations least likely
15 to be covered;

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

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

29 (e) Development and dissemination of materials to engage and
30 inform parents and families statewide on issues such as: The benefits
31 of health insurance coverage; the appropriate use of health services,
32 including primary care provided by health care practitioners licensed
33 under chapters 18.71, 18.57, 18.36A, and 18.79 RCW, and emergency
34 services; the value of a medical home, well-child services and
35 immunization, and other preventive health services with linkages to
36 department of health child profile efforts; identifying and managing
37 chronic conditions such as asthma and diabetes; and the value of good
38 nutrition and physical activity;

39 (f) An evaluation of the outreach and education efforts, based
40 upon clear, cost-effective outcome measures that are included in

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

3 (g) An implementation plan to develop online application
4 capability that is integrated with the automated client eligibility
5 system, and to develop data linkages with the office of the
6 superintendent of public instruction for free and reduced-price lunch
7 enrollment information and the department of children, youth, and
8 families for child care subsidy program enrollment information.

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

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

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