

SENATE BILL REPORT

SB 6459

As Reported By Senate Committee On:
Health & Long-Term Care, January 30, 2006
Ways & Means, February 7, 2006

Title: An act relating to community-based health care solutions.

Brief Description: Supporting community-based health care solutions.

Sponsors: Senators Keiser, Brandland, Thibaudeau, Spanel, Rasmussen, Kline, Parlette and Kohl-Welles.

Brief History:

Committee Activity: Health & Long-Term Care: 1/23/06, 1/30/06 [DPS-WM].
Ways & Means: 2/7/06 [DP2S, w/oRec].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Bill No. 6459 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Keiser, Chair; Thibaudeau, Vice Chair; Deccio, Ranking Minority Member; Benson, Brandland, Franklin, Johnson, Kastama, Kline, Parlette and Poulsen.

Staff: Jonathan Seib (786-7427)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: That Second Substitute Senate Bill No. 6459 be substituted therefor, and the second substitute bill do pass.

Signed by Senators Prentice, Chair; Fraser, Vice Chair, Capital Budget Chair; Doumit, Vice Chair, Operating Budget; Brandland, Fairley, Kohl-Welles, Parlette, Pridemore, Rasmussen, Regala, Roach, Rockefeller, Schoesler and Thibaudeau.

Minority Report: That it be referred without recommendation.

Signed by Senator Pflug.

Staff: Tim Yowell (786-7435)

Background: Although community-based organizations focused on health care access have existed in this state for some time, in recent years they have become more active, reflecting growing concerns about the cost of care, the increased number of uninsured, and its impact on their communities. The organizations differ in size and scope, and in their approach to the problem, but typically involve a variety of community members, including businesses, health care providers, and government agencies. Services provided include assisting persons in accessing insurance, directly accessing and coordinating treatment, and pursuing improvements in the health care delivery system.

Some of these organizations in Washington had been funded in part by the Healthy Communities Access Program, an initiative of the federal Department of Health and Human Services which was recently discontinued.

Summary of Second Substitute Bill: The community health care collaborative grant program is established to further the efforts of community-based organizations to increase access to health care for state residents, particularly those who are employed, but uninsured or underinsured.

A five-member board consisting of relevant state agency heads and a chair appointed by the Governor will award grants of up to five-hundred thousand dollars to nonprofit organizations serving a defined substate region. The grants will be awarded on a competitive basis based on the board's determination of which applicants will best serve the purposes of the grant program. In making this determination, the board must consider specific criteria enumerated in the bill, including the capacity of an organization and its likelihood of success, the extent to which the application reflects formal collaboration among key community members, and the potential for programs proven successful to be duplicated around the state.

Grants may be awarded only to those organizations providing at least two dollars in matching funds for each grant dollar awarded. One-half the total amount of any award will be disbursed to an organization upon its selection as a grant recipient. The remaining half will be disbursed one year later only upon a showing that the organization is satisfactorily serving the purposes of the grant program and meeting the objectives identified in its application.

By July 1, 2008, the board will provide the Governor and the Legislature with an evaluation of the grant program, highlighting particularly successful programs and including recommendations from the participating organizations on what the state should do to further support community-based health care access efforts.

Second Substitute Bill Compared to Substitute Bill: The second substitute bill deletes the \$3.1 million appropriation.

Substitute Bill Compared to Original Bill: The substitute bill changes the requirement that grant recipients provide at least one dollar in *new* matching funds for each grant dollar awarded to the requirement that grant recipients provide at least two dollars in matching funds for each dollar awarded. It also makes several clarifying and technical changes.

Appropriation: None.

Fiscal Note: Not requested.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For (Health & Long-Term Care): This bill is about bringing forward the incredible amount of energy and effort occurring at the community level, and putting together a collaborative approach to really reach out and broaden health care services, especially to employees of small business. Community collaboratives are in the best position to partner with the state to leverage precious health care resources. They can address health care access and quality issues while streamlining the deliver system. Communities all over the state are

forming partnerships at the local level to address very real health care problems. Existing groups have a proven track record of getting things done, including connecting thousands of uninsured to needed health care services, cutting inappropriate emergency room use, and increasing the number of health care providers available in the community. With the reduction in federal funding, this local capacity is now in jeopardy. The bill would create consistent local capacity statewide to achieve health care goals that have proven elusive to date.

Testimony Against (Health & Long-Term Care): None.

Testimony Other (Health & Long-Term Care): The Health Care Authority has some ideas to reduce the administrative costs of the program.

Who Testified (Health & Long-Term Care): PRO: Senator Keiser, prime sponsor; Jean Roberts, Mark Reed Hospital; William Perkins, Thurston County Chamber of Commerce; Sue Sharpe, Whatcom Alliance for Healthcare Access, Communities Connect; Kristen West, CHOICE Regional Health Network, Communities Connect; Chuck Beard, Whatcom Alliance for Healthcare Access; St. Luke's Foundation; Eilene Hendrickson, CHOICE Regional Health Network; Heather Newman, CHOICE Regional Health Network; Cathy Wolfe, Thurston County Commission; Kevin Houghton, Providence St. Peter Family Medicine Residency; Lee Johnson, Kirsten Batchelor, United Churches of Olympia, Connexions; Janet Monaco, Nick Fairchild, Spokane County Medical Society; L. Ward Nelson, Whatcom County Council, Whatcom Alliance for Healthcare Access; Dr. David Lynch, Whatcom Alliance for Healthcare Access; Tom Jones, Wenatchee Community Choice; Don Sloma, Washington Health Foundation; Lisa Podell, Public Health Seattle & King County.

OTHER: Dennis Martin, Health Care Authority.

Testimony For (Ways & Means): Twenty-eight of the thirty-nine counties in the state are covered by one of the community health care collaborative organizations. The collaboratives have demonstrated a real ability to generate matching dollars from private sources, to accomplish measurable objectives, and to save state health care dollars.

Testimony Against (Ways & Means): None.

Who Testified (Ways & Means): PRO: Sue Sharpe, Whatcom Health Care Alliance; Kristen West, Choice Regional Health Network.