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SENATE BILL 5360

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State of Washington

61st Legislature

2009 Regular Session

By Senators Keiser, Brandland, Franklin, Murray, Brown, Ranker, Fraser, Parlette, and Kohl-Welles

Read first time 01/20/09. Referred to Committee on Health & Long-Term Care.

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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