

CERTIFICATION OF ENROLLMENT

**ENGROSSED SECOND SUBSTITUTE SENATE BILL 6459**

Chapter 67, Laws of 2006

59th Legislature  
2006 Regular Session

COMMUNITY HEALTH CARE COLLABORATIVE GRANT PROGRAM

EFFECTIVE DATE: 6/7/06

Passed by the Senate February 13, 2006  
YEAS 46 NAYS 1

BRAD OWEN

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**President of the Senate**

Passed by the House March 2, 2006  
YEAS 96 NAYS 2

FRANK CHOPP

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**Speaker of the House of Representatives**

CERTIFICATE

I, Thomas Hoemann, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **ENGROSSED SECOND SUBSTITUTE SENATE BILL 6459** as passed by the Senate and the House of Representatives on the dates hereon set forth.

THOMAS HOEMANN

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**Secretary**

Approved March 15, 2006.

FILED

March 15, 2006 - 2:36 p.m.

CHRISTINE GREGOIRE

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**Governor of the State of Washington**

**Secretary of State  
State of Washington**

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ENGROSSED SECOND SUBSTITUTE SENATE BILL 6459

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Passed Legislature - 2006 Regular Session

State of Washington

59th Legislature

2006 Regular Session

**By** Senate Committee on Ways & Means (originally sponsored by Senators Keiser, Brandland, Thibaudeau, Spanel, Rasmussen, Kline, Parlette and Kohl-Welles)

READ FIRST TIME 02/7/06.

1 AN ACT Relating to community-based health care solutions; creating  
2 new sections; and providing an expiration date.

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

4 NEW SECTION. **Sec. 1.** The legislature finds that:

5 (1) Despite sustained efforts at the federal and state level, too  
6 many people in Washington remain without access to appropriate health  
7 care. Particularly alarming is the increase in the number of small  
8 business employees who are uninsured. Without a health home, many low-  
9 income and other vulnerable populations are left to inefficiently  
10 navigate a fragmented treatment system that fails to support their  
11 long-term well-being.

12 (2) In recent years, numerous community-based organizations have  
13 emerged around the state to address health care concerns at a local  
14 level. Through innovation and public/private collaboration, they have  
15 demonstrated great success and show even greater promise in improving  
16 health care access for local residents. Less remote than state and  
17 federal agencies, these organizations have built on local relationships  
18 to increase the availability and affordability of services, and

1 coordinate care, making efficient use of a wide variety of community  
2 resources to meet community needs.

3 (3) Many of these organizations have relied on grants from the  
4 healthy communities access program, an initiative of the United States  
5 department of health and human services that provided funding and  
6 technical assistance to support collaborative efforts at the local  
7 level to coordinate and strengthen health services for the uninsured  
8 and underinsured. The program, however, was recently discontinued,  
9 placing these local efforts at risk.

10 It is therefore the intent of the legislature to enhance and  
11 support the development of collaborative community-based organizations  
12 working at the local level to increase access to health care for  
13 Washington residents.

14 NEW SECTION. **Sec. 2.** (1) The community health care collaborative  
15 grant program is established to further the efforts of community-based  
16 organizations to increase access to appropriate, affordable health care  
17 for Washington residents, particularly employed low-income persons who  
18 are uninsured and underinsured, through local programs addressing one  
19 or more of the following: (a) Access to medical treatment; (b) the  
20 efficient use of health care resources; or (c) quality of care.

21 (2) Grants of up to five hundred thousand dollars per organization  
22 shall be awarded pursuant to sections 3 and 4 of this act by the  
23 administrator of the health care authority in consultation with the  
24 secretary of the department of health, the assistant secretary of the  
25 health and recovery services administration within the department of  
26 social and health services, and the insurance commissioner.

27 (3) The health care authority shall provide administrative support  
28 for the program.

29 NEW SECTION. **Sec. 3.** Eligibility for grants shall be limited to  
30 nonprofit organizations established to serve a defined substate  
31 geographic region and having a formal collaborative governance  
32 structure and decision-making process for improving access. The nature  
33 and format of the application, and the application procedure, shall be  
34 determined by the administrator of the health care authority. At a  
35 minimum, each application shall: (1) Identify the geographic region  
36 served by the organization; (2) show how the structure and operation of

1 the organization reflects the interests of, and is accountable to, this  
2 region; (3) indicate the size of the grant being requested, and how the  
3 money will be spent; and (4) include sufficient information for an  
4 evaluation of the application based on the criteria established in  
5 section 4 of this act.

6 NEW SECTION. **Sec. 4.** (1) Grants shall be awarded on a competitive  
7 basis based on a determination of which applicant organization will  
8 best serve the purposes of the grant program. In making this  
9 determination, consideration shall be given to the extent to which:

10 (a) The programs to be supported by the grant are likely to  
11 address, in a measurable fashion, documented health care access needs  
12 within the region to be served;

13 (b) An applicant organization can be expected to successfully  
14 implement these programs, including the extent to which the application  
15 reflects formal, active collaboration among key community members such  
16 as local governments, school districts, large and small businesses,  
17 nonprofit organizations, carriers, private health care providers, and  
18 public health agencies;

19 (c) The applicant organization will match the grant with funds from  
20 other sources. Grants may be awarded only to organizations providing  
21 at least two dollars in matching funds for each grant dollar awarded;

22 (d) The grant will enhance the long-term capacity of the applicant  
23 organization and its partners to serve the region's documented health  
24 care access needs, including the sustainability of the programs to be  
25 supported by the grant;

26 (e) The programs to be supported by the grant reflect creative,  
27 innovative approaches which complement and enhance existing efforts to  
28 address the needs of the uninsured and underinsured and, if successful,  
29 could be replicated in other areas of the state; and

30 (f) The programs to be supported by the grant make efficient and  
31 cost-effective use of available funds through administrative  
32 simplification and improvements in the structure and operation of the  
33 health care delivery system.

34 (2) The administrator shall endeavor to disburse grant funds  
35 throughout the state, supporting organizations and programs of  
36 differing sizes and scales, and serving differing populations.

1        NEW SECTION.    **Sec. 5.** One-half the total amount of any award shall  
2 be disbursed to an organization upon its selection as a grant  
3 recipient. The remaining half shall be disbursed one year later only  
4 upon receipt by the administrator of the health care authority of a  
5 progress report from the organization, and a determination by the  
6 administrator, in consultation with the secretary of the department of  
7 health, the assistant secretary of the health and recovery services  
8 administration within the department of social and health services, and  
9 the insurance commissioner, that the organization is satisfactorily  
10 serving the purposes of the grant program and meeting the objectives  
11 identified in its application regarding: (1) Access to medical  
12 treatment; (2) the efficient use of health care resources; or (3)  
13 quality of care.

14        NEW SECTION.    **Sec. 6.** By July 1, 2008, the administrator of the  
15 health care authority shall provide the governor and the legislature  
16 with an evaluation of the community health care collaborative grant  
17 program, describing the organizations and programs funded and the  
18 results achieved. Particularly successful programs shall be  
19 highlighted with recommendations on whether, and how, the programs  
20 could be replicated statewide. The evaluation shall also summarize any  
21 recommendations from the participating organizations regarding ways to  
22 improve the grant program and for the state to otherwise support  
23 community-based organizations working to improve access to health care  
24 for Washington residents, including any changes in state statutes or  
25 regulations.

26        NEW SECTION.    **Sec. 7.** The health care authority may adopt rules to  
27 implement this act.

28        NEW SECTION.    **Sec. 8.** The community health care collaborative  
29 account is created in the custody of the state treasurer. Expenditures  
30 from the account may be used only for the purposes set forth in this  
31 act. Only the administrator of the health care authority or the  
32 administrator's designee may authorize expenditures from the account.  
33 The account is subject to allotment procedures under chapter 43.88 RCW,

1 but an appropriation is not required for expenditures.

2 NEW SECTION. **Sec. 9.** This act expires June 30, 2009.

Passed by the Senate February 13, 2006.

Passed by the House March 2, 2006.

Approved by the Governor March 15, 2006.

Filed in Office of Secretary of State March 15, 2006.