

# HOUSE BILL REPORT

## HB 1071

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**As Reported by House Committee On:**  
Health Care & Wellness

**Title:** An act relating to health care services for children.

**Brief Description:** Concerning access to health care services for children.

**Sponsors:** Representatives Clibborn, Kessler, Kagi, Hudgins, Hasegawa, Eddy, Upthegrove, McCoy, Sells, McIntire, Fromhold, Jarrett, Appleton, Goodman, Haler, Green, Lantz, Ericks, Hunter, Williams, Darneille, Morrell, Simpson, Lovick, Kenney, Conway, Walsh, Moeller, B. Sullivan, Quall, Rolfes, Pettigrew and Wallace; by request of Governor Gregoire.

**Brief History:**

**Committee Activity:**

Health Care & Wellness: 1/24/07 [DPS].

**Brief Summary of Substitute Bill**

- Requires the Department of Social and Health Services (Department) to provide health insurance coverage for children in families with household incomes of up to 250 percent of the Federal Poverty Level, increasing to 300 percent of the Federal Poverty Level on January 1, 2009.
- Establishes a multi-agency outreach and education effort to identify and enroll eligible children.
- Beginning in 2009, requires rate increases for health care providers serving children to be linked to quality improvement measures.
- Establishes nutritional health and physical activity goals for all Kindergarten-12th grade districts.
- Establishes a Select Legislative Task Force on School Health.
- Allows the Department to enroll children or their parent into employer sponsored health insurance, regardless of open enrollment season restrictions.

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

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## HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 9 members: Representatives Cody, Chair; Morrell, Vice Chair; Barlow, Campbell, Green, Moeller, Pedersen, Schual-Berke and Seaquist.

**Minority Report:** Without recommendation. Signed by 4 members: Representatives Hinkle, Ranking Minority Member; Alexander, Assistant Ranking Minority Member; Condotta and Curtis.

**Staff:** Dave Knutson (786-7146).

### **Background:**

The Department of Social and Health Services (Department) operates several programs designed to provide coverage for children under age 19. The Medicaid program provides children living in households with family income at or below 200 percent of the Federal Poverty Level access to health coverage. The State Children's Health Insurance Program (SCHIP) serves children living in households with family income at or below 250 percent of the Federal Poverty Level access to health coverage. The Children's Health Program (CHP) provides children living in a household of undocumented aliens, with a household income at or below 100 percent of the Federal Poverty Level access to state funded health coverage.

The Department estimates there are approximately 70,000 children in Washington living in households with family income at or below 250 percent of the Federal Poverty Level who are not covered by health insurance. There are an estimated 8,083 children living in families with household incomes between 250 percent and 300 percent of the Federal Poverty Level who are not covered by health insurance.

The incidence of childhood obesity has risen in recent years. Overweight and obesity for children and adolescents are defined respectively as being at or above the 85th and 95th percentile of the Body Mass Index. The Centers of Disease Control found that in 2004, 30 percent of children ages 6 to 11 are overweight, and 15 percent are obese. For adolescents ages 12 to 19, 30 percent are overweight and 16 percent are obese. Adverse health effects associated with being overweight in children and adolescents include: asthma, diabetes, hypertension, orthopedic complications, and psychosocial effects and stigma.

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### **Summary of Substitute Bill:**

The Department of Social and Health Services (Department) will provide a health insurance coverage program for all children in families with household incomes of up to 250 percent of the Federal Poverty Level and determine whether the child qualifies for Medicaid, the State Children's Health Insurance Program, or the Children's Health Program. On January 1, 2009 the income eligibility standard will be increased to 300 percent of the Federal Poverty Level. The Department will establish a multi-agency outreach and education effort to identify and

enroll eligible children, including contracting with community organizations and other governmental entities.

Beginning in 2009, the Department will link rate increases for health care providers serving children to quality improvement measures.

The goal is established to ensure all Kindergarten-12th grade (K-12) districts will have school health advisory boards, that by 2010 all K-12 districts will only have healthy food and beverages available on school campuses during school hours or at school sponsored events, all students in grades one through eight should have 30 minutes of physical education per day, all student health and fitness instructors will be certified, and district waiver or exemption policy from physical education requirements for high school students will be limited.

A Select Interim Legislative Task Force on school health reform is created. It will report its finding and recommendations to the Legislature by October 2008.

The Department is authorized to enroll children or their parent into employer sponsored health insurance, regardless of open enrollment season restrictions.

**Substitute Bill Compared to Original Bill:**

The income eligibility standard for children under age 19 is increased on January 1, 2009 to 300 percent of the Federal Poverty Level. On July 1, 2008 families with household incomes over 250 percent of the Federal Poverty Level will be offered the opportunity to purchase health care coverage without a subsidy. This opportunity will be extended to families with incomes over 300 percent of the Federal Poverty Level on January 1, 2009. The statement that health care coverage for children under this program is not an entitlement, except for Medicaid eligible children, is deleted. The Department is required to contract with community-based organization and government entities to support outreach efforts. School districts must include school nurses or other school personnel on school health advisory committees. Standards for healthy food and beverages will apply during school hours or for school sponsored activities. A Select Interim Legislative Task Force on school health reform is created. It will report its findings and recommendations to the Legislature by October 2008.

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**Appropriation:** None.

**Fiscal Note:** Preliminary fiscal note available.

**Effective Date of Substitute Bill:** The bill takes effect 90 days after adjournment of session in which bill is passed.

**Staff Summary of Public Testimony:**

None.

**Persons Testifying:** None.

**Persons Signed In To Testify But Not Testifying: None.**