
SENATE BILL 5912

State of Washington

67th Legislature

2022 Regular Session

By Senators Sefzik, Braun, Fortunato, Honeyford, Muzzall, Nguyen, Randall, Robinson, and Short

Read first time 01/19/22. Referred to Committee on Health & Long Term Care.

1 AN ACT Relating to improving health outcomes for children on
2 medicaid by ensuring early and periodic screening, diagnosis, and
3 treatment; and amending RCW 74.09.470.

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

5 **Sec. 1.** RCW 74.09.470 and 2018 c 58 s 2 are each amended to read
6 as follows:

7 (1) Consistent with the goals established in RCW 74.09.402,
8 through the apple health for kids program authorized in this section,
9 the authority shall provide affordable health care coverage to
10 children under the age of nineteen who reside in Washington state and
11 whose family income at the time of enrollment is not greater than two
12 hundred fifty percent of the federal poverty level as adjusted for
13 family size and determined annually by the federal department of
14 health and human services, and effective January 1, 2009, and only to
15 the extent that funds are specifically appropriated therefor, to
16 children whose family income is not greater than three hundred
17 percent of the federal poverty level. In administering the program,
18 the authority shall take such actions as may be necessary to ensure
19 the receipt of federal financial participation under the medical
20 assistance program, as codified at Title XIX of the federal social
21 security act, the state children's health insurance program, as

1 codified at Title XXI of the federal social security act, and any
2 other federal funding sources that are now available or may become
3 available in the future. The authority and the caseload forecast
4 council shall estimate the anticipated caseload and costs of the
5 program established in this section.

6 (2) The authority shall accept applications for enrollment for
7 children's health care coverage; establish appropriate minimum-
8 enrollment periods, as may be necessary; and determine eligibility
9 based on current family income. The authority shall make eligibility
10 determinations within the time frames for establishing eligibility
11 for children on medical assistance, as defined by RCW 74.09.510. The
12 application and annual renewal processes shall be designed to
13 minimize administrative barriers for applicants and enrolled clients,
14 and to minimize gaps in eligibility for families who are eligible for
15 coverage. If a change in family income results in a change in the
16 source of funding for coverage, the authority shall transfer the
17 family members to the appropriate source of funding and notify the
18 family with respect to any change in premium obligation, without a
19 break in eligibility. The authority shall use the same eligibility
20 redetermination and appeals procedures as those provided for children
21 on medical assistance programs. The authority shall modify its
22 eligibility renewal procedures to lower the percentage of children
23 failing to annually renew. The authority shall manage its outreach,
24 application, and renewal procedures with the goals of: (a) Achieving
25 year by year improvements in enrollment, enrollment rates, renewals,
26 and renewal rates; (b) maximizing the use of existing program
27 databases to obtain information related to earned and unearned income
28 for purposes of eligibility determination and renewals, including,
29 but not limited to, the basic food program, the child care subsidy
30 program, federal social security administration programs, and the
31 employment security department wage database; (c) streamlining
32 renewal processes to rely primarily upon data matches, online
33 submissions, and telephone interviews; and (d) implementing any other
34 eligibility determination and renewal processes to allow the state to
35 receive an enhanced federal matching rate and additional federal
36 outreach funding available through the federal children's health
37 insurance program reauthorization act of 2009 by January 2010. The
38 department shall advise the governor and the legislature regarding
39 the status of these efforts by September 30, 2009. The information
40 provided should include the status of the department's efforts, the

1 anticipated impact of those efforts on enrollment, and the costs
2 associated with that enrollment.

3 (3) To ensure continuity of care and ease of understanding for
4 families and health care providers, and to maximize the efficiency of
5 the program, the amount, scope, and duration of health care services
6 provided to children under this section shall be the same as that
7 provided to children under medical assistance, as defined in RCW
8 74.09.520.

9 (4) The primary mechanism for purchasing health care coverage
10 under this section shall be through contracts with managed health
11 care systems as defined in RCW 74.09.522, subject to conditions,
12 limitations, and appropriations provided in the biennial
13 appropriations act. However, the authority shall make every effort
14 within available resources to purchase health care coverage for
15 uninsured children whose families have access to dependent coverage
16 through an employer-sponsored health plan or another source when it
17 is cost-effective for the state to do so, and the purchase is
18 consistent with requirements of Title XIX and Title XXI of the
19 federal social security act. To the extent allowable under federal
20 law, the authority shall require families to enroll in available
21 employer-sponsored coverage, as a condition of participating in the
22 program established under this section, when it is cost-effective for
23 the state to do so. Families who enroll in available employer-
24 sponsored coverage under this section shall be accounted for
25 separately in the annual report required by RCW 74.09.053.

26 (5) (a) To reflect appropriate parental responsibility, the
27 authority shall develop and implement a schedule of premiums for
28 children's health care coverage due to the authority from families
29 with income greater than two hundred percent of the federal poverty
30 level. For families with income greater than two hundred fifty
31 percent of the federal poverty level, the premiums shall be
32 established in consultation with the senate majority and minority
33 leaders and the speaker and minority leader of the house of
34 representatives. For children eligible for coverage under the
35 federally funded children's health insurance program, Title XXI of
36 the federal social security act, premiums shall be set at a
37 reasonable level that does not pose a barrier to enrollment. The
38 amount of the premium shall be based upon family income and shall not
39 exceed the premium limitations in Title XXI of the federal social
40 security act. For children who are not eligible for coverage under

1 the federally funded children's health insurance program, premiums
2 shall be set every two years in an amount no greater than the average
3 state-only share of the per capita cost of coverage in the state-
4 funded children's health program.

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

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

26 (6) The authority shall undertake and continue a proactive,
27 targeted outreach and education effort with the goal of enrolling
28 children in health coverage and improving the health literacy of
29 youth and parents. The authority shall collaborate with the
30 department of social and health services, department of health, local
31 public health jurisdictions, the office of the superintendent of
32 public instruction, the department of children, youth, and families,
33 health educators, health care providers, health carriers, community-
34 based organizations, and parents in the design and development of
35 this effort. The outreach and education effort shall include the
36 following components:

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

39 (b) Assistance with completing applications, and community-based
40 outreach efforts to help people apply for coverage. Community-based

1 outreach efforts should be targeted to the populations least likely
2 to be covered;

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

9 (d) Contracting with community-based organizations and government
10 entities to support community-based outreach efforts to help families
11 apply for coverage. These efforts should be targeted to the
12 populations least likely to be covered. The authority shall provide
13 informational materials for use by government entities and community-
14 based organizations in their outreach activities, and should identify
15 any available federal matching funds to support these efforts;

16 (e) Development and dissemination of materials to engage and
17 inform parents and families statewide on issues such as: The benefits
18 of health insurance coverage; the appropriate use of health services,
19 including primary care provided by health care practitioners licensed
20 under chapters 18.71, 18.57, 18.36A, and 18.79 RCW, and emergency
21 services; the value of a medical home, well-child services and
22 immunization, and other preventive health services with linkages to
23 department of health child profile efforts; identifying and managing
24 chronic conditions such as asthma and diabetes; and the value of good
25 nutrition and physical activity;

26 (f) An evaluation of the outreach and education efforts, based
27 upon clear, cost-effective outcome measures that are included in
28 contracts with entities that undertake components of the outreach and
29 education effort;

30 (g) An implementation plan to develop online application
31 capability that is integrated with the automated client eligibility
32 system, and to develop data linkages with the office of the
33 superintendent of public instruction for free and reduced-price lunch
34 enrollment information and the department of children, youth, and
35 families for child care subsidy program enrollment information.

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

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

4 (9) Beginning January 1, 2023, the authority shall ensure the
5 periodicity schedules for providing early and periodic screening,
6 diagnosis, and treatment to children covered under this section are
7 aligned with the bright futures guidelines of the American academy of
8 pediatrics or a comparable standard.

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