
HOUSE BILL 1469

State of Washington 56th Legislature 1999 Regular Session

By Representatives Parlette, Alexander, G. Chandler, Huff and Campbell

Read first time 01/26/1999. Referred to Committee on Health Care.

1 AN ACT Relating to creating the children's health initiative
2 program; amending RCW 70.47.010, 70.47.020, and 70.47.030; and
3 reenacting and amending RCW 70.47.060.

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

5 **Sec. 1.** RCW 70.47.010 and 1993 c 492 s 208 are each amended to
6 read as follows:

7 (1) The legislature finds that:

8 (a) A significant percentage of the population of this state does
9 not have reasonably available insurance or other coverage of the costs
10 of necessary basic health care services;

11 (b) This lack of basic health care coverage is detrimental to the
12 health of the individuals lacking coverage and to the public welfare,
13 and results in substantial expenditures for emergency and remedial
14 health care, often at the expense of health care providers, health care
15 facilities, and all purchasers of health care, including the state; and

16 (c) The use of managed health care systems has significant
17 potential to reduce the growth of health care costs incurred by the
18 people of this state generally, and by low-income pregnant women, and

1 at-risk children and adolescents who need greater access to managed
2 health care.

3 (2) The purpose of this chapter is to provide or make more readily
4 available necessary basic health care services in an appropriate
5 setting to working persons and others who lack coverage, at a cost to
6 these persons that does not create barriers to the utilization of
7 necessary health care services. To that end, this chapter establishes
8 a program to be made available to those residents not eligible for
9 medicare who share in a portion of the cost or who pay the full cost of
10 receiving basic health care services from a managed health care system.

11 (3) It is not the intent of this chapter to provide health care
12 services for those persons who are presently covered through private
13 employer-based health plans, nor to replace employer-based health
14 plans. However, the legislature recognizes that cost-effective and
15 affordable health plans may not always be available to small business
16 employers. Further, it is the intent of the legislature to expand,
17 wherever possible, the availability of private health care coverage and
18 to discourage the decline of employer-based coverage.

19 (4)(a) It is the purpose of this chapter to acknowledge the initial
20 success of this program that has (i) assisted thousands of families in
21 their search for affordable health care; (ii) demonstrated that low-
22 income, uninsured families are willing to pay for their own health care
23 coverage to the extent of their ability to pay; and (iii) proved that
24 local health care providers are willing to enter into a public-private
25 partnership as a managed care system.

26 (b) As a consequence, the legislature intends to extend an option
27 to enroll to certain citizens above two hundred percent of the federal
28 poverty guidelines within the state who reside in communities where the
29 plan is operational and who collectively or individually wish to
30 exercise the opportunity to purchase health care coverage through the
31 basic health plan if the purchase is done at no cost to the state. It
32 is also the intent of the legislature to allow employers and other
33 financial sponsors to financially assist such individuals to purchase
34 health care through the program so long as such purchase does not
35 result in a lower standard of coverage for employees.

36 (c) The legislature intends that, to the extent of available funds,
37 the program be available throughout Washington state to subsidized,
38 children's health initiative, and nonsubsidized enrollees. It is also

1 the intent of the legislature to enroll subsidized enrollees first, to
2 the maximum extent feasible.

3 (d) The legislature directs that the basic health plan
4 administrator identify enrollees who are likely to be eligible for
5 medical assistance and assist these individuals in applying for and
6 receiving medical assistance. The administrator and the department of
7 social and health services shall implement a seamless system to
8 coordinate eligibility determinations and benefit coverage for
9 enrollees of the basic health plan and medical assistance recipients.

10 (e) It is the intent of this chapter that the children's health
11 initiative program provide health care services to children's health
12 initiative enrollees who do not have access to medical assistance and
13 are not insured at the time of enrollment.

14 **Sec. 2.** RCW 70.47.020 and 1997 c 335 s 1 are each amended to read
15 as follows:

16 As used in this chapter:

17 (1) "Washington basic health plan" or "plan" means the system of
18 enrollment and payment on a prepaid capitated basis for basic health
19 care services, administered by the plan administrator through
20 participating managed health care systems, created by this chapter.

21 (2) "Administrator" means the Washington basic health plan
22 administrator, who also holds the position of administrator of the
23 Washington state health care authority.

24 (3) "Managed health care system" means any health care
25 organization, including health care providers, insurers, health care
26 service contractors, health maintenance organizations, or any
27 combination thereof, that provides directly or by contract basic health
28 care services, as defined by the administrator and rendered by duly
29 licensed providers, on a prepaid capitated basis to a defined patient
30 population enrolled in the plan and in the managed health care system.

31 (4) "Subsidized enrollee" means an individual, or an individual
32 plus the individual's spouse or dependent children: (a) Who is not
33 eligible for medicare; (b) who is not confined or residing in a
34 government-operated institution, unless he or she meets eligibility
35 criteria adopted by the administrator; (c) who is not eligible for the
36 children's health initiative program; (d) who resides in an area of the
37 state served by a managed health care system participating in the plan;
38 ((+d)) (e) whose gross family income at the time of enrollment does

1 not exceed twice the federal poverty level as adjusted for family size
2 and determined annually by the federal department of health and human
3 services; and ((+e)) (f) who chooses to obtain basic health care
4 coverage from a particular managed health care system in return for
5 periodic payments to the plan.

6 (5) "Children's health initiative enrollee" means a child enrolled
7 in the children's health initiative program in compliance with P.L.
8 105-33, Subtitle J, the state children's health insurance program under
9 Title XXI of the federal social security act: (a) Who is under the age
10 of nineteen; (b) who is not eligible for medicare; (c) who is not
11 confined or residing in a government-operated institution, unless he or
12 she meets eligibility criteria adopted by the administrator; (d) who
13 resides in an area of the state served by a managed health care system
14 participating in the plan; (e) whose gross family income at the time of
15 enrollment exceeds two hundred percent, but does not exceed two hundred
16 fifty percent, of the federal poverty level as adjusted for family size
17 and determined annually by the federal department of health and human
18 services; (f) who meets other eligibility requirements as determined by
19 the administrator; (g) who chooses to obtain basic health care coverage
20 from a particular managed health care system in return for periodic
21 payments to the plan; and (h) who has a special health care need.
22 Children with special needs are those who have a chronic health
23 condition that is expected to last at least one year and have
24 significant sequelae requiring ongoing extensive medical intervention
25 and extensive family management. Some chronic illnesses are defining
26 and life long and will require a moderate to high level of indefinite
27 medical and family management. Examples of these conditions are birth
28 defects including genetic, congenital, or acquired disorders;
29 developmental disabilities; and chronic illnesses such as diabetes,
30 sickle cell disease, cystic fibrosis, muscular dystrophy, and cerebral
31 palsy. Children who have these disorders, as diagnosed by their
32 primary care or specialty physician, should be eligible for the
33 Washington state children's health insurance program with minimal
34 ongoing evaluation. There are other conditions that will be severe
35 initially but improve over time as a result of appropriate treatment.
36 These children will require extensive medical services and extensive
37 family management for a limited time. Examples of these conditions are
38 malignancies, chronic respiratory disease of prematurity, and severe
39 injuries. Children with these conditions should be initially eligible

1 for the children's health insurance program. To continue in the
2 children's health insurance program eligibility must be reviewed on an
3 annual basis by a physician experienced in children with special health
4 care needs. Additionally, if appropriate, a review of family
5 management needs would be conducted by a health/social service provider
6 experienced in working with families of children with special health
7 care needs.

8 (6) "Nonsubsidized enrollee" means an individual, or an individual
9 plus the individual's spouse or dependent children: (a) Who is not
10 eligible for medicare; (b) who is not confined or residing in a
11 government-operated institution, unless he or she meets eligibility
12 criteria adopted by the administrator; (c) who resides in an area of
13 the state served by a managed health care system participating in the
14 plan; (d) who chooses to obtain basic health care coverage from a
15 particular managed health care system; and (e) who pays or on whose
16 behalf is paid the full costs for participation in the plan, without
17 any subsidy from the plan.

18 (~~(6)~~) (7) "Subsidy" means the difference between the amount of
19 periodic payment the administrator makes to a managed health care
20 system on behalf of a subsidized or children's health initiative
21 enrollee plus the administrative cost to the plan of providing the plan
22 to that subsidized or children's health initiative enrollee, and the
23 amount determined to be the subsidized or children's health initiative
24 enrollee's responsibility under RCW 70.47.060(2).

25 (~~(7)~~) (8) "Premium" means a periodic payment, based upon gross
26 family income which an individual, their employer or another financial
27 sponsor makes to the plan as consideration for enrollment in the plan
28 as a subsidized (~~enrollee or a~~), children's health initiative, or
29 nonsubsidized enrollee.

30 (~~(8)~~) (9) "Rate" means the per capita amount, negotiated by the
31 administrator with and paid to a participating managed health care
32 system, that is based upon the enrollment of subsidized, children's
33 health initiative, and nonsubsidized enrollees in the plan and in that
34 system.

35 **Sec. 3.** RCW 70.47.030 and 1995 2nd sp.s. c 18 s 913 are each
36 amended to read as follows:

37 (1) The basic health plan trust account is hereby established in
38 the state treasury. Any nongeneral fund-state funds collected for this

1 program shall be deposited in the basic health plan trust account and
2 may be expended without further appropriation. Moneys in the account
3 shall be used exclusively for the purposes of this chapter, including
4 payments to participating managed health care systems on behalf of
5 enrollees in the plan and payment of costs of administering the plan.

6 During the 1995-97 fiscal biennium, the legislature may transfer
7 funds from the basic health plan trust account to the state general
8 fund.

9 (2) The basic health plan subscription account is created in the
10 custody of the state treasurer. All receipts from amounts due from or
11 on behalf of nonsubsidized enrollees shall be deposited into the
12 account. Funds in the account shall be used exclusively for the
13 purposes of this chapter, including payments to participating managed
14 health care systems on behalf of nonsubsidized enrollees in the plan
15 and payment of costs of administering the plan. The account is subject
16 to allotment procedures under chapter 43.88 RCW, but no appropriation
17 is required for expenditures.

18 (3) The administrator shall take every precaution to see that none
19 of the funds in the separate accounts created in this section or that
20 any premiums paid either by subsidized, children's health initiative,
21 or nonsubsidized enrollees are commingled in any way, except that the
22 administrator may combine funds designated for administration of the
23 plan into a single administrative account.

24 **Sec. 4.** RCW 70.47.060 and 1998 c 314 s 17 and 1998 c 148 s 1 are
25 each reenacted and amended to read as follows:

26 The administrator has the following powers and duties:

27 (1) To design and from time to time revise a schedule of covered
28 basic health care services, including physician services, inpatient and
29 outpatient hospital services, prescription drugs and medications, and
30 other services that may be necessary for basic health care. In
31 addition, the administrator may, to the extent that funds are
32 available, offer as basic health plan services chemical dependency
33 services, mental health services and organ transplant services;
34 however, no one service or any combination of these three services
35 shall increase the actuarial value of the basic health plan benefits by
36 more than five percent excluding inflation, as determined by the office
37 of financial management. All subsidized, children's health initiative,
38 and nonsubsidized enrollees in any participating managed health care

1 system under the Washington basic health plan shall be entitled to
2 receive covered basic health care services in return for premium
3 payments to the plan. The schedule of services shall emphasize proven
4 preventive and primary health care and shall include all services
5 necessary for prenatal, postnatal, and well-child care. However, with
6 respect to coverage for groups of subsidized enrollees who are eligible
7 to receive prenatal and postnatal services through the medical
8 assistance program under chapter 74.09 RCW, the administrator shall not
9 contract for such services except to the extent that such services are
10 necessary over not more than a one-month period in order to maintain
11 continuity of care after diagnosis of pregnancy by the managed care
12 provider. The schedule of services shall also include a separate
13 schedule of basic health care services for children, eighteen years of
14 age and younger, for those subsidized, children's health initiative, or
15 nonsubsidized enrollees who choose to secure basic coverage through the
16 plan only for their dependent children. In designing and revising the
17 schedule of services, the administrator shall consider the guidelines
18 for assessing health services under the mandated benefits act of 1984,
19 RCW 48.47.030, and such other factors as the administrator deems
20 appropriate. Consistent with RCW 70.47.010(4)(e), the administrator
21 shall design the children's health initiative program with benefit
22 structures that comply with P.L. 105-33, Subtitle J, the state
23 children's health insurance program under Title XXI of the federal
24 social security act and that may differ from the benefit structures
25 offered to subsidized and nonsubsidized enrollees.

26 However, with respect to coverage for subsidized enrollees who are
27 eligible to receive prenatal and postnatal services through the medical
28 assistance program under chapter 74.09 RCW, the administrator shall not
29 contract for such services except to the extent that the services are
30 necessary over not more than a one-month period in order to maintain
31 continuity of care after diagnosis of pregnancy by the managed care
32 provider.

33 (2)(a) To design and implement a structure of periodic premiums due
34 the administrator from subsidized and children's health initiative
35 enrollees that is based upon gross family income, giving appropriate
36 consideration to family size and the ages of all family members. The
37 enrollment of children shall not require the enrollment of their parent
38 or parents who are eligible for the plan. The structure of periodic
39 premiums shall be applied to subsidized and children's health

1 initiative enrollees entering the plan as individuals pursuant to
2 subsection (9) of this section and to the share of the cost of the plan
3 due from subsidized enrollees entering the plan as employees pursuant
4 to subsection (~~((10))~~) (11) of this section.

5 (b) To determine the periodic premiums due the administrator from
6 nonsubsidized enrollees. Premiums due from nonsubsidized enrollees
7 shall be in an amount equal to the cost charged by the managed health
8 care system provider to the state for the plan plus the administrative
9 cost of providing the plan to those enrollees and the premium tax under
10 RCW 48.14.0201.

11 (c) An employer or other financial sponsor may, with the prior
12 approval of the administrator, pay the premium, rate, or any other
13 amount on behalf of a subsidized or nonsubsidized enrollee, by
14 arrangement with the enrollee and through a mechanism acceptable to the
15 administrator.

16 (d) To develop, as an offering by every health carrier providing
17 coverage identical to the basic health plan, as configured on January
18 1, 1996, a basic health plan model plan with uniformity in enrollee
19 cost-sharing requirements.

20 (3) To design and implement a structure of enrollee cost sharing
21 due a managed health care system from subsidized, children's health
22 initiative, and nonsubsidized enrollees. The structure shall
23 discourage inappropriate enrollee utilization of health care services,
24 and may utilize copayments, deductibles, and other cost-sharing
25 mechanisms, but shall not be so costly to enrollees as to constitute a
26 barrier to appropriate utilization of necessary health care services.

27 (4) To limit enrollment of persons who qualify for subsidies so as
28 to prevent an overexpenditure of appropriations for such purposes.
29 Whenever the administrator finds that there is danger of such an
30 overexpenditure, the administrator shall close enrollment until the
31 administrator finds the danger no longer exists.

32 (5) To limit the payment of subsidies to subsidized and children's
33 health initiative enrollees, as defined in RCW 70.47.020. The level of
34 subsidy provided to persons who qualify may be based on the lowest cost
35 plans, as defined by the administrator.

36 (6) To adopt a schedule for the orderly development of the delivery
37 of services and availability of the plan to residents of the state,
38 subject to the limitations contained in RCW 70.47.080 or any act
39 appropriating funds for the plan.

1 (7) To solicit and accept applications from managed health care
2 systems, as defined in this chapter, for inclusion as eligible basic
3 health care providers under the plan. The administrator shall endeavor
4 to assure that covered basic health care services are available to any
5 enrollee of the plan from among a selection of two or more
6 participating managed health care systems. In adopting any rules or
7 procedures applicable to managed health care systems and in its
8 dealings with such systems, the administrator shall consider and make
9 suitable allowance for the need for health care services and the
10 differences in local availability of health care resources, along with
11 other resources, within and among the several areas of the state.
12 Contracts with participating managed health care systems shall ensure
13 that basic health plan enrollees who become eligible for medical
14 assistance may, at their option, continue to receive services from
15 their existing providers within the managed health care system if such
16 providers have entered into provider agreements with the department of
17 social and health services.

18 (8) To receive periodic premiums from or on behalf of subsidized,
19 children's health initiative, and nonsubsidized enrollees, deposit them
20 in the basic health plan operating account, keep records of enrollee
21 status, and authorize periodic payments to managed health care systems
22 on the basis of the number of enrollees participating in the respective
23 managed health care systems.

24 (9) To accept applications from individuals residing in areas
25 served by the plan, on behalf of themselves and their spouses and
26 dependent children, for enrollment in the Washington basic health plan
27 as subsidized or nonsubsidized enrollees, to establish appropriate
28 minimum-enrollment periods for enrollees as may be necessary, and to
29 determine, upon application and on a reasonable schedule defined by the
30 authority, or at the request of any enrollee, eligibility due to
31 current gross family income for sliding scale premiums. Funds received
32 by a family as part of participation in the adoption support program
33 authorized under RCW 26.33.320 and 74.13.100 through 74.13.145 shall
34 not be counted toward a family's current gross family income for the
35 purposes of this chapter. When an enrollee fails to report income or
36 income changes accurately, the administrator shall have the authority
37 either to bill the enrollee for the amounts overpaid by the state or to
38 impose civil penalties of up to two hundred percent of the amount of
39 subsidy overpaid due to the enrollee incorrectly reporting income. The

1 administrator shall adopt rules to define the appropriate application
2 of these sanctions and the processes to implement the sanctions
3 provided in this subsection, within available resources. No subsidy
4 may be paid with respect to any enrollee whose current gross family
5 income exceeds twice the federal poverty level or, subject to RCW
6 70.47.110, who is a recipient of medical assistance or medical care
7 services under chapter 74.09 RCW. If a number of enrollees drop their
8 enrollment for no apparent good cause, the administrator may establish
9 appropriate rules or requirements that are applicable to such
10 individuals before they will be allowed to reenroll in the plan.

11 (10) To accept applications from individuals residing in areas
12 served by the plan, on behalf of their dependent children, for
13 enrollment as children's health initiative enrollees, to establish
14 appropriate minimum-enrollment periods for enrollees as may be
15 necessary, and to determine, upon application and on a reasonable
16 schedule defined by the authority, or at the request of any enrollee,
17 eligibility due to current gross family income. No assistance may be
18 paid with respect to any children's health initiative enrollee whose
19 current gross family income is less than two hundred percent or greater
20 than two hundred fifty percent of the federal poverty level or, subject
21 to RCW 70.47.110, who is a recipient of medical assistance or medical
22 care services under chapter 74.09 RCW. If, as a result of an
23 eligibility review, the administrator determines that a children's
24 health initiative enrollee's gross family income is greater than two
25 hundred fifty percent of the federal poverty level and that the
26 enrollee knowingly failed to inform the plan of such increase in
27 income, the administrator may bill the enrollee for the assistance paid
28 on the enrollee's behalf during the period of time that the enrollee's
29 gross family income was greater than two hundred fifty percent of the
30 federal poverty level. If a number of enrollees drop their enrollment
31 for no apparent good cause, the administrator may establish appropriate
32 rules or requirements that are applicable to such individuals before
33 they will be allowed to reenroll in the plan.

34 (11) To accept applications from business owners on behalf of
35 themselves and their employees, spouses, and dependent children, as
36 subsidized or nonsubsidized enrollees, who reside in an area served by
37 the plan. The administrator may require all or the substantial
38 majority of the eligible employees of such businesses to enroll in the
39 plan and establish those procedures necessary to facilitate the orderly

1 enrollment of groups in the plan and into a managed health care system.
2 The administrator may require that a business owner pay at least an
3 amount equal to what the employee pays after the state pays its portion
4 of the subsidized premium cost of the plan on behalf of each employee
5 enrolled in the plan. Enrollment is limited to those not eligible for
6 medicare who wish to enroll in the plan and choose to obtain the basic
7 health care coverage and services from a managed care system
8 participating in the plan. The administrator shall adjust the amount
9 determined to be due on behalf of or from all such enrollees whenever
10 the amount negotiated by the administrator with the participating
11 managed health care system or systems is modified or the administrative
12 cost of providing the plan to such enrollees changes.

13 ~~((11))~~ (12) To determine the rate to be paid to each
14 participating managed health care system in return for the provision of
15 covered basic health care services to enrollees in the system.
16 Although the schedule of covered basic health care services will be the
17 same for similar enrollees, the rates negotiated with participating
18 managed health care systems may vary among the systems. In negotiating
19 rates with participating systems, the administrator shall consider the
20 characteristics of the populations served by the respective systems,
21 economic circumstances of the local area, the need to conserve the
22 resources of the basic health plan trust account, and other factors the
23 administrator finds relevant.

24 ~~((12))~~ (13) To monitor the provision of covered services to
25 enrollees by participating managed health care systems in order to
26 assure enrollee access to good quality basic health care, to require
27 periodic data reports concerning the utilization of health care
28 services rendered to enrollees in order to provide adequate information
29 for evaluation, and to inspect the books and records of participating
30 managed health care systems to assure compliance with the purposes of
31 this chapter. In requiring reports from participating managed health
32 care systems, including data on services rendered enrollees, the
33 administrator shall endeavor to minimize costs, both to the managed
34 health care systems and to the plan. The administrator shall
35 coordinate any such reporting requirements with other state agencies,
36 such as the insurance commissioner and the department of health, to
37 minimize duplication of effort.

38 ~~((13))~~ (14) To evaluate the effects this chapter has on private
39 employer-based health care coverage and to take appropriate measures

1 consistent with state and federal statutes that will discourage the
2 reduction of such coverage in the state.

3 (~~(14)~~) (15) To develop a program of proven preventive health
4 measures and to integrate it into the plan wherever possible and
5 consistent with this chapter.

6 (~~(15)~~) (16) To provide, consistent with available funding,
7 assistance for rural residents, underserved populations, and persons of
8 color.

9 (~~(16)~~) (17) In consultation with appropriate state and local
10 government agencies, to establish criteria defining eligibility for
11 persons confined or residing in government-operated institutions.

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