

2007 Fact Sheet:

SB 5093: A roadmap to health care

THE BACKGROUND: CHILD HEALTH-CARE ACT OF 2007

In 2005, Governor Gregoire outlined three major health goals to improve the health of Washington residents and to make our state a national leader in health care:

- **Improving the quality and efficiency of health care in Washington;**
- **Making Washington the healthiest state in the nation**
- **Covering all children in Washington with health insurance by 2010.**

An overriding theme of the Governor's health-care agenda is our state's commitment to improving the health of Washington's children and guaranteeing them a "medical home" – a reliable provider who can oversee and coordinate health care for an individual or a family. When children have access to cost-effective, preventive health care and when families have strong ties to a medical home, tomorrow's citizens will have an unprecedented capacity to become productive adults in the 21st century. Access to health coverage means healthier kids; healthier kids mean healthier, more productive adults.

On March 13, 2007, the state took a significant step forward on this roadmap when Governor Gregoire signed into law the Child Health-Care Act that outlines a number of health care improvements and objectives over the coming biennium. The Governor said the bill "recognizes the importance of access to appropriate health services, and improved health status is linked to directly to a productive and successful next generation. The state, in collaboration with parents, schools, communities, health plans and providers will take steps to improve health outcomes for the children of Washington by linking children with a medical home, identifying health improvement goals for children and linking innovative purchasing strategies to those goals."

SSSB 5093: PREPARING FOR THE JOB AHEAD

The new law sets out a number of strategic changes in health care, including:

- Starting July 22, 2007, state-subsidized coverage will be available to all children in families up to 250% of the Federal Poverty Level (FPL).
- Starting January 1, 2009, subsidized coverage will be available to children in families up to 300% FPL. In addition, families above 300% FPL will be able to buy into Medicaid coverage by paying its full cost.
- Simplifying the application process for state medical assistance.
- Completing a feasibility study for an on-line application.
- Implementing a proactive outreach campaign to enroll uninsured children in health coverage and to improve the health literacy of both youth and parents.
- Contracting with community-based organizations to help children get health-care coverage.
- Increasing the number of primary care physicians providing dental disease preventive services.
- Developing performance indicators to identify whether children have an effective medical home
- Rewarding good providers through reimbursements and other incentives.
- Supporting healthy food choices and improved physical fitness in the schools, and creating a special legislative task force to study school health reforms.
- The 2007-09 budget provides funding to coverage an additional 38,500 children by June 2009 at a cost of \$61 million.

A TIMETABLE FOR CHANGE

The Department of Social and Health Services (DSHS) and other state health agencies are beginning immediately to plan for the phased implementation of these changes and to start laying the groundwork for the long-term reforms mandated by the new law.

Here are the major planning steps:

- **SPRING 2007: STAKEHOLDER CONTACTS** -- Discussions with key stakeholders are beginning on other implementation strategies, and DSHS is taking the lead on organizing state workgroups to coordinate planning.
- **JULY 22, 2007: EXPANDED ELIGIBILITY** -- The most pressing deadline is to begin enrolling newly eligible children on July 22, the effective date of the legislation. Families with children already known to be eligible for services will receive new enrollment information in early July.
- **FALL 2007: OUTREACH PLANNING** -- DSHS is drawing up a work plan for outreach that will involve stakeholder input.
- **WINTER 2007: OUTREACH REPORT** -- A legislative report on outreach activities, timing and planning is due to the Legislature at the end of 2007, with the major outreach campaign to be launched in 2008.
- **2007-2009: PERFORMANCE MEASURES:** DSHS has begun the process to identify stakeholder representatives who can help identify a set of performance measures that would be used starting in 2009 to link quality improvement measures with provider rate increases. This group is expected to hold its first meeting in late May/early June. Members will work with department and other agencies' staff to develop the mechanisms to support a new reimbursement strategy that ties payment to performance.

STAKEHOLDER PARTICIPATION:

Implementation of the Child Health-Care Act of 2007 will be a cross-agency effort with input from many individuals and organizations. It will take the efforts of both the public and private sectors to achieve these goals -- improved access to coverage, linkage to medical homes, and the assurance that each child in our state has access to appropriate health care services by 2010.

Planning for these changes is crucial, and the state is trying to compile the broadest representation of stakeholders as possible. If you or your organization would like to be part of this effort, please contact MaryAnne Lindeblad, Director of Healthcare Services, Health and Recovery Services Administration, DSHS by e-mail (lindem@dshs.wa.gov) or phone (1-360-725-1630.).

2007 FEDERAL POVERTY LEVELS

100% FPL ceiling for a family of four -- \$20,650
200% FPL ceiling for a family of four -- \$41,300
250% FPL ceiling for a family of four -- \$51,635
300% FPL ceiling for a family of four -- \$61,950