



2009 Legislative Session Review

Summary

This session we called upon policymakers to preserve our investments in children's health and take advantage of opportunities provided by recent changes in federal law. In a challenging budget year, the state protected a planned extension of Apple Health for Kids to uninsured children living in families earning up to 300 percent of the federal poverty level and invested \$850,000 in outreach to let families know about Apple Health and how to apply for it. The Apple Health for Kids Act (HB 2128) passed, making it easier for uninsured kids to get and stay covered.

Background

During the past year, the Children's Alliance and the Health Coalition for Children and Youth focused on implementation of the 2007 Cover All Kids law. At the end of 2008, over 55,000 kids had enrolled in Apple Health, but nearly 78,000 remained uninsured.

With the support of most of Washington's Congressional delegation as well as Governor Chris Gregoire, President Barack Obama

signed the Children's Health Insurance Program Reauthorization Act (CHIPRA) in February 2009. CHIPRA provides significant additional funds for Apple Health for Kids (estimated at nearly \$570 million over the next five years). It also requires improvements in enrollment, retention and administration, with the potential to bring further funding to the state through performance bonuses and outreach grants.

In addition, the federal stimulus act provided Washington with an additional \$2 billion for Medicaid programs.

What happened

Because of the worsening budget crisis as the session progressed, the Children's Alliance and HCCY shifted our efforts to preservation of a key element of Apple Health for Kids. The original Cover All Kids law specified that children living in families earning between 250 and 300 percent of the federal poverty level would become eligible for Apple Health coverage in January 2009.

However, in December 2008, hundreds of families who had applied for and received notice that their coverage was set to start in the new year got notices that their children would not, in fact, be covered. Due to a looming state budget deficit, that part of the Apple Health for Kids program was suspended. The Children's Alliance and HCCY immediately began working to restore this coverage, including recruiting families to tell their stories about the cut's impacts.

On February 18, two weeks after President Obama signed CHIPRA, the Governor signed House Bill 1694, which clarified the Legislature's intent to continue coverage for children up to 300 percent of the poverty level, and we learned that the state was reversing the cuts to Apple Health.



Ruth Schubert

The Children's Alliance and members of the Health Coalition for Children and Youth lobbied hard to pass [House Bill 2128](#), sponsored by Rep. Larry Seaquist. We emphasized the potential to draw down additional federal funds. CHIPRA provides incentives for improving enrollment and renewal rates, identifying potentially eligible children already enrolled in other public benefits programs, and streamlining the renewal process; House Bill 2128 included these elements.

House Bill 2128 also established the buy-in portion of Apple Health, as called for under the Cover All Kids law. Beginning in January 2010, families earning over 300 percent of the poverty level will be able to buy insurance coverage for their children, who will receive benefits similar to the rest of Apple Health's. The bill also calls for reports to the Legislature on program administration and health outcomes in September 2009.

House Bill 2128 also called for a single staff person to serve as a coordinator for Apple Health and develop criteria to measure health outcomes among enrolled children. The Governor vetoed this section, objecting to its being made a legal requirement. However, in a statement, she committed to appointing an Apple Health point person.

The budget funded the anticipated Apple Health caseload for the next two years and included \$850,000 for outreach. Every outreach dollar the state spends will be matched by two dollars from the federal government, adding up to \$2.4 million for outreach.

Among other health-related bills, House Bill 1373 stipulated that children in Apple Health for Kids receive coverage for up to 20 mental health visits; funding was allocated in the budget (\$19 million). Senate Bill 5945, regarding the Washington Health Partnership Plan provided a list of criteria for health care reform efforts, including the goal to provide all residents with access to affordable, effective health care by 2014.

Finally, the state's Health Care Authority is now authorized to accept applications for

public assistance programs with electronic signatures, thanks to House Bill 1270. This will be more convenient for applicants, increase government efficiency (thereby reducing costs), and hasten response times.

Impact

Research has found that when public insurance programs lift income limits for coverage, a majority of new enrollees are children who were already eligible under the lower limits; this is called the welcome-mat effect. So extending eligibility will help get more low-income children covered.

Outreach monies, both state and federal, will further extend Apple Health's welcome mat to the hardest-to-reach and most underprivileged families. The funding includes translation services at each stage of the process, helping families enroll, find and use services, and renew coverage.

However, broader cuts to health care in the state will hurt children. The Health Care Authority was given discretion to decide which 40,000 adult Washingtonians would lose coverage as Basic Health is slashed. The final budget also drastically cut payments to hospitals, providers, and clinics, and sets out to eliminate the Universal Purchase vaccine program in early 2010.

Next steps

In the next year, the Children's Alliance and HCCY will focus on implementing 2128. We will advocate to make sure the state leverages the maximum federal funds by meeting the requirements of CHIPRA, including implementation of practices to boost enrollment and retention. We will also advocate with DSHS to ensure successful development of the buy-in program for children in families earning over 300 percent of the federal poverty level.

Resources

To apply for Apple Health coverage:
www.parenthelp123.org