

2007 Fact Sheet:

Key HRSA health-care measures

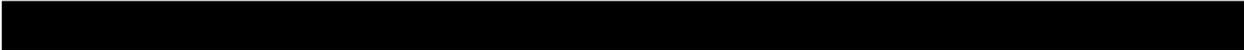
Here are the tasks set for the Health and Recovery Services Administration (HRSA) in major health-care bills passed by the 2007 Legislature.

SSSB 5093: CHILDREN'S HEALTH CARE ACT

- Move toward consistent eligibility and programmatic standards for different existing programs available to cover children. All children should be able to access comprehensive coverage, with sliding scale state health insurance for all children in families with incomes below 300% of Federal Poverty Level (FPL).
- Starting July 22, 2007, state-subsidized coverage will be available to all children in families up to 250% of 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.
- Simplify the application process: Eliminate waiting lists, cut red tape, study feasibility of an on-line application, and implement a proactive outreach campaign to enroll uninsured children in health coverage and to improve the health literacy of both youth and parents.
- Contract with community-based organizations to help children get health-care coverage.
- Increase the number of primary care physicians providing preventive dental services.
- Develop performance indicators to identify effective medical homes.
- Support 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 cover an additional 38,500 children by June 2009 at an estimated cost of \$61 million.

SSSB 5039: CODIFYING BLUE RIBBON COMMISSION RECOMMENDATIONS

- Health Care Authority and DSHS will prepare a five-year plan to reward quality and reinforce evidence-based practices, encourage primary care, promote technology and integrate disease and accident prevention in state medical assistance programs.
- Report to Legislature on ER use, including ways to reduce inappropriate utilization.
- Design and implement medical homes for the aged, blind and disabled, focused on chronic care management and best practices.
- Explore alternative benefit designs, including health opportunity accounts allowed under Deficit Reduction Act (DRA), expand enrollment in employer-sponsored insurance, and premium assistance for the States' Children's Health Insurance Program (SCHIP).
- Establishment of a statewide quality forum with Health Care Authority including dissemination of quality information and practice variation.
- Implement pilots with health record banks and promote acceptance of electronic medical records and health information exchange.
- State employee benefit adds unmarried dependants for employees up to age 25.
- HRSA in collaboration with other state agencies will develop a five year plan to integrate disease prevention and health prevention into programs.



2SHB 1088: CHILDREN'S MENTAL HEALTH BILL

- Develop outcome-based performance measures to reinforce evidence-based practices.
- Prepare an expanded and revised children's mental health benefit package for consideration by the 2009 Legislature.
- Review use of psychiatric drugs in children under 5, improve screening overall to identify children at high risk from off-label drug use or high dosages, and develop procedures to evaluate treatment.
- Study the possibility of using a State Plan Amendment that would allow Title XIX funds to be matched with medical expenditures in juvenile rehabilitation institutions. Implement expedited medical eligibility for youth who are released from those institutions.
- Develop six pilot projects around the state in cooperation with the Evidence-Based Practice Institute at the University of Washington to support accurate diagnosis and treatment by primary care providers.
- Revise procedures in both managed care and fee-for-service to ensure that all outpatient therapy is provided by licensed mental health professionals.
- Increase the number of providers eligible to provide services to Medicaid children.