



STATE OF WASHINGTON  
Office of the Governor

April 25, 2017

The Honorable Patty Murray, U.S. Senator  
The Honorable Adam Smith, U.S. Rep.  
The Honorable Cathy McMorris Rodgers, U.S. Rep.  
The Honorable Jaime Herrera Beutler, U.S. Rep.  
The Honorable Denny Heck, U.S. Rep.  
The Honorable Dan Newhouse, U.S. Rep.  
United States Senate  
U.S. Capitol  
Washington, DC 20510

The Honorable Maria Cantwell, U.S. Senator  
The Honorable Rick Larsen, U.S. Rep.  
The Honorable Dave Reichert, U.S. Rep.  
The Honorable Suzan DelBene, U.S. Rep.  
The Honorable Derek Kilmer, U.S. Rep.  
The Honorable Pramila Jayapal, U.S. Rep.  
House of Representatives  
U.S. Capitol  
Washington, DC 20515

Re: Reauthorization of the Children's Health Insurance Program (CHIP), Maternal, Infant & Early Childhood Home Visiting (MIECHV) Program, and Community Health Center Fund (CHFC)

Dear Members of the Washington State Congressional Delegation:

I am writing to urge your support for swift congressional action to reauthorize the Children's Health Insurance Program (CHIP), the Maternal, Infant and Early Childhood Home Visiting (MIECVH) Program, and the Community Health Center Fund (CHFC). These programs provide essential health and child development services for hundreds of thousands of Washingtonians each year.

These federal programs were reauthorized together with strong bipartisan support in 2015, as a part of the *Medicare Access and CHIP Reauthorization Act*, but each is scheduled to expire or run out of funding this year. Congress must move quickly to extend these programs, well before their scheduled deadlines, to allow states and other program partners to be able to plan for and best serve our communities. Passage of multi-year extensions of these programs would be most beneficial for our state.

### CHIP

The Children's Health Insurance Program (CHIP) provides access to essential health care services for over 60,000 Washington children each year. Federal funding for CHIP has not been approved beyond September, and its expiration would create significant disruptions in care and coverage of some of our state's most vulnerable residents enrolled in the Apple Health for Kids program. Furthermore, the looming uncertainty surrounding the program's ongoing funding is a challenge amidst our 2017 legislative session's efforts to reach a balanced budget for the new fiscal year beginning July 1.

Since 2000, Washington's low-income families have relied upon CHIP to provide their children with access to affordable, comprehensive group health coverage delivered through a statewide network of health care providers. CHIP has helped drive the rate of uninsured children in Washington to less than 3 percent - one of the lowest rates in the country. CHIP coverage costs less on a per-child basis than federal subsidies for purchase of plans through health exchanges. If CHIP funding is not extended it could increase federal costs for ensuring coverage of Washington children.

In extending CHIP's authorization, Congress should include the 23 percent additional enhanced federal match rate provided under current federal law. CHIP should also be extended for multiple years. I was



pleased to see HHS Secretary Tom Price suggest that Congress should extend CHIP for 8 years, in testimony before Congress. Similarly, the U.S. Medicaid and CHIP Payment and Access Commission and the Bipartisan Policy Center have said Congress should reauthorize CHIP for four and five years, respectively. I urge Congress to extend CHIP for at least four years. Extending CHIP would give us much needed budget and planning certainty and would ensure the continued coverage of over 60,000 children in our state.

### MIECHV

The Maternal, Infant and Early Childhood Home Visiting (MIECVH) Program serves to improve maternal and child health, prevent child abuse and neglect, and promote development and school readiness for Washington families. MIECHV provides financial support to states and tribal nations to develop and implement local home visiting programs, through which families receive direct at-home assistance from health, social service, and child development professionals. This program is evidence-based and voluntary, and allows each state and local community to tailor a program that best meets the needs of their communities. By electing to participate in the MIECHV program, pregnant women and families - particularly those considered most at-risk - are provided the necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn.

In federal fiscal year 2016, Washington received approximately \$10.1 million from MIECHV and used it to reach over 1,650 families in 15 counties with over 18,000 home visits. This program has supported approximately 1,375 home-visiting professionals (through Parents as Teachers and Nurse-Family Partnership) in the state's highest-risk communities as identified in a rigorous needs assessment required by the program. MIECHV funds have also supported the Implementation Hub at Thrive Washington, which provides coaching, training and technical assistance to ensure high-quality home visiting.

According to the Washington State Home Visiting Coalition, home visiting programs result in 50 percent lower likelihood of child abuse and neglect. However, only 1 in 4 of Washington's 37,000 eligible families receives home visiting services – leaving more than 29,000 families unserved. This program has demonstrated success, and it is my hope that its extension, and expansion, will provide continued federal support for families in our state.

### CHCF

The Community Health Center Fund (CHCF) provides funding for Federally Qualified Health Centers (FQHCs) that provide important primary, dental and behavioral health care and supportive services in medically underserved areas, regardless of an individual's ability to pay. The CHCF supports community and migrant health centers and teaching health centers, as well as the National Health Service Corps. In federal fiscal year 2015, Washington's FQHCs received \$98.8 million in grants from the CHCF. However, the program's authorization will expire on September 30, 2017, unless Congress takes further action.

In Washington State, the CHCF supports operations at 28 community and migrant health centers. In 2015, these centers served 971,099 patients with high-quality, cost-efficient care, through nearly 4 million visits at 267 different service delivery locations. Thirty-two percent of Washington's FQHCs patients were children, and 65 percent of them lived at or below the federal poverty level. Some health centers are focused on special populations, including individuals and families experiencing homelessness, migratory and seasonal agricultural workers, and residents of public housing. These centers are also a key access point for Medicaid patients, with 59 percent of FQHC patients covered by the Washington Apple Health program. FQHCs also serve a disproportionate share of uninsured Washington residents.

The CHCF also supports teaching health centers (THCs) – community-based outpatient facilities that train medical residents, and the National Health Service Corps (NHSC), which provides scholarships and loan repayments to certain health professionals in exchange for providing care in a health professional shortage area. These initiatives have proven invaluable in ensuring health care access for Washingtonians living in

rural and low-income communities and in developing a twenty-first century health care workforce. Washington is home to seven THCs and 368 clinicians supported by the NHSC. The elimination of these programs could make it harder for residents in our state to access the health care that they need.

Extension of each of these programs is vital for continuing the health care and social services that hundreds of thousands of Washingtonians count on each year.

Finally, I wish to express my opposition to the proposal, put forward by some, which would have Congress reduce funding for Medicaid as a way to “pay for” the costs of extending these important programs. Medicaid provides vital health and long-term care coverage for approximately 1.9 million Washingtonians. In the strongest terms, I urge Congress not to undermine the Medicaid program through direct funding reductions or by changing it into a block grant or per capita cap, which would have the same effect.

I urge your support and thank you for your consideration. Please contact Sam Ricketts, Director of my Washington, DC Office, at [sam.ricketts@gov.wa.gov](mailto:sam.ricketts@gov.wa.gov) or 202.624.3691, if you have any questions or would like more information about these programs.

Very truly yours,

A handwritten signature in black ink, appearing to read "Jay Inslee". The signature is fluid and cursive, with a large initial "J" and "I".

Jay Inslee  
Governor

cc: Dorothy Teeter, Director, Washington State Health Care Authority  
Ross Hunter, Director, Washington State Department of Early Learning  
John Wiesman, Secretary, Washington State Department of Health