# HOUSE BILL REPORT HCR 4404

# As Reported by House Committee On:

Health Care & Wellness

**Brief Description**: Continuing the work of the joint select committee on health reform implementation.

**Sponsors**: Representatives Schmick, Cody, Hinkle and Frockt.

**Brief History:** 

**Committee Activity:** 

Health Care & Wellness: 2/7/11, 2/10/11 [DPS].

## **Brief Summary of Substitute Bill**

• Continues the Joint Select Committee on Health Reform Implementation until June 30, 2014.

#### HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

**Majority Report**: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 11 members: Representatives Cody, Chair; Jinkins, Vice Chair; Schmick, Ranking Minority Member; Hinkle, Assistant Ranking Minority Member; Bailey, Clibborn, Green, Harris, Kelley, Moeller and Van De Wege.

Staff: Chris Cordes (786-7103).

# Background:

Enacted in 2010, the federal Patient Protection and Affordable Care Act (PPAC Act), along with the Health Care and Education Reconciliation Act, provides for a wide variety of changes in health care and health insurance over the next several years.

Soon after enactment of the PPAC Act, the Governor's Health Care Cabinet (Cabinet) began coordinating health reform efforts among the state agencies and convening work groups to assist the Cabinet in understanding the administrative and policy impacts. In addition, the Realization Committee, established in December 2009 by the Office of the Insurance

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Commissioner, has been functioning as a forum for the consideration of health insurance exchanges and insurance market reforms.

In 2010 the State Omnibus Operating Appropriations Act (Engrossed Substitute Senate Bill 6444) established a Joint Select Committee on Health Reform Implementation (Joint Select Committee) to review policies related to health reform. The Joint Select Committee met four times during the 2010 legislative interim and formed three advisory groups on workforce, exchange and insurance reforms, and low-income coverage. In addition to receiving reports and recommendations from these advisory groups, the Joint Select Committee received updates and recommendations from other state agencies working on aspects of health reform, including the Governor's Office, the Office of the Insurance Commissioner, the Health Care Authority, and the Department of Social and Health Services.

The authorization for	or the Joint Se	elect Committee	expires June	30, 2011.

## **Summary of Substitute Bill:**

The Joint Select Committee on Health Reform Implementation (Joint Select Committee) is continued. The Joint Select Committee will continue to be co-chaired by the chairs of the health committees of the House and Senate. The leadership of the two largest caucuses of the House and Senate will each appoint two additional legislators to serve on the Joint Select Committee. The Governor will be invited to appoint a non-voting liaison member.

The co-chairs may direct the formation of advisory committees to focus on specific topic areas, including insurance regulation, access and expansion of public and private programs, cost containment, and workforce issues. Interested stakeholders and experts may be invited to advise the Joint Select Committee.

Participation in the Joint Select Committee is without compensation.

The Joint Select Committee expires on or before June 30, 2014.

#### **Substitute Bill Compared to Original Bill:**

The substitute resolution adds that (1) the Governor will be invited to appoint a non-voting liaison member to the Joint Select Committee; and (2) an additional advisory committee on cost containment may be formed.

**Appropriation**: None.

**Fiscal Note**: Not requested.

**Staff Summary of Public Testimony:** 

(In support) The Joint Select Committee process has been inclusive and bipartisan with effective outreach and no pre-judging of outcomes. It has been complimentary to the other processes that are ongoing. Elected officials should be very involved and keep the public and stakeholders involved. Designing the exchange should be done in a legislative process.

(Opposed) None.

**Persons Testifying**: Patrick Connor, National Federation of Independent Business; Sydney Smith Zvara, Association of Washington Healthcare Plans; Jennifer Allen, Healthy Washington Coalition; Ingrid McDonald, Association for the Advancement of Retired Persons; Mel Sorensen, American's Health Insurance Plans, Washington Association of Health Underwriters, and National Association of Insurance and Financial Advisors; Scott Dahlman, Washington Farm Bureau; and Chris Bandoli, Regence BlueShield.

**Persons Signed In To Testify But Not Testifying**: None.

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