**5456-S AMS NELS S1874.1 - NOT FOR FLOOR USE**

**SSB 5456** - S AMD **21**

By Senator Nelson

**NOT ADOPTED 02/28/2017**

Strike everything after the enacting clause and insert the following:

"NEW SECTION. **Sec.**  The legislature finds that medical debt is a significant problem impacting a person's ability to work, maintain their home, and provide for themselves and their families. The legislature further finds that understanding the causes and impacts of medical debt on Washington residents is an important first step in developing policy options to address this serious issue.

NEW SECTION. **Sec.**  (1) A legislative task force on medical debt is established, with nine members appointed as follows:

(a) The president of the senate must appoint one member from each of the two largest caucuses of the senate;

(b) The speaker of the house of representatives must appoint one member from each of the two largest caucuses of the house of representatives;

(c) The director of the department of health or the director's designee;

(d) The attorney general or the attorney general's designee;

(e) A representative from an organization representing medical service providers, appointed by the chair or cochairs;

(f) A representative from an organization representing a nonprofit community organization, appointed by the chair or cochairs; and

(g) A representative of an organization that provides charity care, appointed by the chair or cochairs.

(2) The task force must:

(a) Choose a chair or cochairs from among its legislative membership at its initial meeting. The initial meeting must be called by agreement of a majority of the appointed members;

(b) Review the scope of medical debt in Washington including the major causes of medical debt, the issues and processes that occur when medical debt goes to a collection agency, and how charity care and other services provide assistance to those in need;

(c) Provide any recommendations identified by the task force that involve statutory changes, funding recommendations, or administrative action to the legislature. If statutory changes are recommended, the task force must provide the recommendations in the form of draft legislation. Task force recommendations require the approval of a majority of the appointed members;

(d) Ensure that the task force provides ample opportunity for input from interested stakeholders.

(3) Staff support for the task force must be provided by the senate committee services and the house of representatives office of program research. The department of health must cooperate with the task force and provide information and assistance at the request of the task force.

(4) Legislative members of the task force are reimbursed for travel expenses in accordance with RCW 44.04.120. Nonlegislative members are not entitled to be reimbursed for travel expenses if they are elected officials or are participating on behalf of an employer, governmental entity, or other organization. Any reimbursement for other nonlegislative members is subject to chapter 43.03 RCW.

(5) The expenses of the task force must be paid jointly by the senate and the house of representatives. Task force expenditures are subject to approval by the senate facilities and operations committee and the house of representatives executive rules committee, or their successor committees.

(6) The task force must provide recommendations, if any, to the appropriate legislative committees, as described under subsection (2)(c) of this section and consistent with RCW 43.01.036, by November 1, 2017.

(7) This section expires June 30, 2018."

On page 1, line 1 of the title, after "accounts;" strike the remainder of the title and insert "creating new sections; and providing an expiration date."

EFFECT: Establishes a joint legislative task force on medical debt consisting of 9 total members, 4 of which are appointed from each major caucus in the House of Representatives and the Senate, the Department of Health, the Office of the Attorney General, and a representative from a medical provider, a community group, and a charity care provider. The task force must examine the size and causes of medical debt in Washington and develop recommendations by November 1, 2017.