

SENATE BILL REPORT

SHB 2841

As Reported by Senate Committee On:
Health & Long-Term Care, February 18, 2010

Title: An act relating to the standard health questionnaire.

Brief Description: Concerning the standard health questionnaire.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Hinkle, Cody, Kristiansen, Morrell and Pearson).

Brief History: Passed House: 2/10/10, 96-0.

Committee Activity: Health & Long-Term Care: 2/17/10, 2/18/10 [DPA].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass as amended.

Signed by Senators Keiser, Chair; Franklin, Vice Chair; Pflug, Ranking Minority Member; Becker, Fairley, Murray and Parlette.

Staff: Mich'l Needham (786-7442)

Background: Currently, persons wishing to purchase an individual health benefit plan must complete a standard health questionnaire unless:

- they are moving from one geographic area to another where the current health plan is not offered;
- their established health care provider is no longer in the network of the individual health plan;
- they have exhausted the Consolidated Omnibus Budget Reconciliation Act (COBRA) continuation coverage and apply within 90 days;
- they lose group coverage from a group that was exempt from COBRA requirements but had at least 24 months of continuous coverage immediately prior to disenrollment;
- they had at least 24 months of continuous coverage in the Basic Health Plan immediately prior to application; or
- they are eligible to purchase or drop COBRA continuation coverage.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Individuals who do not qualify for COBRA coverage because their employer employs fewer than 20 employees do not have to complete the standard health questionnaire if they apply for an individual health care policy within 90 days of a federally-defined qualifying event.

Summary of Bill (Recommended Amendments): Individuals who are applying for an individual health benefit plan because their employer has gone out of business do not have to take the standard health questionnaire if application is made within 90 days of the employer discontinuing group coverage, and the person had at least 24 months of continuous group coverage immediately prior to discontinuation.

EFFECT OF CHANGES MADE BY HEALTH & LONG-TERM CARE COMMITTEE (Recommended Amendments): The amendment removes the requirement that the person applying for coverage provide verifiable legal documentation of the former employer's termination of business. The requirements for application of coverage parallel the requirements for all other exemptions.

Appropriation: None.

Fiscal Note: Not requested.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony on Substitute House Bill: PRO: This provides a technical fix to make sure that it applies to people that have worked in a business that has gone out of business. It is an area we thought we captured last year but there has been some confusion.

Persons Testifying: PRO: Representative Hinkle, prime sponsor.