

HOUSE BILL REPORT

ESHCR 4404

As Amended by the Senate

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

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

Brief History:

Committee Activity:

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

Floor Activity:

Passed House: 3/4/11, 92-5.

Senate Amended.

Passed Senate: 4/12/11, 47-1.

Brief Summary of Engrossed 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; Jenkins, 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.

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.

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 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 the Joint Select Committee expires June 30, 2011.

Summary of Engrossed Substitute Bill:

The Joint Select Committee on Health Reform Implementation (Joint Select Committee) is continued. The Joint Select Committee membership will consist of the chairs of the health committees of the Senate and the House and four additional legislative members, two from the Senate and two from the House, appointed by the leadership of the two largest caucuses of the Senate and the House. The Governor will be invited to appoint a non-voting liaison member.

The co-chairs will be selected from among the legislative members, one co-chair from the Senate and one co-chair from the House who may not be from the same political caucus of the Legislature. The co-chairs may direct the formation of advisory committees to focus on specific topic areas, including insurance regulation, access to 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.

The co-chairs must establish an advisory committee to provide advice and recommendations to the Department of Social and Health Services and the Health Care Authority in the development of an implementation plan to coordinate the purchase and delivery of acute care, long-term care, and behavioral health services.

Participation in the Joint Select Committee is without compensation.

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

EFFECT OF SENATE AMENDMENT(S):

The Senate amendment (1) increases the number of members of the Joint Select Committee to five members of the Senate and five members of the House (as in the original resolution);

(2) names the chairs of the Senate and House health committees as co-chairs (instead of having the Joint Select Committee members select the co-chairs); and (3) deletes language stating that participation in the Joint Select Committee is without compensation.

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.