

CERTIFICATION OF ENROLLMENT

HOUSE BILL 1544

Chapter 205, Laws of 2011

62nd Legislature
2011 Regular Session

BASIC HEALTH PLAN--ELIGIBILITY

EFFECTIVE DATE: 04/29/11

Passed by the House April 18, 2011
Yea 75 Nays 23

FRANK CHOPP

Speaker of the House of Representatives

Passed by the Senate March 23, 2011
Yea 45 Nays 2

BRAD OWEN

President of the Senate

Approved April 29, 2011, 3:52 p.m.

CERTIFICATE

I, Barbara Baker, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **HOUSE BILL 1544** as passed by the House of Representatives and the Senate on the dates hereon set forth.

BARBARA BAKER

Chief Clerk

FILED

April 29, 2011

CHRISTINE GREGOIRE

Governor of the State of Washington

**Secretary of State
State of Washington**

HOUSE BILL 1544

AS AMENDED BY THE SENATE

Passed Legislature - 2011 Regular Session

State of Washington

62nd Legislature

2011 Regular Session

By Representatives Hunter and Anderson

Read first time 01/25/11. Referred to Committee on Health & Human Services Appropriations & Oversight.

1

2 AN ACT Relating to restricting the eligibility for the basic health
3 plan to the basic health transition eligibles population under the
4 medicaid waiver; reenacting and amending RCW 70.47.020; creating a new
5 section; and declaring an emergency.

6

7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

8

9 **Sec. 1.** RCW 70.47.020 and 2009 c 568 s 2 are each reenacted and
10 amended to read as follows:

11

12 As used in this chapter:

13

14 (1) "Administrator" means the Washington basic health plan
15 administrator, who also holds the position of administrator of the
16 Washington state health care authority.

17

18 (2) "Health coverage tax credit eligible enrollee" means individual
19 workers and their qualified family members who lose their jobs due to

1 the effects of international trade and are eligible for certain trade
2 adjustment assistance benefits; or are eligible for benefits under the
3 alternative trade adjustment assistance program; or are people who
4 receive benefits from the pension benefit guaranty corporation and are
5 at least fifty-five years old.

6

7 (3) "Health coverage tax credit program" means the program created
8 by the Trade Act of 2002 (P.L. 107-210) that provides a federal tax
9 credit that subsidizes private health insurance coverage for displaced
10 workers certified to receive certain trade adjustment assistance
11 benefits and for individuals receiving benefits from the pension
12 benefit guaranty corporation.

13

14 (4) "Managed health care system" means: (a) Any health care
15 organization, including health care providers, insurers, health care
16 service contractors, health maintenance organizations, or any
17 combination thereof, that provides directly or by contract basic health
18 care services, as defined by the administrator and rendered by duly
19 licensed providers, to a defined patient population enrolled in the
20 plan and in the managed health care system; or (b) a self-funded or
21 self-insured method of providing insurance coverage to subsidized
22 enrollees provided under RCW 41.05.140 and subject to the limitations
23 under RCW 70.47.100(7).

24

25 (5) "Nonsubsidized enrollee" means an individual, or an individual
26 plus the individual's spouse or dependent children: (a) Who is not
27 eligible for medicare; (b) who is not confined or residing in a
28 government-operated institution, unless he or she meets eligibility
29 criteria adopted by the administrator; (c) who is accepted for
30 enrollment by the administrator as provided in RCW 48.43.018, either
31 because the potential enrollee cannot be required to complete the
32 standard health questionnaire under RCW 48.43.018, or, based upon the
33 results of the standard health questionnaire, the potential enrollee
34 would not qualify for coverage under the Washington state health
35 insurance pool; (d) who resides in an area of the state served by a
36 managed health care system participating in the plan; (e) who chooses
37 to obtain basic health care coverage from a particular managed health
38 care system; and (f) who pays or on whose behalf is paid the full costs

1 for participation in the plan, without any subsidy from the plan.

2

3 (6) "Premium" means a periodic payment, which an individual, their
4 employer or another financial sponsor makes to the plan as
5 consideration for enrollment in the plan as a subsidized enrollee, a
6 nonsubsidized enrollee, or a health coverage tax credit eligible
7 enrollee.

8

9 (7) "Rate" means the amount, negotiated by the administrator with
10 and paid to a participating managed health care system, that is based
11 upon the enrollment of subsidized, nonsubsidized, and health coverage
12 tax credit eligible enrollees in the plan and in that system.

13

14 (8) "Subsidy" means the difference between the amount of periodic
15 payment the administrator makes to a managed health care system on
16 behalf of a subsidized enrollee plus the administrative cost to the
17 plan of providing the plan to that subsidized enrollee, and the amount
18 determined to be the subsidized enrollee's responsibility under RCW
19 70.47.060(2).

20

21 (9) "Subsidized enrollee" means:

22

23 (a) An individual, or an individual plus the individual's spouse or
24 dependent children:

25

26 (i) Who is not eligible for medicare;

27

28 (ii) Who is not confined or residing in a government-operated
29 institution, unless he or she meets eligibility criteria adopted by the
30 administrator;

31

32 (iii) Who is not a full-time student who has received a temporary
33 visa to study in the United States;

34

35 (iv) Who resides in an area of the state served by a managed health
36 care system participating in the plan;

37

38 (v) Until March 1, 2011, whose gross family income at the time of

1 enrollment does not exceed two hundred percent of the federal poverty
2 level as adjusted for family size and determined annually by the
3 federal department of health and human services;

4

5 (vi) Who chooses to obtain basic health care coverage from a
6 particular managed health care system in return for periodic payments
7 to the plan; ((and))

8

9 (vii) Who is not receiving medical assistance administered by the
10 department of social and health services; and

11

12 (viii) After February 28, 2011, who is in the basic health
13 transition eligibles population under 1115 medicaid demonstration
14 project number 11-W-00254/10;

15

16 (b) An individual who meets the requirements in (a)(i) through
17 (iv), (vi), and (vii) of this subsection and who is a foster parent
18 licensed under chapter 74.15 RCW and whose gross family income at the
19 time of enrollment does not exceed three hundred percent of the federal
20 poverty level as adjusted for family size and determined annually by
21 the federal department of health and human services; and

22

23 (c) To the extent that state funds are specifically appropriated
24 for this purpose, with a corresponding federal match, an individual, or
25 an individual's spouse or dependent children, who meets the
26 requirements in (a)(i) through (iv), (vi), and (vii) of this subsection
27 and whose gross family income at the time of enrollment is more than
28 two hundred percent, but less than two hundred fifty-one percent, of
29 the federal poverty level as adjusted for family size and determined
30 annually by the federal department of health and human services.

31

32 (10) "Washington basic health plan" or "plan" means the system of
33 enrollment and payment for basic health care services, administered by
34 the plan administrator through participating managed health care
35 systems, created by this chapter.

1

2 NEW SECTION. **Sec. 2.** The legislature intends to define
3 eligibility for the basic health plan for periods subsequent to
4 expiration of the 1115 medicaid demonstration project based upon
5 recommendations from its joint select committee on health reform
6 regarding whether the basic health plan should be offered as an
7 enrollment option for persons who qualify for federal premium subsidies
8 under the federal patient protection and affordable care act of 2010.

9

10 NEW SECTION. **Sec. 3.** This act is necessary for the immediate
11 preservation of the public peace, health, or safety, or support of the
12 state government and its existing public institutions, and takes effect
13 immediately.

Passed by the House April 18, 2011.

Passed by the Senate March 23, 2011.

Approved by the Governor April 29, 2011.

Filed in Office of Secretary of State April 29, 2011.