
SUBSTITUTE HOUSE BILL 1669

State of Washington 64th Legislature 2015 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Riccelli, Harris, Cody, Tharinger, Van De Wege, Jinkins, Sawyer, Moeller, and S. Hunt)

READ FIRST TIME 02/20/15.

1 AN ACT Relating to continuity of health care coverage; adding a
2 new section to chapter 74.09 RCW; creating a new section; and
3 providing an expiration date.

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

5 NEW SECTION. **Sec. 1.** A new section is added to chapter 74.09
6 RCW to read as follows:

7 (1)(a) A task force on continuity of health coverage and care is
8 established with the following members:

9 (i) The governor shall appoint members representing:

10 (A) Patients;

11 (B) Consumer advocates;

12 (C) Labor unions;

13 (D) Business interests;

14 (E) Health plans that participate in the medicaid program;

15 (F) Health plans that offer coverage in the commercial insurance
16 market;

17 (G) Health care providers;

18 (H) Hospitals;

19 (I) The Washington health benefit exchange;

20 (J) The Washington state health care authority;

1 (K) The Washington state department of social and health
2 services;

3 (L) The Washington state office of the insurance commissioner;

4 (M) The Washington state department of health;

5 (N) The Washington state department of labor and industries; and

6 (O) Accountable communities of health.

7 (ii) The governor shall invite the participation of
8 representatives of tribes and urban Indian health providers in
9 Washington state to serve as members of the task force.

10 (b) The governor shall convene the initial meeting of the task
11 force. The task force shall choose its chair from among its
12 membership.

13 (c) Meetings of the task force shall be open to the public and
14 shall provide an opportunity for public comment.

15 (2) The task force shall review and analyze data and identify
16 options and strategies in regards to:

17 (a) Easing transitions between different types of health plans,
18 including employer-sponsored insurance, individual insurance, and
19 public programs;

20 (b) Identifying the assistance necessary to help enrollees when
21 they transition between health insurance plans or lose eligibility
22 for coverage;

23 (c) Identifying options to reduce financial and eligibility
24 barriers to obtaining and maintaining coverage; and

25 (d) Establishing accountability and coordination among state
26 agencies and the Washington health benefit exchange.

27 (3) Staff support for the task force shall be provided by the
28 office of financial management.

29 (4) Members of the task force, except those representing an
30 employer or organization, are entitled to be reimbursed for travel
31 expenses in accordance with RCW 43.03.050 and 43.03.060.

32 (5) The task force shall report its preliminary findings and
33 recommendations to the governor and the appropriate committees of the
34 legislature by December 1, 2015, and a final report must be submitted
35 by December 1, 2016. The final report shall address the task force's
36 conclusions related to the items considered in subsection (2) of this
37 section, as informed by the results of the study in section 2 of this
38 act.

39 (6) This section expires June 30, 2017.

1 NEW SECTION. **Sec. 2.** The office of financial management shall
2 contract for a study of the affordability and availability of health
3 care coverage for Washington residents to be completed by March 1,
4 2016, and submitted to the governor, the legislature, and the task
5 force on continuity of health coverage and care established in
6 section 1 of this act. The study shall evaluate:

7 (1) The availability and affordability of health coverage options
8 for Washington residents;

9 (2) The rates at which residents could transition between health
10 insurance programs and discontinue coverage due to fluctuations in
11 income and circumstances;

12 (3) Options for improving affordability for low-income residents
13 through a microsimulation model that fully takes into account all
14 relevant eligibility factors, including unaccepted offers of
15 employer-sponsored insurance, and through an analysis of state budget
16 offsets; and

17 (4) The potential for improved health coverage to result in
18 savings for the state budget.

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