

# FINAL BILL REPORT

## ESHB 2264

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C 274 L 97

Synopsis as Enacted

**Brief Description:** Eliminating the health care policy board.

**Sponsors:** By House Committee on Appropriations (originally sponsored by Representatives Koster, Huff, D. Sommers, Sterk, Sherstad, Boldt, Mulliken, Thompson and McMorris).

### House Committee on Appropriations

**Background:** The Health Care Policy Board (HCPB) was created in 1995 as a successor to the Health Services Commission. The creation of the HCPB and elimination of the commission reflected the changes in direction of health care reform made by the 1995 legislation. The HCPB is composed of five full-time members appointed by the Governor and four part-time members, appointed by the four caucuses of the House and Senate.

The HCPB is responsible for making policy recommendations to the Governor and Legislature on a variety of health care issues. In particular, state law lists about two dozen specific topics that the HCPB is to report on, including individual and group insurance, long-term care, rural health care, medical education, community rating of health insurance, model billing and claims forms, quality improvement efforts, and other topics.

The HCPB also has authority to grant and administer immunities from antitrust laws for health care service organizations. The HCPB receives, analyzes, and grants petitions for immunity from antitrust laws and supervises those organizations receiving immunity to ensure that the immune conduct continues to further the state's health care goals.

Since 1993, the HCPB received nine petitions for antitrust immunity, and granted four. The HCPB currently monitors the four organizations granted immunity.

The health services account provides funding for the HCPB. There will be a deficit of about \$180 million in the health services account In the 1997-99 biennium, if no changes are made to expenditures from that account.

**Summary:** The Health Care Policy Board is eliminated. The responsibility for granting antitrust immunity and monitoring the grants of immunity already granted is

transferred to the Department of Health (DOH). The DOH is authorized to enforce and administer rules previously adopted by the Health Care Policy Board. The DOH must establish fees to cover the costs of the DOH's antitrust immunity responsibilities, subject to fee ceilings. The fees charged by the DOH to finance the anti-trust immunity activities must also be sufficient to fund attorney general costs, but within the same fee ceiling.

Proprietary information provided to the DOH in the course of reviewing petitions for antitrust immunity are exempt from public inspection and copying under the Public Disclosure Law.

**Votes on Final Passage:**

House 58 39

Senate 47 0 (Senate amended)

House 61 36 (House concurred)

**Effective:** July 1, 1997