
SENATE BILL 6231

State of Washington

63rd Legislature

2014 Regular Session

By Senators Keiser, Pedersen, Cleveland, Kohl-Welles, Kline, Chase, Ranker, Hargrove, and Conway

Read first time 01/17/14. Referred to Committee on Health Care .

1 AN ACT Relating to developing and authorizing the federal basic
2 health program; adding a new section to chapter 70.47 RCW; and creating
3 a new section.

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

5 NEW SECTION. **Sec. 1.** (1) The federal patient protection and
6 affordable care act, section 1331 of P.L. 111-148 of 2010, provides
7 states the option to establish a federal basic health program for
8 individuals with incomes between one hundred thirty-three percent and
9 two hundred percent of the federal poverty level who would otherwise be
10 eligible for coverage through the health benefit exchange. States
11 electing to operate a basic health program may receive federal funding
12 equal to ninety-five percent of the amount of the premium tax credits
13 and cost-sharing reductions that would have been available had the
14 eligible individual obtained coverage through the exchange.

15 (2) The United States department of health and human services has
16 proposed regulations for the development of the basic health program,
17 including the development of a basic health blueprint for certification
18 by the centers for medicare and medicaid services that will grant
19 states operational authority for the program.

1 NEW SECTION. **Sec. 2.** A new section is added to chapter 70.47 RCW
2 to read as follows:

3 (1) The health care authority must develop a blueprint for the
4 establishment of a federal basic health program, consistent with
5 requirements established in 42 C.F.R. Part 144. In preparation for the
6 blueprint, the authority must begin the necessary econometric modeling
7 to analyze the program enrollment, and the costs and impacts to the
8 state, the enrollees, and the insurance marketplace. The blueprint
9 must be submitted to the governor for signature and submission to the
10 centers for medicare and medicaid services for review and
11 certification.

12 (2) The blueprint is the policy framework for the program and must
13 identify the standards and requirements in 42 C.F.R. Part 144. At a
14 minimum, the blueprint must address the following:

15 (a) The program eligibility as established in federal law;

16 (b) The essential health benefits under the federal basic health
17 plan;

18 (c) Assurance that enrollee premiums and cost sharing will not
19 exceed the amounts basic health plan enrollees would have paid in the
20 exchange;

21 (d) Core administrative procedures such as eligibility
22 determinations using the single streamlined applications, enrollment,
23 disenrollment and nonpayment of premiums, eligibility appeals, consumer
24 assistance, data collection and reporting, and extending essential
25 protections to American Indians and Alaska Natives;

26 (e) Fiscal policies and accountability procedures;

27 (f) A competitive process to contract with standard health plans;

28 (g) Basic health plan trust fund trustees;

29 (h) The operational agency responsible for program administration,
30 operations, and financial oversight;

31 (i) A funding plan that identifies the funding sources, if any
32 beyond the basic health plan trust fund, and that identifies the
33 enrollment and cost projections for the first twelve months of
34 operation and the funding sources; and

35 (j) Other requirements articulated in a final regulation.

36 (3) The blueprint must be developed with stakeholder engagement,
37 including tribal consultation and public comment.

1 (4) In tandem with the program design, the authority, in
2 consultation with the health benefit exchange and other impacted
3 programs, must identify the system design requirements to implement and
4 operate a federal basic health program, and develop an initial system
5 project timeline and funding estimate. The initial timeline and
6 funding estimate must be shared with the fiscal committees of the
7 legislature. Subject to appropriation, the system design work may
8 begin with preliminary certification from the centers for medicare and
9 medicaid services.

10 (5) Upon certification by the federal centers for medicare and
11 medicaid services, the blueprint for the federal basic health program
12 is the operational authority for the program, documenting all program
13 requirements and obligations. The authority is authorized to operate
14 the program in accordance with the federal law and regulations captured
15 in 42 C.F.R. Part 144.

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