S-1245.1			

SENATE BILL 5761

State of Washington 53rd Legislature 1993 Regular Session

By Senators Prentice, Prince and Niemi

Read first time 02/12/93. Referred to Committee on Health & Human Services.

- 1 AN ACT Relating to legislator health care coverage under the basic
- 2 health plan; and amending RCW 41.05.011 and 70.47.020.
- 3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 4 Sec. 1. RCW 41.05.011 and 1990 c 222 s 2 are each amended to read 5 as follows:
- Unless the context clearly requires otherwise, the definitions in this section shall apply throughout this chapter.
- 8 (1) "Administrator" means the administrator of the authority.
- 9 (2) "State purchased health care" or "health care" means medical 10 and health care, pharmaceuticals, and medical equipment purchased with 11 state and federal funds by the department of social and health
- 12 services, the department of health, the basic health plan, the state
- 13 health care authority, the department of labor and industries, the
- 14 department of corrections, the department of veterans affairs, and
- 15 local school districts.
- 16 (3) "Authority" means the Washington state health care authority.
- 17 (4) "Insuring entity" means an insurance carrier as defined in
- 18 chapter 48.21 or 48.22 RCW, a health care service contractor as defined

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- 1 in chapter 48.44 RCW, or a health maintenance organization as defined 2 in chapter 48.46 RCW.
- 3 (5) "Flexible benefit plan" means a benefit plan that allows 4 employees to choose the level of health care coverage provided and the 5 amount of employee contributions from among a range of choices offered 6 by the authority.
- 7 (6) "Employee" includes all full-time and career seasonal employees 8 of the state, whether or not covered by civil service; elected and 9 appointed officials of the executive branch of government, including 10 full-time members of boards, commissions, or committees; and includes any or all part-time and temporary employees under the terms and 11 12 conditions established under this chapter by the authority; justices of 13 the supreme court and judges of the court of appeals and the superior courts; and members of the ((state legislature or of the)) legislative 14 15 authority of any county, city, or town who are elected to office after February 20, 1970. "Employee" also includes employees of a county, 16 17 municipality, or other political subdivision of the state if the legislative authority of the county, municipality, or other political 18 19 subdivision of the state seeks and receives the approval of the 20 authority to provide any of its insurance programs by contract with the authority, as provided in RCW 41.04.205, and employees of a school 21 district if the board of directors of the school district seeks and 22 23 receives the approval of the authority to provide any of its insurance programs by contract with the authority as provided in RCW 28A.400.350. 24
- 25 (7) "Board" means the state employees' benefits board established 26 under RCW 41.05.055.
- 27 **Sec. 2.** RCW 70.47.020 and 1987 1st ex.s. c 5 s 4 are each amended 28 to read as follows:
- 29 As used in this chapter:
- (1) "Washington basic health plan" or "plan" means the system of enrollment and payment on a prepaid capitated basis for basic health care services, administered by the plan administrator through participating managed health care systems, created by this chapter.
- 34 (2) "Administrator" means the Washington basic health plan 35 administrator.
- 36 (3) "Managed health care system" means any health care 37 organization, including health care providers, insurers, health care 38 service contractors, health maintenance organizations, or any

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combination thereof, that provides directly or by contract basic health care services, as defined by the administrator and rendered by duly licensed providers, on a prepaid capitated basis to a defined patient population enrolled in the plan and in the managed health care system.

- (4) "Enrollee" means: An individual, or an individual plus the individual's spouse and/or dependent children, all under the age of sixty-five and not otherwise eligible for medicare, who resides in an area of the state served by a managed health care system participating in the plan, whose gross family income at the time of enrollment does not exceed twice the federal poverty level as adjusted for family size and determined annually by the federal department of health and human services, who chooses to obtain basic health care coverage from a particular managed health care system in return for periodic payments to the plan; and members of the state legislature.
- (5) "Subsidy" means the difference between the amount of periodic payment the administrator makes, from funds appropriated from the basic health plan trust account, to a managed health care system on behalf of an enrollee and the amount determined to be the enrollee's responsibility under RCW 70.47.060(2).
- 20 (6) "Premium" means a periodic payment, based upon gross family 21 income and determined under RCW 70.47.060(2), which an enrollee makes 22 to the plan as consideration for enrollment in the plan.
- (7) "Rate" means the per capita amount, negotiated by the administrator with and paid to a participating managed health care system, that is based upon the enrollment of enrollees in the plan and in that system.

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