SHB 1560 - S COMM AMD

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By Committee on Health & Long-Term Care

ADOPTED AND ENGROSSED 4/9/11

- 1 Strike everything after the enacting clause and insert the 2 following:
- 3 "Sec. 1. RCW 70.47A.020 and 2008 c 143 s 1 are each amended to 4 read as follows:
- 5 The definitions in this section apply throughout this chapter 6 unless the context clearly requires otherwise.
- 7 (1) "Administrator" means the administrator of the Washington state 8 health care authority, established under chapter 41.05 RCW.
- 9 (2) "Board" means the health insurance partnership board 10 established in RCW 70.47A.100.
- 11 (3) "Eligible partnership participant" means a partnership 12 participant who:
 - (a) Is a resident of the state of Washington; and
- 14 (b) Has family income that does not exceed two hundred percent of 15 the federal poverty level, as determined annually by the federal 16 department of health and human services.
- 17 (4) "Health benefit plan" has the same meaning as defined in RCW 48.43.005.
 - (5) "Participating small employer" means a small employer that has entered into an agreement with the partnership to purchase health benefits through the partnership. To participate in the partnership, an employer must attest to the fact that (a) the employer does not currently offer health insurance to its employees and has not offered insurance for at least six months, and (b) at least fifty percent of the employer's employees are low-wage workers.
- 26 (6) "Partnership" means the health insurance partnership 27 established in RCW 70.47A.030.
- 28 (7) "Partnership participant" means a participating small employer 29 and employees of a participating small employer, and, except to the

- extent provided otherwise in RCW 70.47A.110(1)(e), a former employee of a participating small employer who chooses to continue receiving coverage through the partnership following separation from employment.
 - (8) "Small employer" has the same meaning as defined in RCW 48.43.005.

- (9) "Subsidy" or "premium subsidy" means payment or reimbursement to an eligible partnership participant toward the purchase of a health benefit plan, and may include a net billing arrangement with insurance carriers or a prospective or retrospective payment for health benefit plan premiums.
- **Sec. 2.** RCW 70.47A.030 and 2009 c 257 s 1 are each amended to read 12 as follows:
 - (1) To the extent funding is appropriated in the operating budget for this purpose <u>or obtained through federal resources</u>, the health insurance partnership is established. The administrator shall be responsible for the implementation and operation of the health insurance partnership, directly or by contract. The administrator shall offer premium subsidies to eligible partnership participants under RCW 70.47A.040.
- 20 (2) Consistent with policies adopted by the board under RCW 70.47A.110, the administrator shall, directly or by contract:
 - (a) Establish and administer procedures for enrolling small employers in the partnership, including publicizing the existence of the partnership and disseminating information on enrollment, and establishing rules related to minimum participation of employees in small groups purchasing health insurance through the partnership. Opportunities to publicize the program for outreach and education of small employers on the value of insurance shall explore the use of online employer guides((.—As—a—condition—of—participating—in—the partnership, a small employer must agree to establish a cafeteria plan under section 125 of the federal internal revenue code that will enable employees—to—use—pretax—dollars—to—pay—their—share—of—their—health benefit—plan—premium. The—partnership—shall—provide—technical assistance to small employers for this purpose));
 - (b) Establish and administer procedures for health benefit plan enrollment by employees of small employers during open enrollment periods and outside of open enrollment periods upon the occurrence of

any qualifying event specified in the federal health insurance portability and accountability act of 1996 or applicable state law.

Except to the extent authorized in RCW 70.47A.110(1)(e), neither the employer nor the partnership shall limit an employee's choice of coverage from among the health benefit plans offered through the partnership;

- (c) Establish and manage a system of collecting and transmitting to the applicable carriers all premium payments or contributions made by or on behalf of partnership participants, including employer contributions, automatic payroll deductions for partnership participants, premium subsidy payments, and contributions from philanthropies;
- (d) Establish and manage a system for determining eligibility for and making premium subsidy payments under chapter 259, Laws of 2007;
- (e) Establish a mechanism to apply a surcharge to each health benefit plan purchased through the partnership, which shall be used only to pay for administrative and operational expenses of the partnership. The surcharge must be applied uniformly to all health benefit plans purchased through the partnership. Any surcharge amount may be added to the premium, but shall not be considered part of the small group community rate, and shall be applied only to the coverage purchased through the partnership. Surcharges may not be used to pay any premium assistance payments under this chapter. The surcharge shall reflect administrative and operational expenses remaining after any appropriation provided by the legislature or resources received from the federal government to support administrative or operational expenses of the partnership during the year the surcharge is assessed;
- (f) Design a schedule of premium subsidies that is based upon gross family income, giving appropriate consideration to family size and the ages of all family members based on a benchmark health benefit plan designated by the board. The amount of an eligible partnership participant's premium subsidy shall be determined by applying a sliding scale subsidy schedule with the percentage of premium similar to that developed for subsidized basic health plan enrollees under RCW 70.47.060. The subsidy shall be applied to the employee's premium obligation for his or her health benefit plan, so that employees benefit financially from any employer contribution to the cost of their coverage through the partnership.

- 1 (3) The administrator may enter into interdepartmental agreements 2 with the office of the insurance commissioner, the department of social 3 and health services, and any other state agencies necessary to 4 implement this chapter.
- 5 **Sec. 3.** RCW 70.47A.050 and 2007 c 260 s 12 are each amended to 6 read as follows:

7 Enrollment in the health insurance partnership is not 8 entitlement and shall not result in expenditures that exceed the amount that has been appropriated for the program in the operating budget or 9 resources received from the federal government. If it appears that 10 continued enrollment will result in expenditures exceeding the 11 appropriated level for a particular fiscal year, the administrator may 12 freeze new enrollment in the program and establish a waiting list of 13 eligible employees who shall receive subsidies only when sufficient 14 funds are available. 15

- Sec. 4. RCW 70.47A.110 and 2008 c 143 s 5 are each amended to read as follows:
 - (1) The health insurance partnership board shall:

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- (a) Develop policies for enrollment of small employers in the partnership, including minimum participation rules for small employer groups. The small employer shall determine the criteria for eligibility and enrollment in his or her plan and the terms and amounts of the employer's contributions to that plan, consistent with any minimum employer premium contribution level established by the board under (d) of this subsection;
- (b) Designate health benefit plans that are currently offered in the small group market that will be offered to participating small employers through the health insurance partnership and those plans that will qualify for premium subsidy payments. Up to five health benefit plans shall be chosen, with multiple deductible and point-of-service cost-sharing options. The health benefit plans shall range from catastrophic to comprehensive coverage, and one health benefit plan shall be a high deductible health plan accompanied by a health savings account. Every effort shall be made to include health benefit plans that include components to maximize the quality of care provided and

result in improved health outcomes, such as preventive care, wellness incentives, chronic care management services, and provider network development and payment policies related to quality of care;

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- (c) Approve a mid-range benefit plan from those selected to be used as a benchmark plan for calculating premium subsidies;
- (d) Determine whether there should be a minimum employer premium contribution on behalf of employees, and if so, how much;
- (e) Develop policies related to partnership participant enrollment in health benefit plans. The board may focus its initial efforts on access to coverage and affordability of coverage for participating small employers and their employees. To the extent necessary for successful implementation of the partnership, ((during a start-up phase of partnership operation,)) the board may:
 - (i) Limit partnership participant health benefit plan choice; and
- (ii) Offer former employees of participating small employers the opportunity to continue coverage after separation from employment to the extent that a former employee is eligible for continuation coverage under 29 U.S.C. Sec. 1161 et seq.
- ((The start-up phase may not exceed two years from the date the
 partnership begins to offer coverage));
- (f) Determine appropriate health benefit plan rating methodologies. The methodologies shall be based on the small group adjusted community rate as defined in Title 48 RCW. The board shall evaluate the impact of applying the small group adjusted community rating methodology to health benefit plans purchased through the partnership on the principle of allowing each partnership participant to choose his or her health benefit plan, and may implement one or more risk adjustment or reinsurance mechanisms to reduce uncertainty for carriers and provide for efficient risk management of high-cost enrollees;
- (g) Determine whether the partnership should be designated as the administrator of a participating small employer health benefit plan and undertake the obligations required of a plan administrator under federal law in order to minimize administrative burdens on participating small employers;
- 35 (h) Conduct analyses and provide recommendations as requested by 36 the legislature and the governor, with the assistance of staff from the 37 health care authority and the office of the insurance commissioner.

- (2) The board may authorize one or more limited health care service plans for dental care services to be offered by limited health care service contractors under RCW 48.44.035. However, such plan shall not qualify for subsidy payments.
 - (3) In fulfilling the requirements of this section, the board shall consult with small employers, the office of the insurance commissioner, members in good standing of the American academy of actuaries, health carriers, agents and brokers, and employees of small business."

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ADOPTED 4/9/11

9 On page 1, line 1 of the title, after "partnership;" strike the 10 remainder of the title and insert "and amending RCW 70.47A.020, 11 70.47A.030, 70.47A.050, and 70.47A.110."

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