
Health Care & Wellness Committee

HB 1669

Brief Description: Establishing a task force on continuity of health coverage and care.

Sponsors: Representatives Riccelli, Harris, Cody, Tharinger, Van De Wege, Jinkins, Sawyer, Moeller and S. Hunt.

<p style="text-align: center;">Brief Summary of Bill</p> <ul style="list-style-type: none">• Establishes the Task Force on Continuity of Coverage and Care.• Requires the Office of Financial Management to contract for a study of the affordability and availability of health care coverage in Washington.

Hearing Date: 2/11/15

Staff: Jim Morishima (786-7191).

Background:

Health care coverage for individuals can come from a variety of sources. For example:

- Medicaid is a federal-state partnership that provides coverage for low-income individuals at the state level with federal matching funds. The federal Patient Protection and Affordable Care Act (PPACA) expanded Medicaid eligibility to most adults with incomes at or below 133 percent of the federal poverty level.
- Individuals may also receive employer-sponsored health coverage purchased on the small group market, purchased on the large group market, or self-funded by the employer.
- Individuals may also purchase health coverage on the individual market. Under the PPACA, each state must establish a Health Benefit Exchange in which consumers may compare and purchase individual and small group market health insurance. Individuals between 134 and 400 percent of the federal poverty level will be eligible for federal premium and cost-sharing subsidies in the Exchange on a sliding scale. Washington's Health Benefit Exchange is called the Washington Healthplanfinder.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Based on factors like employment status or income, individuals may lose eligibility for their sources of coverage, gain eligibility for new coverage, or voluntarily switch coverage.

Summary of Bill:

The Task Force on Continuity of Health Coverage and Care is established (Task Force). The Governor must appoint members to the Task Force representing:

- patients;
- consumer advocates;
- labor unions;
- business interests;
- health plans that participate in Medicaid;
- health plans offering commercial insurance;
- health care providers;
- hospitals;
- the Washington Healthplanfinder;
- the Health Care Authority;
- the Department of Social and Health Services; and
- the Office of the Insurance Commissioner.

The Task Force will select its chair from among its membership. The Governor must convene the first meeting of the Task Force.

The Task Force must review and analyze data and identify options and strategies regarding:

- easing transitions between different types of health insurance coverage and plans, including employer-sponsored insurance, individual insurance, and public programs;
- identifying the assistance necessary to help enrollees when they transition between health insurance plans or lose eligibility for coverage;
- identifying options to reduce financial and eligibility barriers to obtaining and maintaining coverage; and
- establishing accountability and coordination among state agencies and the Washington Healthplanfinder.

Meetings of the Task Force are open to the public and must provide opportunities for public comment. Staff support for the Task Force must be provided by the Office of Financial Management.

The Task Force must report its preliminary findings and recommendations to the Governor and the appropriate committees of the Legislature by December 1, 2015, and a final report by December 1, 2016. The Task Force expires on June 30, 2017.

The Office of Financial Management must contract for a study of the affordability and availability of health care coverage in Washington. The study must evaluate:

- the availability and affordability of health coverage options for Washington residents;
- the rates at which residents could transition between health insurance programs and discontinue coverage due to fluctuations in income and circumstances;
- options for improving affordability for low-income residents through a microsimulation model that fully takes into account all relevant eligibility factors, including unaccepted

- offers of employer-sponsored insurance, and a thorough analysis of state budget offsets;
and
- the potential for improved health coverage that will result in state budget savings.

The Office of Financial Management must submit the results of the study to the Governor, the Legislature, and the Task Force by March 1, 2016.

Appropriation: None.

Fiscal Note: Requested on February 3, 2014.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.