
Health Care & Wellness Committee

HB 2408

Brief Description: Mitigating barriers to patient access to care resulting from health insurance contracting practices.

Sponsors: Representatives Jinkins, Clibborn, Caldier, Rodne, Robinson, Short, Johnson, Fitzgibbon, Kagi, Tarleton and Riccelli.

Brief Summary of Bill

- Prohibits a health plan from imposing cost sharing for habilitative, rehabilitative, East Asian medicine, or chiropractic care that exceeds the amount the health plan requires for primary care.

Hearing Date: 1/19/16

Staff: Jim Morishima (786-7191).

Background:

Cost sharing is the amount enrollees pay out-of-pocket for covered services and includes copayments, coinsurance, and deductibles. The federal Patient Protection and Affordable Care Act (PPACA) imposes minimum actuarial values on all non-grandfathered individual and small group market plans. The PPACA also places an annual out-of-pocket maximum for these plans and prohibits cost-sharing for preventive services.

A health carrier may establish cost sharing levels, structures, or tiers for different categories of services. This type of cost sharing, however, may not be discriminatory. For example, a carrier may not impose different cost-sharing on enrollees with chronic diseases or complex medical conditions, unless the difference provides the enrollee with access to care and treatment commensurate with the enrollees specific medical needs. A carrier may not establish a different cost sharing structure or tier if the sole type of enrollee who would access the benefit or tier is one with a chronic illness or medical condition.

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Summary of Bill:

A health carrier or a health plan offered to state employees may not require an enrollee's cost sharing, including copayments, for habilitative, rehabilitative, East Asian medicine, or chiropractic care to exceed the cost sharing amount the carrier requires for primary care.

Appropriation: None.

Fiscal Note: Requested on January 14, 2016.

Effective Date: January 1, 2017.