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**SUBSTITUTE SENATE BILL 6084**

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**State of Washington 65th Legislature 2018 Regular Session**

**By** Senate Health & Long Term Care (originally sponsored by Senators Cleveland, Kuderer, Keiser, Liias, Chase, and Conway)

AN ACT Relating to requiring maintenance of minimum essential health care coverage; adding new sections to chapter 48.43 RCW; and providing an expiration date.

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

NEW SECTION. **Sec.**  A new section is added to chapter 48.43 RCW to read as follows:

(1) An applicable individual shall for each month ensure that the individual, and any dependent of the individual who is an applicable individual, is covered under minimum essential coverage for such month.

(2) For purposes of this section, the term "applicable individual" means, with respect to any month, a resident of Washington state other than an individual who:

(a) Certifies that such individual is:

(i) A member of a recognized religious sect or division thereof which is described in section 1402(g)(1) of the internal revenue code; and

(ii) An adherent of established tenets or teachings of such sect or division as described in such section;

(b) Is a member of a health care sharing ministry for the month;

(i) The term "health care sharing ministry" means an organization:

(A) Which is described in section 501(c)(3) of the internal revenue code and is exempt from taxation under section 501(a) of the internal revenue code;

(B) Members of which share a common set of ethical or religious beliefs and share medical expenses among members in accordance with those beliefs and without regard to the state in which a member resides or is employed;

(C) Members of which retain membership even after they develop a medical condition;

(D) Which, or a predecessor of which, has been in existence at all times since December 31, 1999, and medical expenses of its members have been shared continuously and without interruption since at least December 31, 1999; and

(E) Which conducts an annual audit which is performed by an independent certified public accounting firm in accordance with generally accepted accounting principles and which is made available to the public upon request;

(c) Is not a citizen or national of the United States or an alien lawfully present in the United States;

(d) Is incarcerated, other than incarceration pending the disposition of charges;

(e) Is a member of an Indian tribe;

(f) Was not covered by minimum essential coverage for a continuous period of less than three months in a calendar year; or

(g) Is determined by the commissioner to have suffered a hardship with respect to the capability to obtain coverage.

(3) For purposes of this section, the term "minimum essential coverage" means any of the following:

(a) Government sponsored programs coverage under:

(i) The medicare program under part A of Title XVIII of the social security act;

(ii) The medicaid program under Title XIX of the social security act;

(iii) The children's health insurance program under Title XXI of the social security act;

(iv) Medical coverage under chapter 55 of Title 10 U.S.C., including coverage under the TRICARE program;

(v) A health care program under chapter 17 or 18 of Title 38 U.S.C., as determined by the secretary of veterans affairs, in coordination with the secretary of health and human services and the secretary of the treasury;

(vi) A health plan under section 2504(e) of Title 22 U.S.C.; or

(vii) The nonappropriated fund health benefits program of the department of defense, established under section 349 of the national defense authorization act for fiscal year 1995;

(b) Coverage under an eligible employer-sponsored self-funded health plan;

(c) Coverage under a health plan;

(d) Coverage under a grandfathered health plan; and

(e) Such other health benefits coverage, such as the state health insurance pool, as the commissioner recognizes for purposes of this section.

NEW SECTION. **Sec.**  A new section is added to chapter 48.43 RCW to read as follows:

(1) A task force on exploring individual mandate enforcement mechanisms is established with the following members:

(a) A representative of the health benefit exchange;

(b) A representative of the health care authority;

(c) A representative of the department of revenue; and

(d) Three members appointed by the commissioner:

(i) A representative of issuers;

(ii) A representative of consumers; and

(iii) A representative of business groups.

(2) The office of the insurance commissioner must convene the task force.

(3) The task force must choose its chair from among its membership.

(4) Meetings of the task force must be open to the public and provide an opportunity for public comment.

(5) The task force must review and analyze the feasibility of different options for state enforcement of the requirement to maintain minimum essential coverage, and must develop recommended options for enforcement. The task force must also review and analyze the feasibility of other options to incentivize the maintenance of minimum essential coverage other than a mandate.

(6) Members of the task force, except those representing an employer or organization, are entitled to be reimbursed for travel expenses in accordance with RCW 43.03.050 and 43.03.060.

(7) By December 1, 2018, and in compliance with RCW 43.01.036, the task force must report its findings to the legislature. The final report must include an overview of the options reviewed by the task force and the recommended options of the task force.

(8) This section expires June 30, 2019.

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