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SENATE BILL 6084

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State of Washington                      65th Legislature                      2018 Regular Session

By Senators Cleveland, Kuderer, Keiser, Liias, Chase, and Conway

Prefiled 01/04/18. Read first time 01/08/18. Referred to Committee on Health & Long Term Care.

1            AN ACT Relating to requiring maintenance of minimum essential  
2 health care coverage; and adding a new section to chapter 48.43 RCW.

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

4            NEW SECTION.    **Sec. 1.** A new section is added to chapter 48.43  
5 RCW to read as follows:

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

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

13           (a) Certifies that such individual is:

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

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

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

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

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

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

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

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

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

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

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

22 (e) Is a member of an Indian tribe;

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

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

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

29 (a) Government sponsored programs coverage under:

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

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

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

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

38 (v) A health care program under chapter 17 or 18 of Title 38  
39 U.S.C., as determined by the secretary of veterans affairs, in

1 coordination with the secretary of health and human services and the  
2 secretary of the treasury;

3 (vi) A health plan under section 2504(e) of Title 22 U.S.C.; or  
4 (vii) The nonappropriated fund health benefits program of the  
5 department of defense, established under section 349 of the national  
6 defense authorization act for fiscal year 1995;

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

9 (c) Coverage under a health plan;

10 (d) Coverage under a grandfathered health plan; and

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

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