CERTIFICATION OF ENROLLMENT

SUBSTITUTE HOUSE BILL 1732

67th Legislature 2022 Regular Session

Passed by the House January 19, 2022 Yeas 91 Nays 6	CERTIFICATE
	I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is
Speaker of the House of	SUBSTITUTE HOUSE BILL 1732 as
Representatives	passed by the House of
	Representatives and the Senate on
	the dates hereon set forth.
Passed by the Senate January 26, 2022 Yeas 46 Nays 3	
	Chief Clerk
President of the Senate	
Approved	FILED
	Secretary of State
	State of Washington

Governor of the State of Washington

SUBSTITUTE HOUSE BILL 1732

Passed Legislature - 2022 Regular Session

State of Washington

67th Legislature

2022 Regular Session

By House Appropriations (originally sponsored by Representatives Sullivan, Chopp, J. Johnson, Walen, Chapman, Berry, Cody, Dolan, Fey, Macri, Peterson, Ryu, Santos, Senn, Shewmake, Wylie, Simmons, Callan, Slatter, Ramos, Bergquist, Tharinger, Valdez, Thai, Pollet, Morgan, Taylor, Stonier, Ortiz-Self, Gregerson, Davis, Riccelli, Ormsby, Duerr, Orwall, Bateman, Kloba, and Frame)

READ FIRST TIME 01/14/22.

- AN ACT Relating to delaying the implementation of the long-term 1 2 services and supports trust program by 18 months to allow for the 3 extension of benefits to persons born before January 1, 1968, by modifying conditions for becoming a qualified individual and eligible 4 5 beneficiary and allowing for the refunding of prematurely collected premiums; amending RCW 50B.04.020, 50B.04.030, 50B.04.050, 6 50B.04.060, 50B.04.080, 50B.04.090, and 50B.04.140; adding a new 8 section to chapter 50B.04 RCW; and declaring an emergency.
- 9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 10 **Sec. 1.** RCW 50B.04.020 and 2021 c 113 s 2 are each amended to 11 read as follows:
- 12 (1) The health care authority, the department of social and 13 health services, the office of the state actuary, and the employment 14 security department each have distinct responsibilities in the 15 implementation and administration of the program. In the performance of their activities, they shall actively collaborate to realize 17 program efficiencies and provide persons served by the program with a 18 well-coordinated experience.
 - (2) The health care authority shall:

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(a) Track the use of lifetime benefit units to verify the individual's status as an eligible beneficiary as determined by the department of social and health services;

- (b) Ensure approved services are provided through audits or service verification processes within the service provider payment system for registered long-term services and supports providers and recoup any inappropriate payments;
- (c) Establish criteria for the payment of benefits to registered long-term services and supports providers under RCW 50B.04.070;
- (d) Establish rules and procedures for benefit coordination when the eligible beneficiary is also funded for medicaid and other long-term services and supports, including medicare, coverage through the department of labor and industries, and private long-term care coverage; and
- 15 (e) Adopt rules and procedures necessary to implement and 16 administer the activities specified in this section related to the 17 program.
 - (3) The department of social and health services shall:
 - (a) Make determinations regarding an individual's status as an eligible beneficiary under RCW 50B.04.060;
 - (b) Approve long-term services and supports eligible for payment as approved services under the program, as informed by the commission;
- 24 (c) Register long-term services and supports providers that meet 25 minimum qualifications;
 - (d) Discontinue the registration of long-term services and supports providers that: (i) Fail to meet the minimum qualifications applicable in law to the approved service that they provide; or (ii) violate the operational standards of the program;
 - (e) Disburse payments of benefits to registered long-term services and supports providers, utilizing and leveraging existing payment systems for the provision of approved services to eligible beneficiaries under RCW 50B.04.070;
 - (f) Prepare and distribute written or electronic materials to qualified individuals, eligible beneficiaries, and the public as deemed necessary by the commission to inform them of program design and updates;
- 38 (g) Provide customer service and address questions and 39 complaints, including referring individuals to other appropriate 40 agencies;

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- 1 (h) Provide administrative and operational support to the commission;
 - (i) Track data useful in monitoring and informing the program, as identified by the commission; and
 - (j) Adopt rules and procedures necessary to implement and administer the activities specified in this section related to the program.
 - (4) The employment security department shall:

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- 9 (a) Collect and assess employee premiums as provided in RCW 10 50B.04.080;
 - (b) Assist the commission, council, and state actuary in monitoring the solvency and financial status of the program;
 - (c) Perform investigations to determine the compliance of premium payments in RCW 50B.04.080 and 50B.04.090 in coordination with the same activities conducted under the family and medical leave act, Title 50A RCW, to the extent possible;
 - (d) Make determinations regarding an individual's status as a qualified individual under RCW 50B.04.050, including criteria to determine the status of persons receiving partial benefit units under RCW 50B.04.050(2); and
- 21 (e) Adopt rules and procedures necessary to implement and 22 administer the activities specified in this section related to the 23 program.
 - (5) The office of the state actuary shall:
 - (a) Beginning ((January 1, 2024)) July 1, 2025, and biennially thereafter, perform an actuarial audit and valuation of the long-term services and supports trust fund. Additional or more frequent actuarial audits and valuations may be performed at the request of the council;
 - (b) Make recommendations to the council and the legislature on actions necessary to maintain trust solvency. The recommendations must include options to redesign or reduce benefit units, approved services, or both, to prevent or eliminate any unfunded actuarially accrued liability in the trust or to maintain solvency; and
- 35 (c) Select and contract for such actuarial, research, technical, 36 and other consultants as the actuary deems necessary to perform its 37 duties under chapter 363, Laws of 2019.
- 38 (6) By October 1, 2021, the employment security department and 39 the department of social and health services shall jointly conduct 40 outreach to provide employers with educational materials to ensure

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- 1 employees are aware of the program and that the premium assessments
- 2 will begin on ((January 1, 2022)) <u>July 1, 2023</u>. In conducting the
- 3 outreach, the employment security department and the department of
- 4 social and health services shall provide on a public website
- 5 information that explains the program and premium assessment in an
- 6 easy to understand format. Outreach information must be available in
- 7 English and other primary languages as defined in RCW 74.04.025.
- 8 Sec. 2. RCW 50B.04.030 and 2021 c 113 s 3 are each amended to 9 read as follows:
- 10 (1) The long-term services and supports trust commission is 11 established. The commission's recommendations and decisions must be 12 guided by the joint goals of maintaining benefit adequacy and 13 maintaining fund solvency and sustainability.
 - (2) The commission includes:

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- 15 (a) Two members from each of the two largest caucuses of the 16 house of representatives, appointed by the speaker of the house of 17 representatives;
- 18 (b) Two members from each of the two largest caucuses of the 19 senate, appointed by the president of the senate;
- 20 (c) The commissioner of the employment security department, or 21 the commissioner's designee;
- 22 (d) The secretary of the department of social and health 23 services, or the secretary's designee;
 - (e) The director of the health care authority, or the director's designee, who shall serve as a nonvoting member;
- 26 (f) One representative of the organization representing the area 27 agencies on aging;
- 28 (g) One representative of a home care association that represents 29 caregivers who provide services to private pay and medicaid clients;
- 30 (h) One representative of a union representing long-term care 31 workers;
- 32 (i) One representative of an organization representing retired 33 persons;
- 34 (j) One representative of an association representing skilled 35 nursing facilities and assisted living providers;
- 36 (k) One representative of an association representing adult 37 family home providers;

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(1) Two individuals receiving long-term services and supports, or their designees, or representatives of consumers receiving long-term services and supports under the program;

- (m) One member who is a worker who is, or will likely be, paying the premium established in RCW 50B.04.080 and who is not employed by a long-term services and supports provider; and
- (n) One representative of an organization of employers whose members collect, or will likely be collecting, the premium established in RCW 50B.04.080.
- (3) (a) Other than the legislators and agency heads identified in subsection (2) of this section, members of the commission are appointed by the governor for terms of two years, except that the governor shall appoint the initial members identified in subsection (2) (f) through (n) of this section to staggered terms not to exceed four years.
- (b) The secretary of the department of social and health services, or the secretary's designee, shall serve as chair of the commission. Meetings of the commission are at the call of the chair. A majority of the voting members of the commission shall constitute a quorum for any votes of the commission. Approval of sixty percent of those voting members of the commission who are in attendance is required for the passage of any vote.
- (c) Members of the commission and the subcommittee established in subsection (6) of this section must be compensated in accordance with RCW 43.03.250 and must be reimbursed for their travel expenses while on official business in accordance with RCW 43.03.050 and 43.03.060.
- (4) Beginning January 1, 2021, the commission shall propose recommendations to the appropriate executive agency or the legislature regarding:
- (a) The establishment of criteria for determining that an individual has met the requirements to be a qualified individual as established in RCW 50B.04.050 or an eligible beneficiary as established in RCW 50B.04.060;
- (b) The establishment of criteria for minimum qualifications for the registration of long-term services and supports providers who provide approved services to eligible beneficiaries;
- (c) The establishment of payment maximums for approved services consistent with actuarial soundness which shall not be lower than medicaid payments for comparable services. A service or supply may be limited by dollar amount, duration, or number of visits. The

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1 commission shall engage affected stakeholders to develop this 2 recommendation;

- (d) Changes to rules or policies to improve the operation of the program;
- (e) Providing a recommendation to the council for the annual adjustment of the benefit unit in accordance with RCW 50B.04.010 and 50B.04.040;
- (f) A refund of premiums for a deceased qualified individual with a dependent who is an individual with a developmental disability who is dependent for support from a qualified individual. The qualified individual must not have been determined to be an eligible beneficiary by the department of social and health services. The refund shall be deposited into an individual trust account within the developmental disabilities endowment trust fund for the benefit of the dependent with a developmental disability. The commission shall consider:
- (i) The value of the refund to be one hundred percent of the current value of the qualified individual's lifetime premium payments at the time that certification of death of the qualified individual is submitted, less any administrative process fees; and
- (ii) The criteria for determining whether the individual is developmentally disabled. The determination shall not be based on whether or not the individual with a developmental disability is receiving services under Title 71A RCW, or another state or local program;
- (g) Assisting the state actuary with the preparation of regular actuarial reports on the solvency and financial status of the program and advising the legislature on actions necessary to maintain trust solvency. The commission shall provide the office of the state actuary with all actuarial reports for review. The office of the state actuary shall provide any recommendations to the commission and the legislature on actions necessary to maintain trust solvency;
- (h) For the January 1, 2021, report only, recommendations on whether and how to extend coverage to individuals who became disabled before the age of eighteen, including the impact on the financial status and solvency of the trust. The commission shall engage affected stakeholders to develop this recommendation; and
- (i) For the January 1, 2021, report only, the commission shall consult with the office of the state actuary on the development of an actuarial report of the projected solvency and financial status of

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the program. The office of the state actuary shall provide any recommendations to the commission and the legislature on actions necessary to achieve trust solvency.

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- (5) The commission shall monitor agency administrative expenses 4 over time. Beginning November 15, 2020, the commission must annually 5 6 report to the governor and the fiscal committees of the legislature agency spending for administrative expenses and anticipated 7 administrative expenses as the program shifts into different phases 8 of implementation and operation. The November 15, ((2025)) 2027, 9 report must include recommendations for a method of calculating 10 11 future agency administrative expenses to limit administrative 12 expenses while providing sufficient funds to adequately operate the program. The agency heads identified in subsection (2) of this 13 section may advise the commission on the reports prepared under this 14 subsection, but must recuse themselves from the commission's process 15 16 for review, approval, and submission to the legislature.
 - subcommittee consisting of the members identified in subsection (2)(a) through (d) of this section as voting members of the subcommittee. In addition, four members appointed by the governor who are considered experienced and qualified in the field of investment shall serve as nonvoting members. The subcommittee shall provide guidance and advice to the state investment board on investment strategies for the account, including seeking counsel and advice on the types of investments that are constitutionally permitted.
 - (7) The commission shall work with insurers to develop long-term care insurance products that supplement the program's benefit.
- 28 **Sec. 3.** RCW 50B.04.050 and 2021 c 113 s 4 are each amended to 29 read as follows:
 - (1) ((The)) Except as provided in subsection (2) of this section, the employment security department shall deem a person to be a qualified individual as provided in this chapter if the person has paid the long-term services and supports premiums required by RCW 50B.04.080 for the equivalent of either:
- 35 (a) A total of ten years without interruption of five or more 36 consecutive years; or
- 37 (b) Three years within the last six years from the date of 38 application for benefits.

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- (2) A person born before January 1, 1968, who has not met the duration requirements under subsection (1)(a) of this section may become a qualified individual with fewer than the number of years identified in subsection (1)(a) of this section if the person has paid the long-term services and supports premiums required by RCW 50B.04.080 for at least one year. A person becoming a qualified individual pursuant to this subsection (2) may receive one-tenth of the maximum number of benefit units available under RCW 50B.04.060(3)(b) for each year of premium payments. In accordance with RCW_50B.04.060, benefits will not be available until July 1, 2026, and nothing in this section requires the department of social and health services to accept applications for determining an individual's status as an eligible beneficiary prior to July 1, 2026. Nothing in this subsection (2) prohibits a person born before January 1, 1968, who meets the conditions of subsection (1)(b) of this section from receiving the maximum number of benefit units available under RCW 50B.04.060(3)(b).
 - (3) When deeming a person to be a qualified individual, the employment security department shall require that the person have worked at least five hundred hours during each of the ten years in subsection (1)(a) of this section $((\Theta r))_L$ each of the three years in subsection (1)(b) of this section, or each of the years identified in subsection (2) of this section.

- $((\frac{3}{3}))$ An exempt employee may never be deemed to be a qualified individual.
- **Sec. 4.** RCW 50B.04.060 and 2019 c 363 s 7 are each amended to 27 read as follows:
 - (1) Beginning ((January 1, 2025)) July 1, 2026, approved services must be available and benefits payable to a registered long-term services and supports provider on behalf of an eligible beneficiary under this section.
 - (2) ((A)) <u>Beginning July 1, 2026, a qualified individual may</u> become an eligible beneficiary by filing an application with the department of social and health services and undergoing an eligibility determination which includes an evaluation that the individual requires assistance with at least three activities of daily living. The department of social and health services must engage sufficient qualified assessor capacity, including via

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1 contract, so that the determination may be made within ((forty-five))
2 45 days from receipt of a request by a beneficiary to use a benefit.

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- (3) (a) An eligible beneficiary may receive approved services and benefits through the program in the form of a benefit unit payable to a registered long-term services and supports provider.
- (b) ((An)) Except as limited in RCW 50B.04.050(2), an eligible beneficiary may not receive more than the dollar equivalent of ((three hundred sixty-five)) 365 benefit units over the course of the eligible beneficiary's lifetime.
- (i) If the department of social and health services reimburses a long-term services and supports provider for approved services provided to an eligible beneficiary and the payment is less than the benefit unit, only the portion of the benefit unit that is used shall be taken into consideration when calculating the person's remaining lifetime limit on receipt of benefits.
- (ii) Eligible beneficiaries may combine benefit units to receive more approved services per day as long as the total number of lifetime benefit units has not been exceeded.
- 19 **Sec. 5.** RCW 50B.04.080 and 2020 c 98 s 4 are each amended to 20 read as follows:
 - (1) Beginning ((January 1, 2022)) <u>July 1, 2023</u>, the employment security department shall assess for each individual in employment with an employer a premium based on the amount of the individual's wages. The initial premium rate is ((fifty-eight hundredths of one)) .58 percent of the individual's wages. Beginning January 1, ((2024)) 2026, and biennially thereafter, the premium rate shall be set by the pension funding council at a rate no greater than ((fifty-funding council must set the premium rate at the lowest amount necessary to maintain the actuarial solvency of the long-term services and supports trust account created in RCW 50B.04.100 in accordance with recognized insurance principles and designed to attempt to limit fluctuations in the premium rate. To facilitate the premium rate setting the office of the state actuary must perform a biennial actuarial audit and valuation of the fund and make recommendations to the pension funding council.
 - (2) (a) The employer must collect from the employees the premiums provided under this section through payroll deductions and remit the amounts collected to the employment security department.

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1 (b) In collecting employee premiums through payroll deductions, 2 the employer shall act as the agent of the employees and shall remit 3 the amounts to the employment security department as required by this 4 chapter.

- (3) Nothing in this chapter requires any party to a collective bargaining agreement in existence on October 19, 2017, to reopen negotiations of the agreement or to apply any of the responsibilities under this chapter unless and until the existing agreement is reopened or renegotiated by the parties or expires.
- 10 (4)(a) Premiums shall be collected in the manner and at such 11 intervals as provided in this chapter and directed by the employment 12 security department.
 - (b) To the extent feasible, the employment security department shall use the premium assessment, collection, and reporting procedures in Title 50A RCW.
 - (5) The employment security department shall deposit all premiums collected in this section in the long-term services and supports trust account created in RCW 50B.04.100.
 - (6) Premiums collected in this section are placed in the trust account for the individuals who become eligible for the program.
 - (7) If the premiums established in this section are increased, the legislature shall notify each qualified individual by mail that the person's premiums have been increased, describe the reason for increasing the premiums, and describe the plan for restoring the funds so that premiums are returned to ((fifty-eight hundredths of one)) .58 percent of the individual's wages.
- **Sec. 6.** RCW 50B.04.090 and 2021 c 113 s 6 are each amended to 28 read as follows:
 - (1) Beginning ((January 1, 2022)) July 1, 2023, any self-employed person, including a sole proprietor, independent contractor, partner, or joint venturer, may elect coverage under this chapter. Coverage must be elected before ((January 1, 2025)) July 1, 2026, or within three years of becoming self-employed for the first time. Those electing coverage under this subsection are responsible for payment of ((one hundred)) 100 percent of all premiums assessed to an employee under RCW 50B.04.080. The self-employed person must file a notice of election in writing with the employment security department, in the manner required by the employment security department in rule. The self-employed person is eligible for benefits

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- after paying the long-term services and supports premium for the time required under RCW 50B.04.050.
 - (2) A self-employed person who has elected coverage may not withdraw from coverage.
 - (3) A self-employed person who elects coverage must continue to pay premiums until such time that the individual retires from the workforce or is no longer self-employed. To cease premium assessment and collection, the self-employed person must file a notice with the employment security department if the individual retires from the workforce or is no longer self-employed.
 - (4) The employment security department may cancel elective coverage if the self-employed person fails to make required payments or file reports. The employment security department may collect due and unpaid premiums and may levy an additional premium for the remainder of the period of coverage. The cancellation must be effective no later than ((thirty)) 30 days from the date of the notice in writing advising the self-employed person of the cancellation.
- 19 (5) Those electing coverage are considered employers or employees 20 where the context so dictates.
- 21 (6) For the purposes of this section, "independent contractor" 22 means an individual excluded from the definition of "employment" in 23 RCW 50B.04.010.
- (7) The employment security department shall adopt rules for determining the hours worked and the wages of individuals who elect coverage under this section and rules for enforcement of this section.
- 28 **Sec. 7.** RCW 50B.04.140 and 2019 c 363 s 15 are each amended to 29 read as follows:
- Beginning December 1, ((2026)) 2028, and annually thereafter, and in compliance with RCW 43.01.036, the commission must report to the legislature on the program, including:
 - (1) Projected and actual program participation;
 - (2) Adequacy of premium rates;
 - (3) Fund balances;
- 36 (4) Benefits paid;

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- 37 (5) Demographic information on program participants, including 38 age, gender, race, ethnicity, geographic distribution by county,
- 39 legislative district, and employment sector; and

- 1 (6) The extent to which the operation of the program has resulted 2 in savings to the medicaid program by avoiding costs that would have 3 otherwise been the responsibility of the state.
- 4 <u>NEW SECTION.</u> **Sec. 8.** A new section is added to chapter 50B.04 5 RCW to read as follows:
- Any premiums collected from the employee prior to July 1, 2023, 6 shall be refunded to the employee within 120 days of the collection 7 of the premiums. If the premiums were collected but not yet remitted 8 to the employment security department, the employer shall refund the 9 10 collected premiums to the employee. If the collected premiums were 11 remitted to the employment security department, the employment security department shall refund the premiums to the employer within 12 13 120 days of the collection of the premiums, who shall then return any 14 premiums collected from the employee.
- NEW SECTION. Sec. 9. This act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect immediately.

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