<u>SB 5632</u> - S AMD **500** By Senator Keiser

ADOPTED 02/02/2024

- 1 Strike everything after the enacting clause and insert the 2 following:
- 3 "NEW SECTION. Sec. 1. A new section is added to chapter 49.64
 4 RCW to read as follows:
- 5 (1) By January 1, 2025, the health benefit exchange created under 6 chapter 43.71 RCW must administer a worker health plan access 7 assistance program to help Washingtonians who lose health care 8 coverage provided by their employer or a joint labor management trust 9 as a result of an active strike, lockout, or other labor dispute.
- 10 (2) Subject to the availability of state funding appropriated for 11 this specific purpose, an individual and their dependents are 12 eligible for the program created in subsection (1) of this section if 13 the individual:
- 14 (a) Provides a self-attestation regarding loss of minimum 15 essential health care coverage from an employer or joint labor 16 management trust fund as a result of an active strike, lockout, or 17 other labor dispute;
- 18 (b) Enrolls in a silver standardized health plan under RCW 19 43.71.095;
- 20 (c) Applies for and accepts all applicable federal and state 21 subsidies for which the household may be eligible;
- 22 (d) Is ineligible for minimum essential coverage through 23 medicare, a federal or state medical assistance program administered 24 by the health care authority under chapter 74.09 RCW, or for premium 25 assistance under RCW 43.71A.020; and
- 26 (e) Is eligible to purchase a qualified health plan through the 27 health benefit exchange.
- 28 (3) The health benefit exchange may disqualify a participant from 29 the program if the participant:
- 30 (a) No longer meets the eligibility criteria in subsection (2) of this section;

- 1 (b) Fails, without good cause, to comply with procedural or 2 documentation requirements established by the health benefit exchange 3 in accordance with subsection (5) of this section;
 - (c) Fails, without good cause, to notify the health benefit exchange when the minimum essential coverage provided by the employer or joint labor management trust fund is reinstated;
 - (d) Voluntarily withdraws from the program; or
- 8 (e) Performs an act, practice, or omission that constitutes 9 fraud.
 - (4) The health benefit exchange may request, and applicable employer, labor organization, or other appropriate representatives, must provide, information to determine the status of a strike, lockout, or labor dispute, its impact to coverage, and any other information determined by the health benefit exchange as necessary to determine eligibility for financial assistance under this section.
- 16 (5) The health benefit exchange must establish requirements for 17 the program established in subsection (1) of this section that 18 include, but are not limited to:
- 19 (a) Procedural requirements for eligibility and continued 20 participation, including participant documentation requirements that 21 are necessary to administer the program;
- 22 (b) Procedural requirements for facilitating payments to and from 23 carriers; and
 - (c) A process for providing enrollment assistance.
- NEW SECTION. Sec. 2. This act may be known and cited as the worker health care protection act."

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- On page 1, line 2 of the title, after "dispute;" strike the remainder of the title and insert "adding a new section to chapter 49.64 RCW; and creating a new section."
 - EFFECT: Changes the date by which the Health Benefit Exchange must begin administering a worker health plan access assistance program from January 1, 2024, to January 1, 2025. Includes employees who lose their health care coverage from their joint labor management trust as a result of a labor dispute. Specifies the employee must Code Rev/MFW:lel 2 S-4566.1/24

lose their health care coverage during an active strike, lockout, or other labor dispute.

Adds an individual's dependents to the program's eligibility. Requires an individual to apply for and accept all applicable federal and state subsidies, rather than federal advance tax credits, to be eligible for the program. Removes the requirement that, subject to appropriation, the Health Benefit Exchange must pay the total premium for eligible individuals.

Allows the Health Benefit Exchange to disqualify a participant if the participant does not provide notification when minimum essential coverage is reinstated. Allows the Health Benefit Exchange to request information to determine the status of the labor dispute, its impact on coverage, and other information necessary to determine eligibility, and requires the requested information be provided. Requires the Health Benefit Exchange to establish a process for providing enrollment assistance.

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