
BILL REQUEST - CODE REVISER'S OFFICE

BILL REQ. #: S-3864.1/18

ATTY/TYPIST: AF:eab

BRIEF DESCRIPTION: Concerning access to health care for all state residents with apple health on the health benefit exchange.

1 AN ACT Relating to expanding access to health care for all state
2 residents with apple health on the health benefit exchange; adding
3 new sections to chapter 74.09 RCW; creating a new section; and
4 declaring an emergency.

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

6 NEW SECTION. **Sec. 1.** Health care and access to health coverage
7 are essential to every Washingtonian and it is the intent of the
8 legislature that every resident of Washington state have universal
9 access to health care. The legislature therefore intends to establish
10 a public option to ensure that every county of the state has access
11 to affordable individual health coverage.

12 NEW SECTION. **Sec. 2.** A new section is added to chapter 74.09
13 RCW to read as follows:

14 (1) Pursuant to receipt of any necessary waivers of federal law,
15 the apple health public option is established, and is intended to
16 provide an additional health insurance option for state residents
17 purchasing individual coverage, to ensure statewide access for all
18 residents.

19 (2) The authority, in consultation with the health benefit
20 exchange, shall seek any necessary waivers of federal law to allow an

1 apple health public option to be offered as a qualified health plan
2 through the Washington healthplanfinder.

3 (3) The apple health public option must offer a comprehensive
4 benefit package with the essential health benefits, including
5 reproductive care, and include a plan option with actuarial values of
6 the silver benefit package with the related cost sharing and a plan
7 option with actuarial values of the gold benefit package with related
8 cost sharing.

9 (4) To the extent allowed by federal law, the authority must seek
10 to maximize access to federal funding through advance premium tax
11 credits and cost-sharing subsidies that may be available. The apple
12 health public option must be available alongside the exchange
13 qualified health plans with financial assistance within the same
14 income standards, and the option to purchase coverage without
15 financial assistance above the income requirements set for premium
16 tax credits.

17 (5) The authority must procure the apple health public option to
18 be offered by one or more managed care plans. To the extent allowed
19 by federal law the authority must explore options, including waiver
20 authority, to combine the risk pool for the new apple health public
21 option with apple health. The authority and the exchange must advise
22 the legislature if the procurement of the apple health public option
23 necessitates any statutory changes, such as the definition of a
24 qualified health plan. The authority must share quarterly progress
25 reports with the legislature on the status of discussions for
26 waivers, program development, and financing estimates.

27 (6) To ensure a robust provider network, the authority must set
28 rates for the apple health public option at rates not less than one
29 hundred percent of the payment rate that applies to those services
30 and providers under medicare.

31 (7) The director, in consultation with the governor and the joint
32 select committee on health care oversight, must explore options to
33 form regional risk pools or regional purchasing options with Oregon
34 and California.

35 (8) If the waiver request in subsection (2) of this section is
36 not approved, the authority may not operate the apple health public
37 option. In the event the waiver request in subsection (2) of this
38 section is not approved, the authority must operationalize the
39 Evergreen health plan pursuant to section 3 of this act.

1 NEW SECTION. **Sec. 3.** A new section is added to chapter 74.09
2 RCW to read as follows:

3 (1) If a waiver request pursuant to section 2(2) of this act is
4 not approved, the authority must establish the Evergreen health plan
5 to be available on the health benefit exchange in every county of the
6 state.

7 (2) The Evergreen health plan must be available to individuals
8 who are screened for medicaid eligibility and found ineligible, but
9 who are eligible to purchase individual market health coverage.

10 (3) The Evergreen health plan must include two comprehensive
11 benefit packages with actuarial values of the silver and gold level
12 benefit packages with the related cost sharing, and must include the
13 essential health benefits, including reproductive care.

14 (4) The authority must procure the Evergreen health plan to be
15 offered by one or more managed care plans. The authority must include
16 this procurement as part of any ongoing and future contract
17 procurements with managed care plans for delivery of medicaid
18 services.

19 (5) To the extent allowed by federal law, the authority should
20 seek to maximize access to federal funding through advance premium
21 tax credits and cost-sharing subsidies that may be available.

22 (6) The authority and the exchange must advise the legislature if
23 the procurement of the Evergreen health plan necessitates any
24 statutory changes. No later than May 1, 2018, and quarterly
25 thereafter, the authority must share progress reports with the
26 legislature on the status of discussions for waivers, program
27 development, and financing estimates.

28 NEW SECTION. **Sec. 4.** This act is necessary for the immediate
29 preservation of the public peace, health, or safety, or support of
30 the state government and its existing public institutions, and takes
31 effect immediately.

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