

SENATE BILL REPORT

SB 6198

As of January 25, 2000

Title: An act relating to health care services.

Brief Description: Allowing residents to purchase health care from the Washington state health care authority.

Sponsors: Senators Wojahn, Thibaudeau, Goings, Kline, Jacobsen, Spanel, B. Sheldon, Franklin, Prentice, Rasmussen, Bauer, McAuliffe and Winsley.

Brief History:

Committee Activity: Health & Long-Term Care: 1/26/2000.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Staff: Jonathan Seib (786-7427)

Background: As in other states, most people in Washington who receive their health insurance through the private market do so through their employer in what is referred to as the group market. However, those who are not provided coverage by their employer must get insurance in the individual market. Approximately 200,000 to 250,000 state residents are currently insured through the individual market. There are also approximately 600,000 people without health insurance in the state for whom the individual market could potentially be a source of insurance. However, within the past year, the three major carriers in the individual market, citing significant financial losses, decided to no longer sell individual plans in Washington. Currently, commercial individual coverage is not available to new enrollees in 30 of the state's 39 counties.

The Public Employees Benefits Board (PEBB) provides insurance coverage to state and other active and retired public employees. Enrollment in PEBB health plans is not open to the general public.

Summary of Bill: Any state resident may purchase any plan purchased for the public employees' benefit program or for the Basic Health Plan. The premium may not exceed the lowest cost the state paid to purchase a given plan in fiscal year 1999, adjusted for inflation.

No resident whose gross family income is less than the equivalent of \$45,000 for a family of four, or 300 percent of the federal poverty level may be required to pay more than 10 percent of their gross family income to obtain coverage.

Any additional public funds necessary to implement the act are to be raised through increases in the tobacco tax.

No public employee or Basic Health Plan enrollee may be charged more or receive fewer health benefits as a consequence of the act.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date: Ninety days after adjournment of session in which bill is passed.