
HOUSE BILL 1375

State of Washington

58th Legislature

2003 Regular Session

By Representatives Dickerson, Sommers, Cody, Wallace, Campbell and McMahan

Read first time 01/24/2003. Referred to Committee on Health Care.

1 AN ACT Relating to basic health plan eligibility of persons
2 studying in the United States under temporary visas; amending RCW
3 70.47.020; and creating a new section.

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

5 NEW SECTION. **Sec. 1.** The legislature finds that the basic health
6 plan is a valuable means of providing access to affordable health
7 insurance coverage for low-income families and individuals in
8 Washington state. The legislature further finds that persons studying
9 in the United States as full-time students under temporary visas must
10 show, as a condition of receiving their temporary visa, that they have
11 sufficient funds available for self-support during their entire
12 proposed course of study. For this reason, the legislature finds that
13 it is not appropriate to provide subsidized basic health plan coverage
14 to this group of students.

15 **Sec. 2.** RCW 70.47.020 and 2000 c 79 s 43 are each amended to read
16 as follows:

17 As used in this chapter:

1 (1) "Washington basic health plan" or "plan" means the system of
2 enrollment and payment for basic health care services, administered by
3 the plan administrator through participating managed health care
4 systems, created by this chapter.

5 (2) "Administrator" means the Washington basic health plan
6 administrator, who also holds the position of administrator of the
7 Washington state health care authority.

8 (3) "Managed health care system" means: (a) Any health care
9 organization, including health care providers, insurers, health care
10 service contractors, health maintenance organizations, or any
11 combination thereof, that provides directly or by contract basic health
12 care services, as defined by the administrator and rendered by duly
13 licensed providers, to a defined patient population enrolled in the
14 plan and in the managed health care system; or (b) a self-funded or
15 self-insured method of providing insurance coverage to subsidized
16 enrollees provided under RCW 41.05.140 and subject to the limitations
17 under RCW 70.47.100(7).

18 (4) "Subsidized enrollee" means an individual, or an individual
19 plus the individual's spouse or dependent children: (a) Who is not
20 eligible for medicare; (b) who is not confined or residing in a
21 government-operated institution, unless he or she meets eligibility
22 criteria adopted by the administrator; (c) who is not a full-time
23 student who has received a temporary visa to study in the United
24 States; (d) who resides in an area of the state served by a managed
25 health care system participating in the plan; (~~(d)~~) (e) whose gross
26 family income at the time of enrollment does not exceed two hundred
27 percent of the federal poverty level as adjusted for family size and
28 determined annually by the federal department of health and human
29 services; and (~~(e)~~) (f) who chooses to obtain basic health care
30 coverage from a particular managed health care system in return for
31 periodic payments to the plan. To the extent that state funds are
32 specifically appropriated for this purpose, with a corresponding
33 federal match, "subsidized enrollee" also means an individual, or an
34 individual's spouse or dependent children, who meets the requirements
35 in (a) through (~~(e)~~) (d) and (~~(e)~~) (f) of this subsection and whose
36 gross family income at the time of enrollment is more than two hundred
37 percent, but less than two hundred fifty-one percent, of the federal

1 poverty level as adjusted for family size and determined annually by
2 the federal department of health and human services.

3 (5) "Nonsubsidized enrollee" means an individual, or an individual
4 plus the individual's spouse or dependent children: (a) Who is not
5 eligible for medicare; (b) who is not confined or residing in a
6 government-operated institution, unless he or she meets eligibility
7 criteria adopted by the administrator; (c) who resides in an area of
8 the state served by a managed health care system participating in the
9 plan; (d) who chooses to obtain basic health care coverage from a
10 particular managed health care system; and (e) who pays or on whose
11 behalf is paid the full costs for participation in the plan, without
12 any subsidy from the plan.

13 (6) "Subsidy" means the difference between the amount of periodic
14 payment the administrator makes to a managed health care system on
15 behalf of a subsidized enrollee plus the administrative cost to the
16 plan of providing the plan to that subsidized enrollee, and the amount
17 determined to be the subsidized enrollee's responsibility under RCW
18 70.47.060(2).

19 (7) "Premium" means a periodic payment, based upon gross family
20 income which an individual, their employer or another financial sponsor
21 makes to the plan as consideration for enrollment in the plan as a
22 subsidized enrollee or a nonsubsidized enrollee.

23 (8) "Rate" means the amount, negotiated by the administrator with
24 and paid to a participating managed health care system, that is based
25 upon the enrollment of subsidized and nonsubsidized enrollees in the
26 plan and in that system.

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