
HOUSE BILL 1170

State of Washington

59th Legislature

2005 Regular Session

By Representatives Dickerson, Cody, Sommers, Darneille, Schual-Berke, Kenney and Clibborn

Read first time 01/18/2005. 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 2004 c 192 s 1 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) "Health coverage tax credit program" means the program created
9 by the Trade Act of 2002 (P.L. 107-210) that provides a federal tax
10 credit that subsidizes private health insurance coverage for displaced
11 workers certified to receive certain trade adjustment assistance
12 benefits and for individuals receiving benefits from the pension
13 benefit guaranty corporation.

14 (4) "Health coverage tax credit eligible enrollee" means individual
15 workers and their qualified family members who lose their jobs due to
16 the effects of international trade and are eligible for certain trade
17 adjustment assistance benefits; or are eligible for benefits under the
18 alternative trade adjustment assistance program; or are people who
19 receive benefits from the pension benefit guaranty corporation and are
20 at least fifty-five years old.

21 (5) "Managed health care system" means: (a) Any health care
22 organization, including health care providers, insurers, health care
23 service contractors, health maintenance organizations, or any
24 combination thereof, that provides directly or by contract basic health
25 care services, as defined by the administrator and rendered by duly
26 licensed providers, to a defined patient population enrolled in the
27 plan and in the managed health care system; or (b) a self-funded or
28 self-insured method of providing insurance coverage to subsidized
29 enrollees provided under RCW 41.05.140 and subject to the limitations
30 under RCW 70.47.100(7).

31 (6) "Subsidized enrollee" means an individual, or an individual
32 plus the individual's spouse or dependent children: (a) Who is not
33 eligible for medicare; (b) who is not confined or residing in a
34 government-operated institution, unless he or she meets eligibility
35 criteria adopted by the administrator; (c) who is not a full-time
36 student who has received a temporary visa to study in the United
37 States; (d) who resides in an area of the state served by a managed
38 health care system participating in the plan; (~~(d)~~) (e) whose gross

1 family income at the time of enrollment does not exceed two hundred
2 percent of the federal poverty level as adjusted for family size and
3 determined annually by the federal department of health and human
4 services; and ~~((e))~~ (f) who chooses to obtain basic health care
5 coverage from a particular managed health care system in return for
6 periodic payments to the plan. To the extent that state funds are
7 specifically appropriated for this purpose, with a corresponding
8 federal match, "subsidized enrollee" also means an individual, or an
9 individual's spouse or dependent children, who meets the requirements
10 in (a) through ~~((e))~~ (d) and ~~((e))~~ (f) of this subsection and whose
11 gross family income at the time of enrollment is more than two hundred
12 percent, but less than two hundred fifty-one percent, of the federal
13 poverty level as adjusted for family size and determined annually by
14 the federal department of health and human services.

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

25 (8) "Subsidy" means the difference between the amount of periodic
26 payment the administrator makes to a managed health care system on
27 behalf of a subsidized enrollee plus the administrative cost to the
28 plan of providing the plan to that subsidized enrollee, and the amount
29 determined to be the subsidized enrollee's responsibility under RCW
30 70.47.060(2).

31 (9) "Premium" means a periodic payment, based upon gross family
32 income which an individual, their employer or another financial sponsor
33 makes to the plan as consideration for enrollment in the plan as a
34 subsidized enrollee, a nonsubsidized enrollee, or a health coverage tax
35 credit eligible enrollee.

36 (10) "Rate" means the amount, negotiated by the administrator with
37 and paid to a participating managed health care system, that is based

1 upon the enrollment of subsidized, nonsubsidized, and health coverage
2 tax credit eligible enrollees in the plan and in that system.

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