E2SHB 1569 S AMD to S AMD (S-3448.1/07) 440
By Senators Parlette and Haugen

NOT ADOPTED 4/12/2007

On page 3, at the beginning of line 4 of the amendment, strike all material through page 20, line 19 and insert the following:

"NEW SECTION. Sec. 4. A new section is added to chapter 41.05 RCW to read as follows:

- (1) The authority, in collaboration with an advisory board established under subsection (3) of this section, shall design a Washington health insurance connector and submit implementing legislation and supporting information, including funding options, to the governor and the legislature by December 1, 2007. The connector shall be designed to serve as a statewide, public-private partnership, offering maximum value for Washington state residents, through which nonlarge group health insurance may be bought and sold. It is the goal of the connector to:
- (a) Ensure that employees of small businesses and other individuals can find affordable health insurance;
- (b) Provide a mechanism for small businesses to contribute to their employees' coverage without the administrative burden of directly shopping or contracting for insurance;
- (c) Ensure that individuals can access coverage as they change and/or work in multiple jobs;
- (d) Coordinate with other state agency health insurance assistance programs, including the department of social and health services medical assistance programs and the authority's basic health program; and
- (e) Lead the health insurance marketplace in implementation of evidence-based medicine, data transparency, prevention and wellness incentives, and outcome-based reimbursement.
 - (2) In designing the connector, the authority shall:
 - (a) Address all operational and governance issues;
- (b) Consider best practices in the private and public sectors regarding, but not limited to, such issues as risk and/or purchasing pooling, market competition drivers, risk selection, and consumer choice and responsibility incentives; and
- (c) Address key functions of the connector, including but not limited to:
- (i) Methods for small businesses and their employees to realize tax benefits from their financial contributions;
- (ii) Options for offering choice among a broad array of affordable insurance products designed to meet individual needs, including waiving some current regulatory requirements. Options may include a health savings account/high-deductible health plan, a comprehensive health benefit plan, and other benchmark plans;
- (iii) Benchmarking health insurance products to a reasonable standard to enable individuals to make an informed choice of the coverage that is right for them;
- (iv) Aggregating premium contributions for an individual from multiple sources: Employers, individuals, philanthropies, and government;

- (v) Mechanisms to collect and distribute workers' enrollment information and premium payments to the health plan of their choice;
- (vi) Mechanisms for spreading health risk widely to support health insurance premiums that are more affordable;

- (vii) Opportunities to reward carriers and consumers whose behavior is consistent with quality, efficiency, and evidence-based best practices;
- (viii) Coordination of the transmission of premium assistance payments with the department of social and health services for individuals eligible for the department's employer-sponsored insurance program.
- (3) The authority shall appoint an advisory board and designate a chair. Members of the advisory board shall receive no compensation, but shall be reimbursed for expenses under RCW 43.03.050 and 43.03.060. Meetings of the board are subject to chapter 42.30 RCW, the open public meetings act, including RCW 42.30.110(1)(1), which authorizes an executive session during a regular or special meeting to consider proprietary or confidential nonpublished information.
- (4) The authority may enter into contracts to issue, distribute, and administer grants that are necessary or proper to carry out the requirements of this section.
- Sec. 2. RCW 70.47A.040 and 2006 c 255 s 4 are each amended to read as follows:
- (1) Beginning July 1, 2007, the administrator shall accept applications from eligible employees, on behalf of themselves, their spouses, and their dependent children, to receive premium subsidies through the small employer health insurance partnership program.
- (2) Premium subsidy payments may be provided to eligible employees ((if:)) or participating carriers on behalf of employees.
- (a) The eligible employee (($\frac{is}{is}$)) $\underline{must\ be}$ employed by a small employer(($\frac{is}{is}$)).
- (b) ((The actuarial value of the health benefit plan offered by the small employer is at least equivalent to that of the basic health plan benefit offered under chapter 70.47 RCW. The office of the insurance commissioner under Title 48 RCW shall certify those small employer health benefit plans that are at least actuarially equivalent to the basic health plan benefit; and)) Small employers may offer any available health benefit plan including health savings accounts. Health savings account subsidy payments may be provided to eligible employees if the eligible employee participates in an employer-sponsored high deductible health plan and health savings account that conforms to the requirements of the United States internal revenue service.
- (c) The small employer will pay at least forty percent of the monthly premium cost for health benefit plan coverage of the eligible employee.
- (3) The amount of an eligible employee's premium subsidy shall be determined by applying the sliding scale subsidy schedule developed for subsidized basic health plan enrollees under RCW 70.47.060 to the employee's premium obligation for his or her employer's health benefit plan.
- (4) After an eligible individual has enrolled in the program, the program shall issue subsidies in an amount determined pursuant to

subsection (3) of this section to either the eligible employee or to the carrier designated by the eligible employee.

3 (5) An eligible employee must agree to provide verification of continued enrollment in his or her small employer's health benefit plan on a semiannual basis or to notify the administrator whenever 6 his or her enrollment status changes, whichever is earlier. 7 Verification or notification may be made directly by the employee, or 8 through his or her employer or the carrier providing the small 9 employer health benefit plan. When necessary, the administrator has 10 the authority to perform retrospective audits on premium subsidy 11 accounts. The administrator may suspend or terminate an employee's 12 participation in the program and seek repayment of any subsidy amounts paid due to the omission or misrepresentation of an applicant 13 or enrolled employee. The administrator shall adopt rules to define 14 15 the appropriate application of these sanctions and the processes to implement the sanctions provided in this subsection, within available 16 17 resources."

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Beginning on page 20, line 20 of the title amendment, after "line" strike all material through "emergency" on page 21, line 3, and insert "2 of the title, after "state;" insert "amending RCW 70.47A.040, and creating a new section"

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EFFECT: Inserts the "connector" study from SB 5930, modifies the benefit requirement for SEHIP and allows premium assistance for any small group product including an HSA, eliminates the Partnership modifications, the two Partnership studies and the benefit mandate study, reverts to the original House Bill title.

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