SENATE BILL REPORT SCR 8409

As Reported by Senate Committee On: Health & Long-Term Care, January 28, 2010

Brief Description: Forming a joint select committee on health reform implementation.

Sponsors: Senator Keiser.

Brief History:

Committee Activity: Health & Long-Term Care: 1/14/10, 1/28/10 [DPS].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Concurrent Resolution No. 8409 be substituted therefor, and the substitute concurrent resolution do pass.

Signed by Senators Keiser, Chair; Franklin, Vice Chair; Pflug, Ranking Minority Member; Becker, Fairley, Marr, Murray and Parlette.

Staff: Mich'l Needham (786-7442)

Background: Health care reform legislation is being considered in Congress. The legislation touches on a wide range of areas within health care, including: insurance reforms; new purchasing exchanges for the individual and small group markets; development of new benefit standards; creation of new subsidies for premiums and cost-sharing; Medicaid program changes; Medicare program changes; a new national long-term care insurance program; demonstration projects on payment approaches with health homes, bundled payments, and accountable care organizations; a reinsurance program for employers offering retiree coverage; administrative simplification standards; comparative effectiveness research; wellness and preventive activities; nutritional labeling requirements; health workforce activities; grants for community health centers, school-based health centers, and nurse managed health centers; new tax credits and new tax assessments; etc.

The states will have a number of implementation responsibilities. The implementation timelines range, with some areas having near immediate effective dates while other areas are delayed for a number of years.

Summary of Bill (Recommended Substitute): The Joint Select Committee on Health Reform Implementation is created as a legislative committee. The committee provides a public forum for accountability of the federal health reform implementation planning efforts,

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identification and resolution of critical policy issues necessary for implementation, and identification of emerging issues that need statutory changes.

The committee is co-chaired by the chairs of the House and Senate Health Committees, and leadership of each house appoints two members from each caucus. The co-chairs may direct the formation of advisory committees to focus on specific topic areas such as insurance regulation, access and expansion of public and private programs, and workforce issues, and may invite interested stakeholders and additional experts.

All participation in the joint select committee and advisory committees is without compensation. The committee expires by June 30, 2014.

EFFECT OF CHANGES MADE BY HEALTH & LONG-TERM CARE COMMITTEE (Recommended Substitute): Each caucus will appoint 2 additional legislators instead of one. The co-chairs may form advisory committee to focus on specific topic areas such as insurance regulation, access and expansion of public and private programs, and workforce issues, and may invite interested stakeholders and additional experts. All participation in the joint select committee and advisory committees is without compensation.

Appropriation: None.

Fiscal Note: Not requested.

Committee/Commission/Task Force Created: Yes.

Staff Summary of Public Testimony on Original Bill: PRO: The federal bills are sweeping and enormously complex. They include a number of issues that are critical for the states and much of the implementation work will be done by the states. It is critical that we are ready with a collaborative process that can help us respond quickly and efficiently. The joint select committee can provide an important venue for stakeholder input.

Persons Testifying: PRO: Senator Keiser, prime sponsor; Sarah Cherin, Healthy Washington Coalition; Bill Daley, Washington Community Action Network.

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