
HOUSE BILL 1482

State of Washington

69th Legislature

2025 Regular Session

By Representatives Thai, Macri, Doglio, Davis, Reed, Ramel, Parshley, Santos, Salahuddin, Ormsby, Scott, Pollet, Hill, and Simmons

Read first time 01/21/25. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to assuring equity in health coverage; amending
2 RCW 43.71.020, 43.71.110, and 43.71.120; adding a new section to
3 chapter 74.09 RCW; adding a new section to chapter 43.71 RCW; and
4 creating a new section.

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

6 NEW SECTION. **Sec. 1.** (1) The legislature finds the following:

7 (a) Washington is home to more than 1,000,000 immigrants who
8 strengthen the state's economy, attend school, work, and pay taxes,
9 but are structurally excluded from the social safety net;

10 (b) Individuals with health insurance coverage have better health
11 outcomes than those who lack coverage. Uninsured individuals are more
12 likely to be in poor health and more likely to delay or forego needed
13 health care services, which ultimately drives up the cost of care;

14 (c) Federal law unjustly excludes certain categories of
15 immigrants from receiving affordable health coverage. As a result,
16 immigrants are disproportionately uninsured and at risk for poor
17 health outcomes. In 2021, undocumented immigrants had an uninsured
18 rate six times that of United States citizens;

19 (d) Washington has a long history of working toward equity in
20 immigrant health coverage. The state's basic health program covered
21 low-income residents without regard to immigration status until it

1 was dismantled in anticipation of affordable care act reforms which
2 have proven to be insufficient in addressing the disparity in
3 coverage. By contrast, the state's "cover all kids" law was retained
4 and continues to be successful in reducing immigration-related
5 inequity among Washington's children. In recent years, the Washington
6 state legislature has worked to fill this gap by funding apple health
7 expansion for fiscal year 2025 and by providing state subsidies that
8 have been accessible to immigrant community members through the
9 purchase of health insurance through Washington's Cascade care
10 savings program; and

11 (e) There are remaining opportunities for the state to seek
12 federal flexibility to cover immigrants otherwise excluded from
13 federal health programs, including funding apple health expansion to
14 cover all income-eligible persons and subsidize qualified health and
15 dental plans to bring their costs into parity with the affordable
16 care act subsidized plans.

17 (2) The legislature intends to:

18 (a) Improve the health of all people in the state by extending
19 health coverage options at parity to all Washington residents,
20 regardless of immigration status, by:

21 (i) Codifying a state medicaid equivalent program which is
22 accessible at no cost to people who meet income eligibility standards
23 for federal medicaid or federal insurance affordability programs,
24 except for their immigration status; and

25 (ii) Extending financial assistance for qualified health plans
26 and qualified dental plans for enrollees who are ineligible for
27 federal advance premium tax credits due to federal immigration status
28 restrictions.

29 (b) Work towards equity in providing culturally diverse and
30 linguistically appropriate care through these programs.

31 NEW SECTION. **Sec. 2.** A new section is added to chapter 74.09
32 RCW to read as follows:

33 (1) The apple health expansion program is established. Under the
34 program, the authority shall provide health coverage to individuals
35 who:

36 (a) Are at least 19 years old;

37 (b) Have a countable income that is at or below 138 percent of
38 the federal poverty level, adjusted for family size and determined

1 annually by the federal department of health and human services using
2 the modified adjusted gross income methodology; and

3 (c) Are ineligible for federal assistance affordability programs,
4 including medical assistance, as defined in the social security Title
5 XIX state plan, and federal advance premium tax credits, due to
6 immigration status restrictions.

7 (2) The amount, scope, and duration of health care services
8 provided to individuals under this section must be no less than, and
9 the cost of coverage for those health care services must be no more
10 than, that provided to individuals eligible for categorically needy
11 medical assistance, with the exception of long-term services and
12 supports.

13 (3) The authority shall use the same eligibility, enrollment, and
14 appeals procedures as those used for categorically needy medical
15 assistance, except where flexibility is necessary to maintain privacy
16 or minimize burden to applicants or enrollees.

17 (4) The authority shall manage its application and renewal
18 procedures to maximize enrollment of eligible individuals, including
19 assuring a seamless transition for individuals losing eligibility for
20 other coverage, including child, pregnancy and postpartum, or
21 emergency coverage.

22 (5) (a) The authority shall establish the community accountability
23 committee for apple health expansion. The community accountability
24 committee shall adopt a charter establishing its scope of work,
25 structure, limitations, and responsibilities. The authority shall
26 provide administrative and research support to the committee.

27 (b) The committee shall consist of at least five and no more than
28 nine geographically diverse members. The majority of the members must
29 be either representatives of community-based organizations working
30 directly with enrollees of the apple health expansion program or
31 enrollees of the apple health expansion program themselves. The
32 remaining committee members may be either service providers from the
33 apple health expansion program or representatives of organizations
34 working with or supporting the program. Members may not have a
35 conflict of interest with managed care organizations or their
36 affiliated entities. A chair shall be selected from the members of
37 the committee by a majority vote of the committee. After the initial
38 members are appointed, vacancies must be filled with the mutual
39 agreement of the committee members and the agency. The committee is a

1 class one group under RCW 43.03.220 and eligible committee members
2 shall receive stipends in accordance with that section.

3 (c) The committee shall monitor the performance of managed care
4 organizations and provide recommendations to the authority to
5 maximize accountability to enrollees and the community-based
6 organizations that support the enrollees. The authority shall
7 incorporate the recommendations of the committee into contracting
8 activities, state plan amendments, and enforcement activities. The
9 committee shall focus on the effectiveness of services, quality of
10 outcomes, and contractual compliance of the managed care
11 organizations providing services under the program. The committee
12 must have ready access to data to gauge managed care organization
13 system performance, including enrollee demographic information,
14 language access service utilization data, grievance and complaint
15 data, and information regarding contract noncompliance.

16 (d) The committee shall submit a report to the appropriate
17 committees of the legislature and the office of financial management
18 with recommendations from the committee regarding opportunities to
19 maximize accountability to the community in contracting and
20 contractual compliance by July 1, 2026, and every two years
21 following.

22 (6) The authority shall submit a report to the appropriate
23 committees of the legislature and the office of financial management
24 on the status and cost of the phased-in services described in this
25 section by July 1, 2026. The authority may contract with consultants
26 and partner with other agencies, as needed, to develop these reports.

27 (7) The authority shall adopt rules to implement this section.

28 NEW SECTION. **Sec. 3.** A new section is added to chapter 43.71
29 RCW to read as follows:

30 The exchange, in collaboration with the authority, shall
31 establish and maintain a culturally and geographically diverse and
32 linguistically appropriate immigrant health coverage outreach and
33 education campaign, including direct support to community-based
34 partners. For the purposes of the campaign, direct support is
35 established by providing funding directly to community-based
36 organizations, rather than third-party contractors and consultants,
37 that: (1) Serve impacted communities by providing services directly
38 to immigrant and refugee communities; and (2) are able to demonstrate
39 a direct link to individual impacted community members. The campaign

1 shall continue until there is parity between insurance coverage rates
2 for immigrants and citizens.

3 **Sec. 4.** RCW 43.71.020 and 2018 c 44 s 2 are each amended to read
4 as follows:

5 (1) The Washington health benefit exchange is established and
6 constitutes a self-sustaining public-private partnership separate and
7 distinct from the state, exercising functions delineated in chapter
8 317, Laws of 2011. By January 1, 2014, the exchange shall operate
9 consistent with applicable federal law subject to statutory
10 authorization. The exchange shall have a governing board consisting
11 of persons with expertise in the Washington health care system and
12 private and public health care coverage. The membership of the board
13 shall be appointed as follows:

14 (a) Each of the two largest caucuses in both the house of
15 representatives and the senate shall submit to the governor a list of
16 five nominees who are not legislators or employees of the state or
17 its political subdivisions, with no caucus submitting the same
18 nominee.

19 (i) The nominations from the largest caucus in the house of
20 representatives must include at least one employee benefit
21 specialist;

22 (ii) The nominations from the second largest caucus in the house
23 of representatives must include at least one health economist or
24 actuary;

25 (iii) The nominations from the largest caucus in the senate must
26 include at least one representative of health consumer advocates;

27 (iv) The nominations from the second largest caucus in the senate
28 must include at least one representative of small business;

29 (v) The remaining nominees must have demonstrated and
30 acknowledged expertise in at least one of the following areas:
31 Individual health care coverage, small employer health care coverage,
32 health benefit plan administration, health care finance and
33 economics, actuarial science, or administering a public or private
34 health care delivery system.

35 (b) The governor shall appoint two members from each list
36 submitted by the caucuses under (a) of this subsection. The
37 appointments made under this subsection (1)(b) must include at least
38 one employee benefits specialist, one health economist or actuary,
39 one representative of small business, and one representative of

1 health consumer advocates. The remaining four members must have a
2 demonstrated and acknowledged expertise in at least one of the
3 following areas: Individual health care coverage, small employer
4 health care coverage, health benefit plan administration, health care
5 finance and economics, actuarial science, or administering a public
6 or private health care delivery system.

7 (c) The governor shall appoint a ninth member to serve as chair.
8 The chair may not be an employee of the state or its political
9 subdivisions. The chair shall serve as a nonvoting member except in
10 the case of a tie.

11 (d) The following members shall serve as nonvoting, ex officio
12 members of the board:

13 (i) The insurance commissioner or his or her designee; and

14 (ii) The administrator of the health care authority, or his or
15 her designee.

16 (2) Initial members of the board shall serve staggered terms not
17 to exceed four years. Members appointed thereafter shall serve two-
18 year terms.

19 (3) A member of the board whose term has expired or who otherwise
20 leaves the board shall be replaced by gubernatorial appointment. Upon
21 the expiration of a member's term, the member shall continue to serve
22 until a successor has been appointed and has assumed office. When the
23 person leaving was nominated by one of the caucuses of the house of
24 representatives or the senate, his or her replacement shall be
25 appointed from a list of five nominees submitted by that caucus
26 within thirty days after the person leaves. If the member to be
27 replaced is the chair, the governor shall appoint a new chair within
28 thirty days after the vacancy occurs. A person appointed to replace a
29 member who leaves the board prior to the expiration of his or her
30 term shall serve only the duration of the unexpired term. Members of
31 the board may be reappointed to multiple terms.

32 (4) No board member may be appointed if his or her participation
33 in the decisions of the board could benefit his or her own financial
34 interests or the financial interests of an entity he or she
35 represents. A board member who develops such a conflict of interest
36 shall resign or be removed from the board.

37 (5) Members of the board must be reimbursed for their travel
38 expenses while on official business in accordance with RCW 43.03.050
39 and 43.03.060. The board shall prescribe rules for the conduct of its
40 business. Meetings of the board are at the call of the chair.

1 (6) The exchange and the board are subject only to the provisions
2 of chapter 42.30 RCW, the open public meetings act, and chapter 42.56
3 RCW, the public records act, and not to any other law or regulation
4 generally applicable to state agencies, except the exchange shall
5 maintain immigration and citizenship status information restrictions
6 as if it were a state agency subject to RCW 43.17.425. Consistent
7 with the open public meetings act, the board may hold executive
8 sessions to consider proprietary or confidential (~~nonpublished~~)
9 unpublished information.

10 (7) (a) The board shall establish an advisory committee to allow
11 for the views of the health care industry and other stakeholders to
12 be heard in the operation of the health benefit exchange.

13 (b) The board may establish technical advisory committees or seek
14 the advice of technical experts when necessary to execute the powers
15 and duties included in chapter 317, Laws of 2011.

16 (8) Members of the board are not civilly or criminally liable and
17 may not have any penalty or cause of action of any nature arise
18 against them for any action taken or not taken, including any
19 discretionary decision or failure to make a discretionary decision,
20 when the action or inaction is done in good faith and in the
21 performance of the powers and duties under chapter 317, Laws of 2011.
22 Nothing in this section prohibits legal actions against the board to
23 enforce the board's statutory or contractual duties or obligations.

24 (9) In recognition of the government-to-government relationship
25 between the state of Washington and the federally recognized tribes
26 in the state of Washington, the board shall consult with the American
27 Indian health commission.

28 **Sec. 5.** RCW 43.71.110 and 2021 c 246 s 1 are each amended to
29 read as follows:

30 (1) Subject to the availability of amounts appropriated for this
31 specific purpose, a premium assistance and cost-sharing reduction
32 program is hereby established to be administered by the exchange.

33 (2) Premium assistance and cost-sharing reduction amounts must be
34 established by the exchange within parameters established in the
35 omnibus appropriations act. In determining such amounts, the exchange
36 shall prioritize reaching parity in financial assistance for
37 enrollees, regardless of immigration status, by January 1, 2028, such
38 that the total amount of premium assistance and cost-sharing
39 reductions available to individuals eligible for federal advance

1 premium tax credits is equivalent to those who are ineligible due to
2 federal immigration status restrictions. The exchange shall submit a
3 report to the relevant committees of the legislature and the office
4 of financial management on the status and cost of such parity by
5 November 1, 2025.

6 (3) The exchange must establish, consistent with the omnibus
7 appropriations act:

8 (a) Procedural requirements for eligibility and continued
9 participation in any premium assistance program or cost-sharing
10 program established under this section, including participant
11 documentation requirements that are necessary to administer the
12 program; and

13 (b) Procedural requirements for facilitating payments to
14 carriers.

15 (4) Subject to the availability of amounts appropriated for this
16 specific purpose, an individual is eligible for premium assistance
17 and cost-sharing reductions under this section if the individual:

18 (a) (i) Is a resident of the state;

19 (ii) Has income that is up to an income threshold determined
20 through appropriation or by the exchange if no income threshold is
21 determined through appropriation;

22 (iii) Is enrolled in a silver or gold standard plan offered in
23 the enrollee's county of residence;

24 (iv) Applies for and accepts all federal advance premium tax
25 credits for which they may be eligible before receiving any state
26 premium assistance;

27 (v) Applies for and accepts all federal cost-sharing reductions
28 for which they may be eligible before receiving any state cost-
29 sharing reductions;

30 (vi) Is ineligible for minimum essential coverage through
31 medicare, a federal or state medical assistance program administered
32 by the authority under chapter 74.09 RCW, or for premium assistance
33 under RCW 43.71A.020; and

34 (vii) Meets any other eligibility criteria established by the
35 exchange; or

36 (b) Meets alternate eligibility criteria as established in the
37 omnibus appropriations act.

38 (5) (a) The exchange may disqualify an individual from receiving
39 premium assistance or cost-sharing reductions under this section if
40 the individual:

1 (i) No longer meets the eligibility criteria in subsection (4) of
2 this section;

3 (ii) Fails, without good cause, to comply with any procedural or
4 documentation requirements established by the exchange in accordance
5 with subsection (3) of this section;

6 (iii) Fails, without good cause, to notify the exchange of a
7 change of address in a timely manner;

8 (iv) Voluntarily withdraws from the program; or

9 (v) Performs an act, practice, or omission that constitutes
10 fraud, and, as a result, an issuer rescinds the individual's policy
11 for the qualified health plan.

12 (b) The exchange must develop a process for an individual to
13 appeal a premium assistance or cost-sharing assistance eligibility
14 determination from the exchange.

15 (6) Prior to establishing or altering premium assistance or cost-
16 sharing reduction amounts, eligibility criteria, or procedural
17 requirements under this section, the exchange must:

18 (a) Publish notice of the proposal on the exchange's website and
19 provide electronic notice of the proposal to any person who has
20 requested such notice. The notice must include an explanation of the
21 proposal, the date, time, and location of the public hearing required
22 in (b) of this subsection, and instructions and reasonable timelines
23 to submit written comments on the proposal;

24 (b) Conduct at least one public hearing no sooner than 20 days
25 after publishing the notice required in (a) of this subsection; and

26 (c) Publish notice of the finalized premium assistance or cost-
27 sharing reduction amounts, eligibility criteria, or procedural
28 requirements on the exchange's website and provide the notice
29 electronically to any person who has requested it. The notice must
30 include a detailed description of the finalized premium assistance or
31 cost-sharing reduction amounts, eligibility criteria, or procedural
32 requirements and a description and explanation of how they vary from
33 the initial proposal.

34 (7) The definitions in this subsection apply throughout this
35 section unless the context clearly requires otherwise.

36 (a) "Advance premium tax credit" means the premium assistance
37 amount determined in accordance with the federal patient protection
38 and affordable care act, P.L. 111-148, as amended by the federal
39 health care and education reconciliation act of 2010, P.L. 111-152,

1 or federal regulations or guidance issued under the affordable care
2 act.

3 (b) "Income" means the modified adjusted gross income attributed
4 to an individual for purposes of determining his or her eligibility
5 for advance premium tax credits.

6 (c) "Standard plan" means a standardized health plan under RCW
7 43.71.095.

8 **Sec. 6.** RCW 43.71.120 and 2021 c 246 s 2 are each amended to
9 read as follows:

10 (1) The exchange, in close consultation with the authority and
11 the office of the insurance commissioner, must explore all
12 opportunities to apply to the secretary of health and human services
13 under 42 U.S.C. Sec. 18052 for a waiver or other available federal
14 flexibilities to:

15 (a) Receive federal funds for the implementation of the premium
16 assistance or cost-sharing reduction programs established under RCW
17 43.71.110;

18 (b) Increase access to qualified health plans; ~~((and))~~

19 (c) Implement or expand other exchange programs that increase
20 affordability of or access to health insurance coverage in Washington
21 state; and

22 (d) Improve affordability and benefits for lawfully present
23 immigrants with a countable income that is at or below 138 percent of
24 the federal poverty level, up to and including transitioning such
25 individuals to the state program established in section 2 of this act
26 through a waiver, with accompanying federal pass-through funds, if
27 available.

28 (2) If, through the process described in subsection (1) of this
29 section ~~((+))~~, an opportunity to submit a waiver is identified, the
30 exchange, in collaboration with the office of the insurance
31 commissioner and the health care authority, may develop an
32 application under this section to be submitted by the health care
33 authority. If an application is submitted, the health care authority
34 must notify the chairs and ranking minority members of the
35 appropriate policy and fiscal committees of the legislature.

36 (3) Any application submitted under this section must meet all
37 federal public notice and comment requirements under 42 U.S.C. Sec.

1 18052(a)(4)(B), including public hearings to ensure a meaningful
2 level of public input.

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