May 12, 2022

The Honorable Janet Yellen  
Secretary of the Treasury  
Department of the Treasury  
1500 Pennsylvania Avenue, NW  
Washington, D.C. 20220

The Honorable Xavier Becerra  
Secretary of Health and Human Services  
Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, D.C. 20201

Dear Secretary Yellen and Secretary Becerra:

The state of Washington is pleased to submit this application for a Section 1332 State Innovation Waiver to help ensure all Washingtonians can obtain high-quality health coverage through our state-based marketplace, Washington Healthplanfinder.

The state respectfully requests that the U.S. Department of Treasury and the U.S. Department of Health and Human Services approve Washington’s application for a 1332 waiver. We are requesting to waive Section 1312(f)(3) for plan years 2024 through 2029 to allow all Washingtonians to purchase health coverage through Washington Healthplanfinder and allow all qualifying low-income residents to benefit from Cascade Care Savings (the state’s new premium assistance program).

The state of Washington has been a leader in exploring innovative ways to increase access, improve quality, and reduce the number of Washington residents who lack coverage. This waiver furthers recent efforts to expand coverage, including implementation of Cascade Care (standard plans and the first-in-nation public option program). By decreasing the number of uninsured, addressing health disparities, strengthening the individual market, and improving health care affordability, this waiver also takes an important step forward in addressing health equity.

I respectfully request your expeditious review and approval of this waiver. If you have any questions or require further information, please do not hesitate to contact my Senior Policy Advisor for Public Health and Health Care, Molly Voris, at molly.voris@gov.wa.gov or 360-764-0214.

Very truly yours,

Jay Inslee  
Governor
Washington Section 1332 Waiver Application

Submitted May 13, 2022

Prepared by the Washington Health Benefit Exchange

810 Jefferson St SE Olympia, WA 98501
Phone: 360-668-7700
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Section I – Waiver Introduction and Summary

Washington is submitting this application for a Section 1332 waiver to the Department of the Treasury and the Centers for Medicare & Medicaid Services (CMS) in the Department of Health and Human Services (collectively, “the Departments”) to expand state residents’ access to Qualified Health Plans (QHP(s)), including stand-alone Qualified Dental Plans (QDP(s)), and state-funded QHP affordability programs. The waiver would be in effect for at least coverage years 2024-2028.

Washington is submitting this waiver to ensure that comprehensive coverage and more affordable choices are available to uninsured Washington residents. According to the most recent Census data, 23% of the currently uninsured population in Washington cannot purchase QHP coverage through the state-based marketplace (Washington Healthplanfinder) because of federal limitations placed on persons defined as “not lawfully present.” This adversely impacts individual health outcomes, the health care marketplace (increasing bad debt and uncompensated care), and Washington’s economy. The waiver will provide access to federally non-subsidized QHP coverage options and state-funded affordability programs for Washington residents who cannot currently purchase coverage through Washington Healthplanfinder.

The Washington Health Benefit Exchange (Exchange) administers and operates the online eligibility and enrollment portal Washington Healthplanfinder. The Exchange is currently implementing a state-based premium subsidy program (Cascade Care Savings) designed to enhance the affordability of coverage for low-income Washington residents, including those not eligible for federal advance premium tax credits (APTC). Based on state legislative requirements, these state subsidies are only available to residents that purchase a QHP through Washington Healthplanfinder. The Exchange will start making the state-funded premium subsidies available for the 2023 plan year. If the Departments approve this waiver request, those newly eligible to purchase a QHP will also be able to benefit from the state subsidy program starting in plan year 2024, because both those who are and are not APTC-eligible can benefit from the state subsidy program.

This waiver represents the next step in a series of policy innovations to make coverage more accessible and affordable for Washington residents. In 2019, the Washington State Legislature created two new plan offerings that were first available for plan year 2021. Cascade Plans feature a standardized set of benefit designs offered across the marketplace. Cascade Plans, on average, offer lower deductibles, provide more predictable cost-sharing, and offer more services before the deductible, compared to other QHP offerings. Cascade Select Plans pair the standardized benefits of Cascade Plans with a set of provider reimbursement limits and value goals in a model commonly referred to as a “public option.” Cascade Select Plans are procured through the Washington Health Care Authority, in partnership with the Exchange. Cascade Plans (standard) and Cascade Select Plans (public option), collectively called “Cascade Care Plans,” are available through Washington Healthplanfinder. Currently, a third of all QHP enrollments are in Cascade Care Plans.

The Cascade Care Savings program will be available starting in plan year 2023 to Washington residents at or below 250% of the Federal Poverty Level (FPL) who purchase silver or gold
Cascade Care Plans and meet other eligibility criteria defined in statute or Exchange policy. The Exchange will finalize the exact subsidy amount based on approved rates and pending Congressional action that could impact APTC levels. The current federal requirements that prevent a group of Washington residents from purchasing coverage on Washington Healthplanfinder due to immigration status also prevent them from accessing Cascade Care Savings. Through this waiver, this group of residents would also be able to access Cascade Care Savings in plan year 2024.

Washington proposes a waiver of Section 1312(f)(3) of the Patient Protection and Affordable Care Act (ACA), which bars persons considered “not lawfully present” from purchasing QHP coverage, including QDP coverage, through Washington Healthplanfinder. This waiver would allow newly QHP eligible applicants to have the same plan shopping and enrollment experience as those who are currently eligible. This includes accessing the online application, viewing and enrolling in available QHP plan options, viewing available Cascade Care Savings, and accessing decision support tools that help customers compare and select plans. The proposed waiver maximally leverages current information technology interfaces, operational procedures, and security and privacy safeguards. The waiver would, for the first time, allow newly eligible residents to enroll together with their currently QHP-eligible families in a single health plan.

This waiver is projected to improve the individual market risk pool and prevent individuals and families from relying on less affordable or less comprehensive forms of coverage, or from remaining uninsured and relying on costly emergency room services and charity care.

Washington is submitting this waiver pursuant to the authority provided in enacted Engrossed Second Substitute Senate Bill 5377 (2021-22), Engrossed Substitute Senate Bill 5092 (2021-22), and Engrossed Substitute Senate Bill 5693 (2021-22). To implement this waiver for the 2024 plan year, as directed by the Washington State Legislature, approval from federal Departments is requested by August 1, 2022 to allow sufficient time to: develop and test needed system updates (summer 2022 – summer 2023); engage with and learn from waiver-impacted communities to inform implementation efforts, including the development of outreach materials (summer 2022 – summer 2023); and train Exchange-certified Navigators and assisters on system and related updates (fall 2023), in advance of open-enrollment starting November 1, 2023 for coverage effective January 1, 2024.

**Section II – Program Description**

Cascade Care Savings

In 2021, the Washington State Legislature authorized the Exchange to administer a premium assistance program and cost-sharing reduction program, subject to the availability of appropriated funds. The state premium assistance program (Cascade Care Savings) was funded and takes effect for plan year 2023. The relevant policy bill provides the Exchange with implementation authority, and the relevant state budget bill defines the income eligibility limit and appropriated funding levels to be used by the Exchange when setting the assistance amounts. Together, the bills identify that Cascade Care Savings is available to Washington residents up to
250% FPL who purchase silver or gold Cascade Care Plans, apply for and accept all APTC they are eligible for, and meet other eligibility criteria defined in statute or Exchange policy.

Cascade Care Plans includes Cascade Plans (standard) and Cascade Select Plans (public option). All Cascade Care Plans have a standard benefit design that emphasizes lower deductibles and providing access to services before having to pay the deductible. Customers can make “apples to apples” comparisons across different insurance carriers because the benefits are the same. Cascade Select Plans are Washington’s public option plans. These plans have the same standard benefit design, along with additional requirements, such as: incorporating community quality standards; value-based purchasing; and ensuring aggregate limits on provider reimbursements. These additional requirements help increase access to high-value care at a lower cost.

In plan year 2023, the Exchange intends to offer Cascade Care Savings to two distinct groups. The first includes individuals that receive APTC, purchase any silver or gold Cascade Care Plan (standard or public option plans), have a household income at or below 250% FPL, and meet other eligibility requirements. The second group includes individuals who purchase any silver or gold Cascade Care Plan, have a household income at or below 250% FPL, meet other eligibility requirements, and who apply for but are not eligible to receive APTC. If this waiver application is approved, the number of Washington residents in this second group will grow beginning in plan year 2024.

Washington Healthplanfinder is an integrated online portal that is used to determine eligibility for Washington Apple Health (Medicaid) programs, APTC, and QHP and QDP coverage. For purposes of determining income eligibility for Cascade Care Savings, the Exchange will leverage the same processes used to determine income eligibility for APTC. A condition of participation in the Cascade Care Savings program is that residents apply for and, if eligible, elect to receive the maximum amount of APTC in advance.

If the Cascade Care Savings subsidy is greater than the monthly premium for the benchmark plan after the full APTC amount, the consumer is not eligible to receive the difference between the maximum subsidy amount and the after-APTC premium. Similar to APTC, this method helps ensure that, in any circumstance, the state subsidy amount will not be greater than the net premium for the benchmark plan (lowest cost silver Cascade Care Plan in the applicable county). More details regarding the subsidy policy can be found in Appendix B: Washington Health Benefit Exchange State Premium Assistance Policy.

Currently, enhanced federal subsidies are available through 2022 under the American Rescue Plan (ARP). For both groups described above who will be receiving Cascade Care Savings in 2023, the maximum projected state premium subsidy amount, per member per month (PMPM), is:

1 This first group includes Washington residents in the “5-year bar” who can qualify for federally funded Washington Apple Health (Medicaid) coverage after they satisfy the federal five-year waiting period. In the meantime, these residents can qualify for APTC, QHP and QDP coverage.

2 The second group includes Washington residents eligible for minimum essential coverage (MEC), except for those offered MEC through a federal or state medical assistance program, including Medicare and Washington Apple Health (Medicaid). See Appendix B: Washington Health Benefit Exchange Premium Assistance Program for more details.
• $150 if ARP subsidies extended through plan year 2023
• $75 if ARP subsidies expire at the end of plan year 2022 (current law)

These 2023 estimates exclude the waiver population, who will be eligible to purchase QHPs starting in plan year 2024 if the waiver application is approved. The maximum projected state premium amount is the same across both groups in 2023 but is projected to differ across groups starting in 2024.

The maximum projected state premium subsidy PMPM for 2024, assuming ARP subsidies expire (current law) is:

• $65 PMPM for those that receive APTC. This amount is not projected to change under the waiver.
• $195 for those that are not eligible for APTC (which would include the newly eligible waiver population), resulting in an average projected premium decrease of 42%.

*Note that members that are non-subsidized or that receive APTC subsidies but that do not qualify for the state subsidy program were excluded from the above calculations

Table 1A: Detailed Enrollment, State-Subsidy and Net Premium Projections, by APTC status, for 2023, 2024 baseline (without waiver); and 2024 waiver (with approved 1332 waiver)

<table>
<thead>
<tr>
<th></th>
<th>2023 (With ARP)</th>
<th>2023 (No ARP)</th>
<th>2024 Baseline (With ARP)</th>
<th>2024 Waiver (With ARP)</th>
<th>2024 Baseline (No ARP)</th>
<th>2024 Waiver (No ARP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>APTC Enrollment in State Subsidy Program</td>
<td>87,700</td>
<td>70,100</td>
<td>88,000</td>
<td>88,000</td>
<td>66,300</td>
<td>66,300</td>
</tr>
<tr>
<td>Non-APTC Enrollment in State Subsidy Program</td>
<td>3,400</td>
<td>2,100</td>
<td>3,900</td>
<td>6,400</td>
<td>3,600</td>
<td>6,200</td>
</tr>
<tr>
<td>APTC: State Subsidy PMPM</td>
<td>$150</td>
<td>$75</td>
<td>$140</td>
<td>$140</td>
<td>$65</td>
<td>$65</td>
</tr>
<tr>
<td>Non-APTC: State Subsidy PMPM</td>
<td>$150</td>
<td>$75</td>
<td>$185</td>
<td>$185</td>
<td>$195</td>
<td>$195</td>
</tr>
<tr>
<td>APTC: Average Subsidy Received</td>
<td>$31</td>
<td>$48</td>
<td>$31</td>
<td>$31</td>
<td>$42</td>
<td>$42</td>
</tr>
<tr>
<td>Non-APTC: Average Subsidy Received</td>
<td>$149</td>
<td>$74</td>
<td>$183</td>
<td>$184</td>
<td>$193</td>
<td>$194</td>
</tr>
<tr>
<td>APTC: Average Net Premium</td>
<td>$5</td>
<td>$44</td>
<td>$6</td>
<td>$6</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Non-APTC: Average Net Premium</td>
<td>$302</td>
<td>$408</td>
<td>$271</td>
<td>$312</td>
<td>$265</td>
<td>$307</td>
</tr>
</tbody>
</table>

On April 5, 2022, the Treasury Department and the Internal Revenue Service (IRS) released a notice of proposed rulemaking that would change eligibility for APTC. The so-called “Family Glitch” precludes APTC eligibility for an entire family offered employer-sponsored coverage if the cost for the employee’s self-only coverage is deemed affordable, even if the family coverage...
is not affordable. The proposed rule would extend access to APTC if the family coverage is unaffordable. This change, if finalized, will cause some shifts in enrollment. Table 1B presents parallel results to Table 1A, but with an assumption that the Family Glitch regulation is finalized as proposed.

Table 1B: Detailed Enrollment, State-Subsidy and Net Premium Projections, by APTC status, for 2023, 2024 baseline (without waiver); and 2024 waiver (with approved 1332 waiver) with Family Glitch Finalized

<table>
<thead>
<tr>
<th></th>
<th>2023 (With ARP)</th>
<th>2023 (No ARP)</th>
<th>2024 Baseline (With ARP)</th>
<th>2024 Waiver (With ARP)</th>
<th>2024 Baseline (No ARP)</th>
<th>2024 Waiver (No ARP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>APTC Enrollment in State Subsidy Program</td>
<td>88,800</td>
<td>71,100</td>
<td>89,400</td>
<td>89,400</td>
<td>67,300</td>
<td>67,300</td>
</tr>
<tr>
<td>Non-APTC Enrollment in State Subsidy Program</td>
<td>3,300</td>
<td>2,100</td>
<td>3,900</td>
<td>6,400</td>
<td>3,500</td>
<td>6,200</td>
</tr>
<tr>
<td>APTC: State Subsidy PMPM</td>
<td>$150</td>
<td>$75</td>
<td>$140</td>
<td>$140</td>
<td>$65</td>
<td>$65</td>
</tr>
<tr>
<td>Non-APTC: State Subsidy PMPM</td>
<td>$150</td>
<td>$75</td>
<td>$185</td>
<td>$185</td>
<td>$195</td>
<td>$195</td>
</tr>
<tr>
<td>APTC: Average Subsidy Received</td>
<td>$31</td>
<td>$48</td>
<td>$31</td>
<td>$31</td>
<td>$42</td>
<td>$42</td>
</tr>
<tr>
<td>Non-APTC: Average Subsidy Received</td>
<td>$149</td>
<td>$74</td>
<td>$183</td>
<td>$184</td>
<td>$193</td>
<td>$194</td>
</tr>
<tr>
<td>APTC: Average Net Premium</td>
<td>$5</td>
<td>$44</td>
<td>$6</td>
<td>$6</td>
<td>$50</td>
<td>$49</td>
</tr>
<tr>
<td>Non-APTC: Average Net Premium</td>
<td>$302</td>
<td>$407</td>
<td>$271</td>
<td>$312</td>
<td>$264</td>
<td>$307</td>
</tr>
</tbody>
</table>

*Note that members who are non-subsidized or receive APTC subsidies but do not qualify for the state subsidy program were excluded from the above calculations*

The Cascade Care Savings policy developed by the Exchange, including the method for determining the annual state subsidy amount – and the contingent budget amount appropriated by the Washington State Legislature – is structured to ensure that receipt of Cascade Care Savings among the newly eligible waiver population does not impact the amount of state subsidies available for groups eligible in the baseline scenario. The Washington State Legislature recently passed their 2022 Supplemental Budget (pending the Washington Governor’s signature), which includes $55 million in annual state funding for the Cascade Care Savings program.

The subsidy amount will be set, after establishing a 10% reserve to help account for enrollment uncertainty, to maximize assistance to the consumer while ensuring that any eligible consumer can receive the subsidy. However, if enrollment exceeds projections, the Exchange has the authority to cap enrollment in Cascade Care Savings to account for budget limits in the state
appropriation. Of the total annual appropriation, $5 million is contingent on 1332 waiver approval and specifically allocated for those that do not receive APTC (which would include the newly eligible waiver population).

Under this waiver, all residents will utilize the eligibility and enrollment functionality of Washington Healthplanfinder. Included in this functionality will be the ability for family members to enroll in the same plan (provided they are all eligible for the plan). This will allow an estimated 12% of current mixed-status QHP households to stay together in the same QHP, if desired. Washington Healthplanfinder will display all plans that an individual is eligible to purchase, along with any applicable subsidies, including APTC and Cascade Care Savings. Other than the ability to purchase plans on the marketplace, this waiver does not extend eligibility to any federal subsidy to persons that are not currently eligible.

Expected Enrollment

Washington expects enrollment growth on the Exchange as a result of this waiver. Increased access to marketplace coverage as well as state-funded premium assistance for those newly eligible to purchase create the growth modeled for the waiver duration. The table below describes the estimated enrollment without the waiver (baseline, after Cascade Cade Savings) and with the waiver. Washington expects the waiver to result in total enrollment growth between 1.1 and 1.5% per year over the 5-year waiver period.

Table 2 - Enrollment Estimates 2024-2028 with Waiver

<table>
<thead>
<tr>
<th></th>
<th>2024</th>
<th>2025</th>
<th>2026</th>
<th>2027</th>
<th>2028</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Baseline</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Individual Enrollment</td>
<td>237,900</td>
<td>239,200</td>
<td>242,800</td>
<td>246,100</td>
<td>249,800</td>
</tr>
<tr>
<td>Total Exchange Enrollment</td>
<td>213,000</td>
<td>216,000</td>
<td>221,100</td>
<td>225,800</td>
<td>230,900</td>
</tr>
<tr>
<td>APTC Enrollment</td>
<td>132,200</td>
<td>133,000</td>
<td>134,600</td>
<td>134,800</td>
<td>136,100</td>
</tr>
<tr>
<td>APTC and State Subsidy Enrollment</td>
<td>66,300</td>
<td>67,100</td>
<td>68,700</td>
<td>68,900</td>
<td>70,200</td>
</tr>
<tr>
<td>State Subsidy Only Enrollment</td>
<td>3,600</td>
<td>3,700</td>
<td>3,600</td>
<td>3,600</td>
<td>3,700</td>
</tr>
<tr>
<td>Not Eligible for Subsidies</td>
<td>77,200</td>
<td>78,900</td>
<td>80,700</td>
<td>82,500</td>
<td>84,300</td>
</tr>
<tr>
<td>Off-Exchange Enrollment</td>
<td>24,900</td>
<td>23,200</td>
<td>21,700</td>
<td>20,300</td>
<td>18,900</td>
</tr>
<tr>
<td><strong>After Waiver</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Individual Enrollment</td>
<td>240,500</td>
<td>242,200</td>
<td>245,900</td>
<td>249,300</td>
<td>253,400</td>
</tr>
<tr>
<td>Total Exchange Enrollment</td>
<td>215,600</td>
<td>219,000</td>
<td>224,200</td>
<td>229,000</td>
<td>234,500</td>
</tr>
<tr>
<td>APTC Enrollment</td>
<td>132,200</td>
<td>133,500</td>
<td>136,700</td>
<td>139,600</td>
<td>142,900</td>
</tr>
<tr>
<td>APTC and State Subsidy Enrollment</td>
<td>66,300</td>
<td>67,100</td>
<td>68,700</td>
<td>68,900</td>
<td>70,200</td>
</tr>
<tr>
<td>State Subsidy Only Enrollment</td>
<td>6,200</td>
<td>6,600</td>
<td>6,800</td>
<td>6,900</td>
<td>7,400</td>
</tr>
<tr>
<td>Not Eligible for Subsidies</td>
<td>77,200</td>
<td>78,900</td>
<td>80,700</td>
<td>82,500</td>
<td>84,300</td>
</tr>
<tr>
<td>Off-Exchange Enrollment</td>
<td>24,900</td>
<td>23,200</td>
<td>21,700</td>
<td>20,300</td>
<td>18,900</td>
</tr>
<tr>
<td><strong>Percent Change in Total Enrollment</strong></td>
<td>1.1%</td>
<td>1.3%</td>
<td>1.3%</td>
<td>1.3%</td>
<td>1.4%</td>
</tr>
</tbody>
</table>
Expected Federal Savings and Pass-through Request

Table 3 - Effect of Waiver Relative to Baseline on Federal Savings

<table>
<thead>
<tr>
<th>Year</th>
<th>Federal APTC Savings ($M)</th>
<th>Federal PTC Savings ($M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2024</td>
<td>$1.92</td>
<td>$1.75</td>
</tr>
<tr>
<td>2025</td>
<td>$2.22</td>
<td>$2.03</td>
</tr>
<tr>
<td>2026</td>
<td>$2.43</td>
<td>$2.22</td>
</tr>
<tr>
<td>2027</td>
<td>$2.62</td>
<td>$2.40</td>
</tr>
<tr>
<td>2028</td>
<td>$3.02</td>
<td>$2.76</td>
</tr>
</tbody>
</table>

Available federal pass-through funding resulting from the waiver will supplement the $5 million in Cascade Care Savings program contingency funds for those that do not receive APTC.

Section III – Authorizing Legislation

Washington is submitting this waiver pursuant to the authority provided in enacted Engrossed Second Substitute Senate Bill 5377, Engrossed Substitute Senate Bill 5092, and Engrossed Substitute Senate Bill 5693:

- In 2019, the Washington State Legislature created Cascade Care Plans – which include Cascade Plans (standard) and Cascade Select Plans (public option) – that were first available for plan year 2021.
- In 2021, the Washington State Legislature passed Engrossed Second Substitute Senate Bill 5377, which established state affordability programs tied to Cascade Care Plans. The Legislature funded a state premium assistance program (Cascade Care Savings) in the biennial operating budget (Engrossed Substitute Senate Bill 5092). In both vehicles the Exchange was authorized to develop a 1332 waiver.
- In 2022, the Legislature passed a supplemental operating budget (Engrossed Substitute Senate Bill 5693) that provided additional annual state premium assistance funding, contingent on 1332 waiver approval, and also provided funding to implement the 1332 waiver for plan year 2024.

Table 4: Summary of Relevant State Legislation

<table>
<thead>
<tr>
<th>Year Passed</th>
<th>Bill Number</th>
<th>Applicable Provisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>E2SSB 5526</td>
<td>• Established Washington State’s Cascade Care Plans:</td>
</tr>
<tr>
<td></td>
<td>(Policy Bill)</td>
<td>○ Cascade Plan (standard)</td>
</tr>
<tr>
<td>Year</td>
<td>Bill Number</td>
<td>Provisions</td>
</tr>
<tr>
<td>------</td>
<td>---------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| 2021 | E2SSB 5377 (Policy Bill) | - Required the Exchange to complete a state subsidy study and provide implementation recommendations to the Legislature by Dec. 2020  
- Established, subject to funding, state affordability programs (premium assistance and cost sharing reductions) for Exchange customers enrolling in a silver or gold Cascade Care Plan  
- Directed the Exchange to create an affordability program policy for funded initiatives, within parameters established by the budget  
- Provided authority to the Exchange to develop a 1332 waiver to receive federal funds, increase access to QHPs, and increase affordability or access to coverage |
| 2021 | ESSB 5092 (Biennial Operating Budget) | - Provided the Exchange with $50M annually for a state premium subsidy program starting in PY 2023, for those up to 250% FPL  
- Provided the Exchange with funding to implement the state premium subsidy program  
- Provided authority to the Exchange to develop a 1332 waiver to facilitate enrollment of Washington residents who do not qualify for non-emergency Medicaid or federal affordability programs into a state-funded program, no later than plan year 2024 |
| 2022 | ESSB 5693 (Supplemental Operating Budget) | - Increased total annual appropriation for the state premium subsidy program to $55M, with $5M for non-federally subsidized enrollees contingent on 1332 waiver approval  
- Provided funding to the Exchange to support 1332 waiver implementation (community-led engagement/outreach and system updates) |

On May 10, 2021, Washington enacted Engrossed Second Substitute Senate Bill 5377 (2021), effective on July 25, 2021. This legislation established, subject to funding, state affordability programs related to Cascade Care plans – including state funded premium assistance and cost sharing reductions. The legislation provided authority to the Exchange to develop a 1332 waiver application. The legislation includes the following provisions:

- Subject to the availability of amounts appropriated for this specific purpose, a premium assistance and cost-sharing reduction program is hereby established to be administered by the exchange.
- Premium assistance and cost-sharing reduction amounts must be established by the exchange within parameters established in the omnibus appropriations act.
- The Exchange, in close consultation with the authority and the office of the insurance commissioner, must explore all opportunities to apply to the secretary of health and
human services under 42 U.S.C. Sec. 18052 for a waiver or other available federal flexibilities to:
  - Receive federal funds for the implementation of the premium assistance or cost-sharing reduction programs established under RCW 43.71.110;
  - Increase access to qualified health plans; and
  - Implement or expand other exchange programs that increase affordability of or access to health insurance coverage in Washington state.

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

- Any application submitted under this section must meet all federal public notice and comment requirements under 42 U.S.C. Sec. 18052(a)(4)(B), including public hearings to ensure a meaningful level of public input.

A copy of the Engrossed Second Substitute Senate Bill 5377 (2021) is included in Error! Reference source not found. Error! Reference source not found.

On May 18, 2021, Washington enacted Engrossed Substitute Senate Bill 5092 (2021), effective on May 18, 2021. The legislation provides the Exchange with $50 M annually beginning in plan year 2023 to provide a state premium assistance program, as established in E2SSB 5377 (2021). This legislation also directs the Exchange, in consultation with state agency partners, to explore coverage solutions specifically for Washington residents ineligible for non-emergency Medicaid or federal affordability programs, and to facilitate enrollment into a state funded solution by plan year 2024. The legislation includes the following provisions:

- $50,000,000 of the health care affordability account–state appropriation is provided solely for the Exchange to administer a premium assistance program, beginning for plan year 2023, as established in Engrossed Second Substitute Senate Bill No. 5377 (standardized health plans), and this is the maximum amount the exchange may expend for this purpose. An individual is eligible for the premium assistance provided if the individual:
  - Has income up to 250 percent of the federal poverty level; and
  - Meets other eligibility criteria as established in section 1 (4) (a) of Engrossed Second Substitute Senate Bill No. 5377 (standardized health plans).

- Within amounts appropriated in this section, the Exchange, in close consultation with the authority and the office of the insurance commissioner, shall explore opportunities to facilitate enrollment of Washington residents who do not qualify for non-emergency Medicaid or federal affordability programs in a state funded program no later than plan year 2024.
  - If an opportunity to apply to the secretary of health and human services under 42 U.S.C. Sec. 18052 for a waiver is identified or other federal flexibilities are available, the exchange, in collaboration with the office of the insurance commissioner and the authority may develop an application to be submitted by the authority. If an application is submitted, the authority must notify the chairs
and ranking minority members of the appropriate policy and fiscal committees of the legislature.

- Any application submitted under this subsection must meet all federal public notice and comment requirements under 42 U.S.C. Sec. 18052(a)(4)(B), including public hearings to ensure a meaningful level of public input.

A copy of the relevant section of Engrossed Substitute Senate Bill 5092 (2021-22) is included in Error! Reference source not found. Error! Reference source not found.

On March 31, 2022, the Washington State Legislature enacted Engrossed Substitute Senate Bill 5693, effective March 31, 2022. This legislation increased the state appropriation for the state subsidy program, by adding $5M contingent on the 1332 waiver to the existing appropriation of $50M. Additional funding was also provided to support 1332 waiver implementation. The following additional provisions were added:

- $50,000 of the general fund—state appropriation for fiscal year 2022 and $2,891,000 of the general fund—state appropriation for fiscal year 2023 are provided solely for system updates and community-led engagement activities necessary to implement the waiver.
- $5,000,000 of the state health care affordability account—state appropriation is provided solely to provide premium assistance for customers ineligible for federal premium tax credits who meet the established eligibility criteria and is contingent upon approval of the applicable waiver.

A copy of the relevant section of Engrossed Substitute Senate Bill 5693 (2021-22) is included in Error! Reference source not found. Error! Reference source not found.

Section IV – Provision(s) of the Law that the State Seeks to Waive

The state of Washington is seeking a waiver of Section 1312(f)(3) of the ACA (42 USC §18032 (f)(3)). This section prohibits persons that are not United States citizens, United States nationals, or aliens lawfully present in the United State from being deemed a qualified individual for the purpose of qualifying for coverage in a qualified health plan offered on the exchange. Washington is seeking a complete waiver of this subsection in order to deem any individual, regardless of immigration status, a qualified individual for the purpose of enrolling in a QHP, including QDPs, offered through Washington Healthplanfinder. Through this waiver, Washington intends that 45 CFR §155.305 (a) would not be used as an eligibility requirement for enrollment in a QHP, including QDPs, through Washington Healthplanfinder. The other requirements of 45 CFR §155.305 (a) would apply to eligibility determinations.
Section V – Compliance with Section 1332 Guardrails: Data, Analyses, and Certifications

The state of Washington conducted actuarial and economic analyses related to the changes that will occur after this section 1332 waiver application is approved and implemented beginning in plan year 2024. The actuarial and economic analyses and certifications that support the state’s findings that all four of the section 1332 guardrails will be met, are included in Error! Reference source not found. Error! Reference source not found..

A. Comprehensiveness Requirement (Section 1332(b)(1)(A))

Comprehensiveness refers to the scope of benefits provided by the state plan as measured by the extent to which coverage meets essential health benefit (EHB) requirements as defined in section 1302(b) of the ACA and 45 CFR 156.110. Under the waiver, there will be no changes to the EHB and no diminution of benefits available to any Washington resident.

B. Affordability Requirement (Section 1332(b)(1)(B))

Affordability refers to the state residents’ ability to pay out-of-pocket for their health care expenses relative to their income. Under the waiver, more Washington resident will have access to affordable coverage that they would without the waiver. Additionally, no Washington resident will experience less affordable coverage as a result of the waiver. The following chart provides the expected premium cost reductions as a result of the waiver, given the availability of Cascade Care Savings:

Table 5 - Effect of Waiver Relative to Baseline on Premiums

<table>
<thead>
<tr>
<th>Year</th>
<th>Change in Premiums</th>
</tr>
</thead>
<tbody>
<tr>
<td>2024</td>
<td>-1.4%</td>
</tr>
<tr>
<td>2025</td>
<td>-1.6%</td>
</tr>
<tr>
<td>2026</td>
<td>-1.6%</td>
</tr>
<tr>
<td>2027</td>
<td>-1.6%</td>
</tr>
<tr>
<td>2028</td>
<td>-1.7%</td>
</tr>
</tbody>
</table>

The waiver will not have any impact on out-of-pocket costs for consumers. The waiver will not have any impact on the costs of coverage or the availability of tax credits for small group coverage.
C. Scope of Coverage Requirement (Section 1332(b)(1)(C))

The third guardrail specifies that meaningful health care coverage must be provided to a comparable number of state residents as Title I of the ACA would provide. This waiver will increase the number of Washington residents enrolled in coverage as compared to the baseline without the waiver. Washington does not expect a loss of coverage in any group as a result of the waiver. The following chart outlines the total enrollment in the individual market with and without the waiver over the course of the 5-year duration:

*Table 6 - Effect of Waiver Relative to Baseline on Enrollment*

<table>
<thead>
<tr>
<th>Year</th>
<th>Change in Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2024</td>
<td>1.1%</td>
</tr>
<tr>
<td>2025</td>
<td>1.3%</td>
</tr>
<tr>
<td>2026</td>
<td>1.3%</td>
</tr>
<tr>
<td>2027</td>
<td>1.3%</td>
</tr>
<tr>
<td>2028</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

D. Deficit Neutrality Requirement (Section 1332(b)(1)(D))

This proposed section 1332 waiver will not increase the deficit of the United States. The increased enrollment in the individual market as the result of the waiver represents persons that are not eligible for PTC.

The costs to provide additional state-funded Cascade Care Savings resulting from increased uptake among the waiver population will be paid by state funding, and any eventual federal pass-through savings that may become available.

Because the section 1332 waiver is expected to increase overall individual market Exchange enrollment for the currently unsubsidized the analysis does not predict an increase in PTC spending.

Washington’s estimates show the amount of federal spending will be less than or equal to what the federal government would have paid during each year of the required 5-year budget period. Washington estimates that federal savings will be over $11 million over the course of the waiver.

*Table 7 - Effect of Waiver Relative to Baseline on Federal Savings*

<table>
<thead>
<tr>
<th>Year</th>
<th>Federal PTC Savings ($M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2024</td>
<td>$1.75</td>
</tr>
<tr>
<td>2025</td>
<td>$2.03</td>
</tr>
</tbody>
</table>
Section VI – Implementation Plan and Timeline

Following waiver approval, Washington will take the following steps to implement the section 1332 waiver:

Table 8 – Section 1332 Waiver Implementation Timeline

<table>
<thead>
<tr>
<th>Expected Timing</th>
<th>Section 1332 Waiver – Implementation and Years 0-2 Activity Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 2022</td>
<td>• WA receives approval of section 1332 waiver</td>
</tr>
<tr>
<td>Summer 2022</td>
<td>• The Exchange begins designing system changes</td>
</tr>
<tr>
<td></td>
<td>• The Exchange begins community-led engagement activities to inform outreach strategy for 2024 Open Enrollment (OE)</td>
</tr>
<tr>
<td>September 2022</td>
<td>• Finalize modeling of Cascade Care Savings program per member per month subsidy (PMPMs) for plan year (PY) 2023</td>
</tr>
<tr>
<td>November 2022 - January 2023</td>
<td>• OE for Plan Year 2023 with Cascade Care Savings for non-waiver individuals.</td>
</tr>
<tr>
<td>June 2023</td>
<td>• Draft carrier rates available for PY 2024</td>
</tr>
<tr>
<td></td>
<td>• Initial modeling of Cascade Care Savings program PMPMs for PY 2024</td>
</tr>
<tr>
<td>July 2023</td>
<td>• State funds distributed for PY 2024 Cascade Care Savings program into affordability account</td>
</tr>
<tr>
<td></td>
<td>○ Includes newly eligible waiver population with approved section 1332 waiver in PY 2024</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Federal PTC Savings ($M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2026</td>
<td>$2.22</td>
</tr>
<tr>
<td>2027</td>
<td>$2.40</td>
</tr>
<tr>
<td>2028</td>
<td>$2.76</td>
</tr>
<tr>
<td>Summer 2023</td>
<td>• Finalize system updates and complete testing in advance of Fall open-enrollment activities, to support waiver implementation for Open Enrollment 2024</td>
</tr>
</tbody>
</table>
| September 2023 | • Final carrier rates for PY 2024  
• Finalize modeling of Cascade Care Savings program PMPMs for PY 2024  
• WA submits required annual section 1332 waiver and Baseline modeling |
| November 2023 | • OE for PY 2024 begins  
  o Waiver population able to purchase QHPs & QDPs and (if eligible) enroll in Cascade Care Savings program |
| January 2024 | • QHP coverage begins for waiver population  
• OE 2024 ends January 15 |
| April 2024 | • State receives final pass-through for PY 2024 from Treasury/CMS |
| June 2024 | • Draft carrier rates available for PY 2024  
• Initial modeling of Cascade Care Savings program PMPMs for PY 2025 (includes any pass-through funds from PY 2024) |
| July 2024 | • State funds distributed for PY 2025 into affordability account |
| September 2024 | • Final carrier rates for PY 2025  
• Finalize modeling of Cascade Care Savings program PMPMs for PY 2025s  
• WA submits required annual section 1332 waiver and baseline modeling |
| November 2024 | • OE for PY 2025 begins |
| January 2025 | • OE 2025 ends January 15 |
| April 2025 | • State receives final pass-through for PY 2025 check from Treasury/CMS |
| June 2025 | • Draft carrier rates available for PY 2024  
• Initial modeling of Cascade Care Savings program PMPMs for PY 2026 (includes any pass-through funds from PY 2025) |
| July 2025 | • State funds distributed for PY 2026 into affordability account |
| September 2025 | • Final carrier rates for PY 2026  
• Finalize modeling of Cascade Care Savings program PMPMs for PY 2026 |
Washington understands the potential need to modify certain elements of information reporting as directed by the Departments (both the electronic information sent to IRS and the Forms 1095-A), and will do so in accordance with any modifications IRS deems necessary to administer the waiver.

Section VII – Public Notice and Comment Process

On March 31, 2022, the state of Washington opened public comment for this section 1332 waiver application, and posted this opportunity of notice to comment on the Washington Health Benefit Exchange website: 1332 Waiver Information | Washington Health Benefit Exchange (wahbexchange.org). The public comment period closed at 12:00 pm PST on May 2, 2022 (a 24-hour grace period was extended to accommodate late submissions).

The Exchange created and broadly distributed the opportunity to subscribe to a listserv specifically for section 1332 waiver updates. The new listserv gained over 16,000 subscribers.

On March 31, 2022, the Exchange broadly distributed a Notice for Public Comment to the section 1332 waiver listserv. The Notice is included in Appendix D. On April 7, 2022, the Exchange also broadly distributed a reminder of the two upcoming public comment meetings.

During the two public hearings, nine organizations offered comments in support of the waiver application (some of the organizations that offered comment during the meetings also provided written comments). A total of 401 written comments were received from: 131 organizations representing health plans, providers, consumer advocates, and others; state and local elected officials; and 365 individuals. Of the 401 written comments received, 396 expressed strong support for the waiver, two commentors were opposed, and one commentor had concerns. Written comments are included in full in Appendix D.

Tribal Consultation

The Exchange offered a tribal consultation for April 11, 2022 via a Dear Tribal Leader letter sent to all 29 federally-recognized tribes in the state on March 15, 2022. A reminder email was sent on April 5, 2022. No tribes responded to the invitation.

On April 15, 2022, the Exchange distributed the materials that had been prepared for the tribal consultation. These materials (the Dear Tribal Leader letter and tribal consultation slide deck) can be found in Appendix D.
Public Comment Hearings

During this comment period, two public hearings were held virtually via Microsoft Teams on April 12 and 13, 2022. During the two public hearings, nine organizations offered comments in support of the waiver application (some of the organizations that offered comment during the meetings also provided written comments).

Verbal and written comments received during the public comment period are summarized in Appendix D, along with the Exchange’s responses to those comments. The public comment slide deck can also be found in Appendix D.

Section VIII – Additional Information

A. Administrative Burden

The waiver would result in a minimal increase in administrative burden for the state of Washington. The Exchange will make the state-based technology changes needed to implement the waiver and assume the incremental increase in administration related to new enrollees including outreach, mailings, compliance, and customer service. Since the waiver is being administered by a state-based marketplace, and only increases enrollment for those persons not eligible for APTC, the only increase in federal administrative burden would be the calculation of pass-through funds and the receipt and review of mandatory reports. For consumers, the new ability to enroll in a health plan through Washington Healthplanfinder, a streamlined coverage path, will reduce the administrative burden for seeking coverage or care through other channels. The proposed changes from a 1332 waiver approval, allowing additional residents to purchase a QHP, will result in minimal additional administrative burden on issuers given no plan changes are necessary, and projected uptake should have limited impact on their total enrollment. There will be no administrative burden changes for the employer community.

B. PPACA Impacts

The waiver will have no impact on ACA provisions that are not being waived.

C. Out of State Services

This waiver represents an increase of access for persons seeking out-of-state services due to the increased number of Washington residents that enroll in QHP coverage, which provides coverage for out-of-state services.

D. Federal Administration and Operations

The state will provide the federal government with reports outlined in Section IX.
Washington understands the potential need to modify certain elements of information reporting as directed by the Departments (both the electronic information sent to IRS and the Forms 1095-A), and will do so in accordance with any modifications IRS deems necessary to administer the waiver.

Beyond reviewing reporting for compliance and annual calculation of any potential pass-through, there is no expected additional federal administrative burden or responsibilities.

E. Waste, Fraud, and Abuse

The approval of the 1332 waiver will not alter the Washington Health Benefit Exchange’s typical waste, fraud, and abuse monitoring and mitigation. Given there is no impact on federal APTC as a result of the waiver, all monitoring and mitigation relates to state funds appropriated by the Washington State Legislature to the Exchange.

F. Health Equity Goal

With this 1332 waiver, the state seeks to provide all Washington families an opportunity to purchase QHP coverage together through Washington Healthplanfinder. This waiver aims to address health equity and reduce racial disparities by increasing coverage for underserved populations, and improve affordability for consumers in the individual market. Over 2 million of Washington’s 6.5 million residents under 65 years old obtain health coverage through Washington Healthplanfinder. At the time a family first applies for coverage through the online portal, they do not know which health program they will be determined eligible for: Medicaid, CHIP, or QHP coverage. It is common in Washington for families to include members who qualify for different programs (over 10% of QHP enrolled families have at least one household member who is receiving Medicaid or CHIP) and members who have different immigration statuses (over 25% of QHP eligible households have at least one non-Citizen member).

The state provides an integrated eligibility and enrollment experience through Washington Healthplanfinder for families who qualify for different programs and seeks to do the same for mixed-status families and uninsured individuals who currently have no other health insurance coverage option. Data collected by the American Community Survey (ACS) and analyzed by the Washington Office of Financial Management estimates over 105,000 of the state’s 465,000 uninsured state residents cannot currently access QHP coverage through Washington Healthplanfinder due to their immigration status – about 23% of the uninsured population in Washington. This rate is higher (29%) among the uninsured population under 250% FPL. Immigrants are also overrepresented in low-wage jobs that are unlikely to offer employer-sponsored health coverage.

In Washington state’s non-elderly adult population, approximately one in six (about 843,000) is a first-generation immigrant. When looking at the uninsured rate among U.S.-born citizens and individuals without a federally recognized status in Washington State, OFM found that 5-6% of U.S.-born citizens are uninsured, while nearly 41% of individuals who lack a federally recognized immigration status are uninsured. In 2017, individuals without a federally recognized status were 11 times as likely to be uninsured as U.S.-born citizens, when other population characteristics were held as equal.4

Table 10 – Percent Uninsured by Immigration Status, 2010-2017, Adults Aged 18-64, in Washington State

The uninsured rate in Washington also disproportionately impacts communities of color – the highest uninsured rates in Washington are among the Hispanic population (16.8%, approximately four times higher than the uninsured rate of 4.5% for the non-Hispanic population), American Indians and Alaska Natives (11.2%) and Black residents (7.9%).

Table 11 – Percent Uninsured by Race, 2013-2019, in Washington State

Without health insurance, it is unlikely that individuals and families, including children and young adults who are citizens, will receive the health care services they need to stay healthy. Those without health insurance have more absences from work and delay preventive or chronic condition care which often results in poorer health outcomes, exacerbating health disparities.

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Lack of health insurance can also lead to increased emergency room utilization, driving higher costs at the federal and state level for both providers (via uncompensated care) and families.

This waiver is expected to help stabilize the individual health insurance market in Washington, which already includes over 25,000 lawfully present QHP enrollees from across the state, because immigrants tend to be younger, healthier, or lower-than-average utilizers of health care services when compared to the general insured population. As such, this waiver will also help improve affordability for consumers in the individual market.

To further support waiver implementation efforts, the Exchange will be leveraging funding provided by the Washington State Legislature for waiver related, community-led engagement activities starting in plan year 2023. The Exchange works with an extensive network of community-based Navigators, brokers and tribal assisters who provide outreach, language support and enrollment assistance. Leading up to plan year 2024, the Exchange will be learning from and working in partnership with impacted communities to inform waiver related messaging, outreach, materials development, and ongoing community engagement activities.

Section IX – Reporting Targets

Washington will submit all required quarterly, annual, and cumulative targets for the guardrail requirements in accordance with 31 CFR 33.108(f)(4)(vi) and 45 CFR 155.1308(f)(4)(vi).

The Exchange will assume responsibility for the reporting requirements, including the following:

- **Quarterly reports (31 CFR 33.124(a) and 45 CFR 155.1324(a)):** To the extent required by the Departments, the Washington Health Benefit Exchange will submit quarterly reports, including reports of ongoing operational challenges, if any, and plans for, and results of, associated corrective actions.

- **Annual reports (31 CFR 33.124(b) and 45 CFR 155.1324(b)):** the Washington Health Benefit Exchange will submit annual reports documenting the following:
  1. The current state and the progress of the section 1332 waiver to date.
  3. Premiums for the second lowest-cost silver plan under the section 1332 waiver and an estimate of the premium as it would have been without the waiver for a representative consumer in each rating area.
  4. A summary of the annual public forum required by 31 CFR 33.120(c) and 45 CFR 155.1320(c) and a summary of actions taken in response to public input.

Community leaders in Washington have shared that distrust of the health care system and sharing information with the government, including on health coverage applications, is a barrier to accessing care. Required metrics will be submitted to the Departments at the aggregate level only; no individually identifiable information will be included or otherwise shared. Data will be reported to the Departments only to the extent necessary to satisfy federal requirements related to continuation of the waiver. Any creation, collection, use, and disclosure of waiver related data
will adhere to protective federal and state privacy and security requirements that govern the use of Exchange data, and data minimization standards will be followed.

Section X – Administration

Name: Joan Altman, JD. MPH

Title: Director of Government Affairs and Strategic Partnerships, Washington Health Benefit Exchange

Telephone Number: 360-688-7774

Email address: joan.altman@wahbexchange.org
Appendix A: Authorizing Legislation

Included here is the entirety of the 2021 policy bill (E2SSB 5377), and the relevant components (Exchange budget sections) of the 2021 and 2022 budget bills (ESSB 5092 and ESSB 5693, respectively).
CERTIFICATION OF ENROLLMENT

ENGROSSED SECOND SUBSTITUTE SENATE BILL 5377

67th Legislature
2021 Regular Session

Passed by the Senate April 19, 2021
   Yeas 28  Nays 21

______________________________
President of the Senate

Passed by the House April 8, 2021
   Yeas 55  Nays 43

CERTIFICATE

I, Brad Hendrickson, Secretary of the Senate of the State of Washington, do hereby certify that the attached is ENGROSSED SECOND SUBSTITUTE SENATE BILL 5377 as passed by the Senate and the House of Representatives on the dates hereon set forth.

______________________________
Secretary

Speaker of the House of Representatives

Approved

______________________________
Secretary of State
State of Washington

______________________________
Governor of the State of Washington
AN ACT Relating to increasing affordability of standardized plans on the individual market; amending RCW 41.05.410 and 43.71.095; adding new sections to chapter 43.71 RCW; adding a new section to chapter 48.43 RCW; and adding a new section to chapter 41.05 RCW.

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

NEW SECTION. Sec. 1. A new section is added to chapter 43.71 RCW to read as follows:

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

(2) Premium assistance and cost-sharing reduction amounts must be established by the exchange within parameters established in the omnibus appropriations act.

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

(a) Procedural requirements for eligibility and continued participation in any premium assistance program or cost-sharing program established under this section, including participant documentation requirements that are necessary to administer the program; and
(b) Procedural requirements for facilitating payments to carriers.

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

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

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

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

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

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

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

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

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

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

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

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

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

(iv) Voluntarily withdraws from the program; or

(v) Performs an act, practice, or omission that constitutes fraud, and, as a result, an issuer rescinds the individual's policy for the qualified health plan.
(b) The exchange must develop a process for an individual to appeal a premium assistance or cost-sharing assistance eligibility determination from the exchange.

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

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

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

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

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

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

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

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

NEW SECTION. Sec. 2. A new section is added to chapter 43.71 RCW to read as follows:

(1) The exchange, in close consultation with the authority and the office of the insurance commissioner, must explore all
opportunities to apply to the secretary of health and human services
under 42 U.S.C. Sec. 18052 for a waiver or other available federal
flexibilities to:
  (a) Receive federal funds for the implementation of the premium
assistance or cost-sharing reduction programs established under
section 1 of this act;
  (b) Increase access to qualified health plans; and
  (c) Implement or expand other exchange programs that increase
affordability of or access to health insurance coverage in Washington
state.
(2) If, through the process described in subsection (1) of this
section an opportunity to submit a waiver is identified, the
exchange, in collaboration with the office of the insurance
commissioner and the health care authority, may develop an
application under this section to be submitted by the health care
authority. If an application is submitted, the health care authority
must notify the chairs and ranking minority members of the
appropriate policy and fiscal committees of the legislature.
(3) Any application submitted under this section must meet all
federal public notice and comment requirements under 42 U.S.C. Sec.
18052(a)(4)(B), including public hearings to ensure a meaningful
level of public input.

NEW SECTION. Sec. 3. A new section is added to chapter 43.71
RCW to read as follows:
(1) The state health care affordability account is created in the
state treasury. Expenditures from the account may only be used for
premium and cost-sharing assistance programs established in section 1
of this act.
(2) The following funds must be deposited in the account:
  (a) Any grants, donations, or contributions of money collected
for purposes of the premium assistance or cost-sharing reduction
programs established in section 4 of this act;
  (b) Any federal funds received by the health benefit exchange
pursuant to section 2 of this act; and
  (c) Any additional funding specifically appropriated to the
account.

NEW SECTION. Sec. 4. A new section is added to chapter 48.43
RCW to read as follows:
For qualified health plans offered on the exchange, a carrier shall:
(1) Accept payments for enrollee premiums or cost-sharing assistance under section 1 of this act or as part of a sponsorship program under RCW 43.71.030(4). Nothing in this subsection expands or restricts the types of sponsorship programs authorized under state and federal law;
(2) Clearly communicate premium assistance amounts to enrollees as part of the invoicing and payment process; and
(3) Accept and process enrollment and payment data transferred by the exchange in a timely manner.

NEW SECTION. Sec. 5. A new section is added to chapter 41.05 RCW to read as follows:
(1) If a public option plan is not available in each county in the state during plan year 2022 or later, the following requirements apply for all subsequent plan years:
(a) Upon an offer from a public option plan, a hospital licensed under chapter 70.41 RCW that receives payment for services provided to enrollees in the public employees' benefits program or school employees' benefits program, or through a medical assistance program under chapter 74.09 RCW, must contract with at least one public option plan to provide in-network services to enrollees of that plan. This subsection (1)(a) does not apply to a hospital owned and operated by a health maintenance organization licensed under chapter 48.46 RCW; and
(b) The authority shall contract, under RCW 41.05.410, with one or more health carriers to offer at least one standardized bronze, one standardized silver, and one standardized gold qualified health plan in every county in the state or in each county within a region of the state.
(2) Health carriers and hospitals may not condition negotiations or participation of a hospital licensed under chapter 70.41 RCW in any health plan offered by the health carrier on the hospital's negotiations or participation in a public option plan.
(3) By December 1st of the plan year during which enrollment in public option plans statewide is greater than 10,000 covered lives:
(a) The health benefit exchange, in consultation with the insurance commissioner and the authority, shall analyze public option plan rates paid to hospitals for in-network services and whether they
have impacted hospital financial sustainability. The analysis must include any impact on hospitals' operating margins during the years public option health plans have been offered in the state and the estimated impact on operating margins in future years if enrollment in public option plans increases. It must also examine the income levels of public option plan enrollees over time. The analysis may examine a sample of hospitals of various sizes and located in various counties. In conducting its analysis, the exchange must give substantial weight to any available reporting of health care provider and health system costs under RCW 70.390.050;

(b) The health care cost transparency board established under chapter 70.390 RCW shall analyze the effect that enrollment in public option plans has had on consumers, including an analysis of the benefits provided to, and premiums and cost-sharing amounts paid by, consumers enrolled in public option plans compared to other standardized and nonstandardized qualified health plans; and

(c) The health benefit exchange, in consultation with the insurance commissioner, the authority, and interested stakeholders, including, but not limited to, statewide associations representing hospitals, health insurers, and physicians, shall review the analyses completed under (a) and (b) of this subsection and develop recommendations to the legislature to address financial or other issues identified in the analyses.

(4) The authority may adopt program rules, in consultation with the office of the insurance commissioner, to ensure compliance with this section, including levying fines and taking other contract actions it deems necessary to enforce compliance with this section.

(5) For the purposes of this section, "public option plan" means a qualified health plan contracted by the authority under RCW 41.05.410.

Sec. 6. RCW 41.05.410 and 2019 c 364 s 3 are each amended to read as follows:

(1) The authority, in consultation with the health benefit exchange, must contract with one or more health carriers to offer qualified health plans on the Washington health benefit exchange for plan years beginning in 2021. A health carrier contracting with the authority under this section must offer at least one bronze, one silver, and one gold qualified health plan in a single county or in multiple counties. The goal of the procurement conducted under this
section is to have a choice of qualified health plans under this section offered in every county in the state. The authority may not execute a contract with an apparently successful bidder under this section until after the insurance commissioner has given final approval of the health carrier's rates and forms pertaining to the health plan to be offered under this section and certification of the health plan under RCW 43.71.065.

(2) A qualified health plan offered under this section must meet the following criteria:

(a) The qualified health plan must be a standardized health plan established under RCW 43.71.095;

(b) The qualified health plan must meet all requirements for qualified health plan certification under RCW 43.71.065 including, but not limited to, requirements relating to rate review and network adequacy;

(c) The qualified health plan must incorporate recommendations of the Robert Bree collaborative and the health technology assessment program;

(d) The qualified health plan may use an integrated delivery system or a managed care model that includes care coordination or care management to enrollees as appropriate;

(e) The qualified health plan must meet additional participation requirements to reduce barriers to maintaining and improving health and align to state agency value-based purchasing. These requirements may include, but are not limited to, standards for population health management; high-value, proven care; health equity; primary care; care coordination and chronic disease management; wellness and prevention; prevention of wasteful and harmful care; and patient engagement;

(f) To reduce administrative burden and increase transparency, the qualified health plan's utilization review processes must:

(i) Be focused on care that has high variation, high cost, or low evidence of clinical effectiveness; and

(ii) Meet national accreditation standards;

(g) The total amount the qualified health plan reimburses providers and facilities for all covered benefits in the statewide aggregate, excluding pharmacy benefits, may not exceed one hundred sixty percent of the total amount medicare would have reimbursed providers and facilities for the same or similar services in the statewide aggregate;
((ii) Beginning in calendar year 2023, if the authority determines that selective contracting will result in actuarially sound premium rates that are no greater than the qualified health plan's previous plan year rates adjusted for inflation using the consumer price index, the director may, in consultation with the health benefit exchange, waive (g)(i) of this subsection as a requirement of the contracting process under this section;))

(h) For services provided by rural hospitals certified by the centers for medicare and medicaid services as critical access hospitals or sole community hospitals, the rates may not be less than one hundred one percent of allowable costs as defined by the United States centers for medicare and medicaid services for purposes of medicare cost reporting;

(i) Reimbursement for primary care services, as defined by the authority, provided by a physician with a primary specialty designation of family medicine, general internal medicine, or pediatric medicine, may not be less than one hundred thirty-five percent of the amount that would have been reimbursed under the medicare program for the same or similar services; and

(j) The qualified health plan must comply with any requirements established by the authority to address amounts expended on pharmacy benefits including, but not limited to, increasing generic utilization and use of evidence-based formularies.

(3)(a) At the request of the authority for monitoring, enforcement, or program and quality improvement activities, a qualified health plan offered under this section must provide cost and quality of care information and data to the authority, and may not enter into an agreement with a provider or third party that would restrict the qualified health plan from providing this information or data.

(b) Pursuant to RCW 42.56.650, any cost or quality information or data submitted to the authority is exempt from public disclosure.

(4) Nothing in this section prohibits a health carrier offering qualified health plans under this section from offering other health plans in the individual market.

Sec. 7. RCW 43.71.095 and 2019 c 364 s 1 are each amended to read as follows:

(1) The exchange, in consultation with the commissioner, the authority, an independent actuary, and other stakeholders, must
establish up to three standardized health plans for each of the
bronze, silver, and gold levels.

(a) The standardized health plans must be designed to reduce
deductibles, make more services available before the deductible,
provide predictable cost sharing, maximize subsidies, limit adverse
premium impacts, reduce barriers to maintaining and improving health,
and encourage choice based on value, while limiting increases in
health plan premium rates.

(b) The exchange may update the standardized health plans
annually.

(c) The exchange must provide a notice and public comment period
before finalizing each year’s standardized health plans.

(d) The exchange must provide written notice of the standardized
health plans to licensed health carriers by January 31st before the
year in which the health plans are to be offered on the exchange. The
exchange may make modifications to the standardized plans after
January 31st to comply with changes to state or federal law or
regulations.

(2)(a) Beginning January 1, 2021, any health carrier offering a
qualified health plan on the exchange must offer ((one)) the silver
((standardized health plan)) and ((one)) gold standardized health
plans established under this section on the exchange in each county
where the carrier offers a qualified health plan. If a health carrier
offers a bronze health plan on the exchange, it must offer ((one))
the bronze standardized health plans established under this section
on the exchange in each county where the carrier offers a qualified
health plan.

(b)(i) ((A)) Until December 31, 2022, a health ((plan)) carrier
offering a standardized health plan under this section may also offer
nonstandardized health plans on the exchange. Beginning January 1,
2023, a health carrier offering a standardized health plan under this
section may also offer up to two nonstandardized gold health plans,
two nonstandardized bronze health plans, one nonstandardized silver
health plan, one nonstandardized platinum health plan, and one
nonstandardized catastrophic health plan in each county where the
carrier offers a qualified health plan.

(ii) The exchange, in consultation with the office of the
insurance commissioner, shall analyze the impact to exchange
consumers of offering only standard plans beginning in 2025 and
submit a report to the appropriate committees of the legislature by
December 1, 2023. The report must include an analysis of how plan choice and affordability will be impacted for exchange consumers across the state, including an analysis of offering a bronze standardized high deductible health plan compatible with a health savings account, and a gold standardized health plan closer in actuarial value to the silver standardized health plan.

(iii) The actuarial value of nonstandardized silver health plans offered on the exchange may not be less than the actuarial value of the standardized silver health plan with the lowest actuarial value.

(c) A health carrier offering a standardized health plan on the exchange under this section must continue to meet all requirements for qualified health plan certification under RCW 43.71.065 including, but not limited to, requirements relating to rate review and network adequacy.

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retirees to reestablish eligibility for enrollment in retiree
benefits under the public employees' benefit board program. The
authority shall submit the report to the appropriate committees of
the legislature by January 1, 2022. At a minimum the report must
include an estimate of the employer cost and a description of the
assumptions used.

(6) $285,000 of the state health care authority administrative
account—state appropriation is provided solely for a customer service
scheduling tool, and is subject to the conditions, limitations, and
review requirements of section 701 of this act.

NEW SECTION.  Sec. 213. FOR THE STATE HEALTH CARE AUTHORITY—
SCHOOL EMPLOYEES' BENEFITS BOARD
School Employees' Insurance Administrative Account—
State Appropriation. ......................... $25,771,000
TOTAL APPROPRIATION. ..................... $25,771,000

The appropriation in this section is subject to the following
conditions and limitations: $15,000 of the school employees'
insurance administrative account—state appropriation is provided
solely for a customer service scheduling tool, and is subject to the
conditions, limitations, and review requirements of section 701 of
this act.

NEW SECTION.  Sec. 214. FOR THE STATE HEALTH CARE AUTHORITY—
HEALTH BENEFIT EXCHANGE
General Fund—State Appropriation (FY 2022). ......... $4,831,000
General Fund—State Appropriation (FY 2023). ......... $4,543,000
General Fund—Federal Appropriation. ..................... $83,017,000
Health Benefit Exchange Account—State Appropriation. . $77,710,000
Health Care Affordability Account—State
Appropriation. .................................. $50,000,000
TOTAL APPROPRIATION. ....................... $220,101,000

The appropriations in this section are subject to the following
conditions and limitations:

(1) The receipt and use of medicaid funds provided to the health
benefit exchange from the health care authority are subject to
compliance with state and federal regulations and policies governing
the Washington apple health programs, including timely and proper
application, eligibility, and enrollment procedures.

(2)(a) By July 15th and January 15th of each year, the authority
shall make a payment of one-half the general fund—state
appropriation, one-half the health benefit exchange account—state
appropriation, and one-half the health care affordability account—
state appropriation to the exchange. By July 15, 2021, the authority
shall make the payments of the general fund—federal appropriation
(CRRSA) and the general fund—federal appropriation (ARPA) to the
exchange.

(b) The exchange shall monitor actual to projected revenues and
make necessary adjustments in expenditures or carrier assessments to
ensure expenditures do not exceed actual revenues.

(c) Payments made from general fund—state appropriation and
health benefit exchange account—state appropriation shall be
available for expenditure for no longer than the period of the
appropriation from which it was made. When the actual cost of
materials and services have been fully determined, and in no event
later than the lapsing of the appropriation, any unexpended balance
of the payment shall be returned to the authority for credit to the
fund or account from which it was made, and under no condition shall
expenditures exceed actual revenue.

(3)(a) $146,000 of the general fund—state appropriation for
fiscal year 2022 and $554,000 of the general fund—federal
appropriation are provided solely for the exchange, in close
consultation with the health and human services enterprise coalition
(coalition), to develop a report on the next steps required for
information technology solutions for an integrated health and human
services eligibility solution. The report must include, but is not
limited to a:

(i) Technical approach and architecture;
(ii) Roadmap and implementation plan for modernizing and
integrating the information technology eligibility and enrollment
system for including, but not limited to, medicaid, basic food, child
care assistance, cash assistance, and other health and human service
program benefits, beginning with classic medicaid; and
(iii) Discussion of how an integrated health and human services
solution would:
(A) Comply with federal requirements;
(B) Maximize efficient use of staff time;
(C) Support accurate and secure client eligibility information;
(D) Improve the client enrollment experience; and
(E) Provide other notable coalition agency impacts.
(b) The exchange, in coordination with the coalition, must submit the report to the governor and appropriate committees of the legislature by January 15, 2022.
(4) $1,634,000 of the health benefit exchange account—state appropriation and $592,000 of the general fund—federal appropriation are provided solely for healthplanfinder enhancement activities. These amounts are subject to the conditions, limitations, and review provided in section 701 of this act.
(5) $1,324,000 of the health benefit exchange account—state appropriation and $2,740,000 of the general fund—federal appropriation are provided solely for the modernizing healthplanfinder project. These amounts are subject to the conditions, limitations, and review provided in section 701 of this act.
(6) $250,000 of the general fund—federal appropriation (CRRSA) and $150,000 of the general fund—federal appropriation (ARPA) are provided solely for pass-through funding to one or more lead navigator organizations to promote access to health services through outreach and insurance plan enrollment assistance for employees working in a licensed child care facility.
(7)(a) $25,171,000 of the general fund—federal appropriation (CRRSA) and $5,095,000 of the general fund—federal appropriation (ARPA) are provided solely for the exchange to implement a health care insurance premium assistance program for employees who work in licensed child care facilities. The general fund—federal appropriation (CRRSA) must be expended by September 30, 2022.
(b) An individual is eligible for the child care premium assistance program for the remainder of the plan year if the individual:
   (i) Is an employee working in a licensed child care facility;
   (ii) Enrolls in a silver standardized health plan under RCW 43.71.095;
   (iii) Prior to January 1, 2023, has income that is less than 300 percent of the federal poverty level;
(iv) Applies for and accepts all federal advance premium tax credits for which he or she may be eligible before receiving any state premium assistance;

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

(vi) Meets other eligibility criteria as established by the exchange.

(c) Subject to the availability of amounts provided in this subsection, the exchange shall pay the premium cost for a qualified health plan for an individual who is eligible for the child care premium assistance program under (b) of this subsection.

(d) The exchange may disqualify a participant from the program if the participant:

(i) No longer meets the eligibility criteria in (b) of this subsection;

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

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

(iv) Voluntarily withdraws from the program; or

(v) Performs an act, practice, or omission that constitutes fraud, and, as a result, an insurer rescinds the participant's policy for the qualified health plan.

(e) The exchange shall establish:

(i) Procedural requirements for eligibility and continued participation in any premium assistance program under this section, including participant documentation requirements that are necessary to administer the program; and

(ii) Procedural requirements for facilitating payments to and from carriers.

(f) The program must be implemented no later than November 1, 2021.

(g) No later than October 1, 2022, the exchange shall submit a report to the governor and appropriate committees of the legislature on the implementation of the child care premium assistance program including, but not limited to:
(i) The number of individuals participating in the program to date; and

(ii) The actual costs of the program to date, including agency administrative costs.

(8) $136,000 of the general fund—state appropriation for fiscal year 2022, $136,000 of the general fund—state appropriation for fiscal year 2023, $254,000 of the health benefit exchange account—state appropriation, and $274,000 of the general fund—federal appropriation are provided solely for pass through funding in the annual amount of $100,000 for the lead navigator organization in the four regions with the highest concentration of COFA citizens to:

(a) Support a staff position for someone from the COFA community to provide enrollment assistance to the COFA community beyond the scope of the current COFA program; and

(b) Support COFA community led outreach and enrollment activities that help COFA citizens obtain and access health and dental coverage.

(9) $142,000 of the general fund—state appropriation for fiscal year 2022 and $58,000 of the general fund—federal appropriation are provided solely for the implementation of Substitute Senate Bill No. 5068 (postpartum period/medicaid) and section 9812 of the American rescue plan act of 2021.

(10) $8,012,000 of the health benefit exchange account—state appropriation is provided solely to implement Engrossed Second Substitute Senate Bill No. 5377 (standardized health plans). If the bill is not enacted by June 30, 2021, the amount provided in this subsection shall lapse.

(11) $50,000,000 of the health care affordability account—state appropriation is provided solely for the exchange to administer a premium assistance program, beginning for plan year 2023, as established in Engrossed Second Substitute Senate Bill No. 5377 (standardized health plans), and this is the maximum amount the exchange may expend for this purpose. An individual is eligible for the premium assistance provided if the individual: (a) Has income up to 250 percent of the federal poverty level; and (b) meets other eligibility criteria as established in section 1(4)(a) of Engrossed Second Substitute Senate Bill No. 5377 (standardized health plans).

(12)(a) Within amounts appropriated in this section, the exchange, in close consultation with the authority and the office of the insurance commissioner, shall explore opportunities to facilitate
enrollment of Washington residents who do not qualify for non-
emergency medicaid or federal affordability programs in a state-
funded program no later than plan year 2024.

(b) If an opportunity to apply to the secretary of health and
human services under 42 U.S.C. Sec. 18052 for a waiver is identified
or other federal flexibilities are available, the exchange, in
collaboration with the office of the insurance commissioner and the
authority may develop an application to be submitted by the
authority. If an application is submitted, the authority must notify
the chairs and ranking minority members of the appropriate policy and
fiscal committees of the legislature.

(c) Any application submitted under this subsection must meet all
federal public notice and comment requirements under 42 U.S.C. Sec.
18052(a)(4)(B), including public hearings to ensure a meaningful
level of public input.

NEW SECTION. Sec. 215. FOR THE STATE HEALTH CARE AUTHORITY—
COMMUNITY BEHAVIORAL HEALTH PROGRAM

General Fund—State Appropriation (FY 2022)............. $667,948,000
General Fund—State Appropriation (FY 2023)............. $733,456,000
General Fund—Federal Appropriation....................... $2,593,457,000
General Fund—Private/Local Appropriation.................. $37,325,000
Criminal Justice Treatment Account—State
  Appropriation.............................................. $21,988,000
Problem Gambling Account—State Appropriation........... $1,963,000
Dedicated Marijuana Account—State Appropriation
  (FY 2022)................................................. $28,493,000
Dedicated Marijuana Account—State Appropriation
  (FY 2023)................................................. $28,493,000
Coronavirus State Fiscal Recovery Fund—Federal
  Appropriation............................................. $31,000,000
  TOTAL APPROPRIATION.................................... $4,144,123,000

The appropriations in this section are subject to the following
conditions and limitations:

(1) For the purposes of this section, "behavioral health
entities" means managed care organizations and behavioral health
administrative services organizations.

(2) Within the amounts appropriated in this section, funding is
provided for implementation of the settlement agreement under

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the Washington apple health programs, including timely and proper
application, eligibility, and enrollment procedures.

(2)(a) By July 15th and January 15th of each year, the authority
shall make a payment of one-half the general fund—state
appropriation, one-half the health benefit exchange account—state
appropriation, and one-half the health care affordability account—
state appropriation to the exchange. By July 15, 2021, the authority
shall make the payments of the general fund—federal appropriation
(CRRSA) and the general fund—federal appropriation (ARPA) to the
exchange.

(b) The exchange shall monitor actual to projected revenues and
make necessary adjustments in expenditures or carrier assessments to
ensure expenditures do not exceed actual revenues.

(c) Payments made from general fund—state appropriation and
health benefit exchange account—state appropriation shall be
available for expenditure for no longer than the period of the
appropriation from which it was made. When the actual cost of
materials and services have been fully determined, and in no event
later than the lapsing of the appropriation, any unexpended balance
of the payment shall be returned to the authority for credit to the
fund or account from which it was made, and under no condition shall
expenditures exceed actual revenue.

(3)(a) $146,000 of the general fund—state appropriation for
fiscal year 2022 and $554,000 of the general fund—federal
appropriation are provided solely for the exchange, in close
consultation with the health and human services enterprise coalition
(coalition), to develop a report on the next steps required for
information technology solutions for an integrated health and human
services eligibility solution. The report must include, but is not
limited to a:

(i) Technical approach and architecture;

(ii) Roadmap and implementation plan for modernizing and
integrating the information technology eligibility and enrollment
system for including, but not limited to, medicaid, basic food, child
care assistance, cash assistance, and other health and human service
program benefits, beginning with classic medicaid; and

(iii) Discussion of how an integrated health and human services
solution would:

(A) Comply with federal requirements;

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(B) Maximize efficient use of staff time;
(C) Support accurate and secure client eligibility information;
(D) Improve the client enrollment experience; and
(E) Provide other notable coalition agency impacts.
(b) The exchange, in coordination with the coalition, must submit
the report to the governor and appropriate committees of the
legislature by January 15, 2022.
(4) $1,634,000 of the health benefit exchange account—state
appropriation and $592,000 of the general fund—federal appropriation
are provided solely for healthplanfinder enhancement activities.
These amounts are subject to the conditions, limitations, and review
provided in section 701 of this act.
(5) $1,324,000 of the health benefit exchange account—state
appropriation and $2,740,000 of the general fund—federal
appropriation are provided solely for the modernizing
healthplanfinder project. These amounts are subject to the
conditions, limitations, and review provided in section 701 of this
act.
(6) $250,000 of the general fund—federal appropriation (CRRSA)
and $150,000 of the general fund—federal appropriation (ARPA) are
provided solely for pass-through funding to one or more lead
navigator organizations to promote access to health services through
outreach and insurance plan enrollment assistance for employees
working in a licensed child care facility.
(7)(a) ($25,171,000) $1,171,000 of the general fund—federal
appropriation (CRRSA) and ($5,095,000) $2,595,000 of the general
fund—federal appropriation (ARPA) are provided solely for the
exchange to implement a health care insurance premium assistance
program for employees who work in licensed child care facilities. The
general fund—federal appropriation (CRRSA) must be expended by
September 30, 2022.
(b) An individual is eligible for the child care premium
assistance program for the remainder of the plan year if the
individual:
(i) Is an employee working in a licensed child care facility;
(ii) Enrolls in a silver standardized health plan under RCW
43.71.095;
(iii) Prior to January 1, (2023) 2024, has income that is less
than 300 percent of the federal poverty level;
(iv) Applies for and accepts all federal advance premium tax credits for which he or she may be eligible before receiving any state premium assistance;

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

(vi) Meets other eligibility criteria as established by the exchange.

(c) Subject to the availability of amounts provided in this subsection, the exchange shall pay the premium cost for a qualified health plan for an individual who is eligible for the child care premium assistance program under (b) of this subsection.

(d) The exchange may disqualify a participant from the program if the participant:

(i) No longer meets the eligibility criteria in (b) of this subsection;

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

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

(iv) Voluntarily withdraws from the program; or

(v) Performs an act, practice, or omission that constitutes fraud, and, as a result, an insurer resinds the participant's policy for the qualified health plan.

(e) The exchange shall establish:

(i) Procedural requirements for eligibility and continued participation in any premium assistance program under this section, including participant documentation requirements that are necessary to administer the program; and

(ii) Procedural requirements for facilitating payments to and from carriers.

(f) The program must be implemented no later than November 1, 2021.

(g) No later than October 1, 2022, the exchange shall submit a report to the governor and appropriate committees of the legislature on the implementation of the child care premium assistance program including, but not limited to:
(i) The number of individuals participating in the program to date; and

(ii) The actual costs of the program to date, including agency administrative costs.

(h) Within the amounts provided in this subsection, the exchange may create an outreach program to help employees who work in licensed child care facilities enroll in the premium assistance program, beginning for plan year 2023, as established in chapter 246, Laws of 2021 (Engrossed Second Substitute Senate Bill No. 5377) (standardized health plans).

(i) The health care insurance premium assistance program for employees who work in licensed child care facilities is effective through plan year 2023.

(8) $136,000 of the general fund—state appropriation for fiscal year 2022, $136,000 of the general fund—state appropriation for fiscal year 2023, $254,000 of the health benefit exchange account—state appropriation, and $274,000 of the general fund—federal appropriation are provided solely for pass through funding in the annual amount of $100,000 for the lead navigator organization in the four regions with the highest concentration of COFA citizens to:

(a) Support a staff position for someone from the COFA community to provide enrollment assistance to the COFA community beyond the scope of the current COFA program; and

(b) Support COFA community led outreach and enrollment activities that help COFA citizens obtain and access health and dental coverage.

(9) $142,000 of the general fund—state appropriation for fiscal year 2022 and $538,000 of the general fund—federal appropriation are provided solely for the implementation of Substitute Senate Bill No. 5068 (postpartum period/medicaid) and section 9812 of the American rescue plan act of 2021.

(10) (($8,012,000))$8,162,000 of the health benefit exchange account—state appropriation is provided solely to implement Engrossed Second Substitute Senate Bill No. 5377 (standardized health plans). ((If the bill is not enacted by June 30, 2021, the amount provided in this subsection shall lapse.))

(11) $50,000,000 of the state health care affordability account—state appropriation is provided solely for the exchange to administer a premium assistance program, beginning for plan year 2023, as established in Engrossed Second Substitute Senate Bill No. 5377.
(standardized health plans), and this is the maximum amount the
exchange may expend for this purpose. An individual is eligible for
the premium assistance provided if the individual: (a) Has income up
to 250 percent of the federal poverty level; and (b) meets other
eligibility criteria as established in section 1(4)(a) of Engrossed
Second Substitute Senate Bill No. 5377 (standardized health plans).

(12)(a) Within amounts appropriated in this section, the
exchange, in close consultation with the authority and the office of
the insurance commissioner, shall explore opportunities to facilitate
enrollment of Washington residents who do not qualify for non-
emergency medicaid or federal affordability programs in a state-
funded program no later than plan year 2024.

(b) If an opportunity to apply to the secretary of health and
human services under 42 U.S.C. Sec. 18052 for a waiver is identified
or other federal flexibilities are available, the exchange, in
collaboration with the office of the insurance commissioner and the
authority may develop an application to be submitted by the
authority. If an application is submitted, the authority must notify
the chairs and ranking minority members of the appropriate policy and
fiscal committees of the legislature.

(c) Any application submitted under this subsection must meet all
federal public notice and comment requirements under 42 U.S.C. Sec.
18052(a)(4)(B), including public hearings to ensure a meaningful
level of public input.

(d) $50,000 of the general fund—state appropriation for fiscal
year 2022 and $2,891,000 of the general fund—state appropriation for
fiscal year 2023 are provided solely for system updates and
community-led engagement activities necessary to implement the
waiver.

(13) $733,000 of the general fund—state appropriation for fiscal
year 2023 is provided solely for system upgrades necessary for the
anticipated expansion of medicaid equivalent health care coverage to
uninsured adults with income up to 138 percent of the federal poverty
level regardless of immigration status in collaboration with the
health care authority.

(14) $1,000,000 of the general fund—state appropriation for
fiscal year 2023 is provided solely for one-time activities to
promote continuous coverage for individuals losing coverage through
Washington apple health at the end of the COVID-19 public health emergency.

(15) $20,000 of the general fund—state appropriation for fiscal year 2023 is provided solely for the exchange, in collaboration with the state board of community and technical colleges, the student achievement council, and the council of presidents, to provide educational resources and ongoing assister training to support the operations of a pilot program to help connect students, including those enrolled in state registered apprenticeship programs, with health care coverage.

(16) $5,000,000 of the state health care affordability account—state appropriation is provided solely to provide premium assistance for customers ineligible for federal premium tax credits who meet the eligibility criteria established in subsection (11)(a) of this section, and is contingent upon approval of the applicable waiver described in subsection (12)(b) of this section.

Sec. 215. 2021 c 334 s 215 (uncodified) is amended to read as follows:

FOR THE STATE HEALTH CARE AUTHORITY—COMMUNITY BEHAVIORAL HEALTH PROGRAM

General Fund—State Appropriation (FY 2022) . . . . . . . . . . . . $687,270,000

General Fund—State Appropriation (FY 2023) . . . . . . . . . . . . $914,234,000

General Fund—Federal Appropriation . . . . . . . . . . . . . . . . . . $2,876,776,000

General Fund—Private/Local Appropriation . . . . . . . . . . . . . . $37,675,000

Criminal Justice Treatment Account—State Appropriation . . . . . . . . . . . . $21,988,000

Problem Gambling Account—State Appropriation . . . . . . . . . . . . $2,113,000

Dedicated Marijuana Account—State Appropriation (FY 2022) . . . . . . . . . . . . $28,493,000

Dedicated Marijuana Account—State Appropriation (FY 2023) . . . . . . . . . . . . $28,493,000

Coronavirus State Fiscal Recovery Fund—Federal Appropriation . . . . . . . . . . . . $(31,000,000)
Appendix B: **Washington Health Benefit Exchange State Premium Assistance Policy**


**State Premium Assistance Policy**

*May 10, 2022*

**Section 1. State Premium Assistance Program**

The 2021 Washington State Legislature enacted Engrossed Second Substitute Senate Bill 5377 which, among other provisions, directed the Exchange to establish a state premium assistance program for Washington residents. The Legislature included in Engrossed Substitute Senate Bill 5092 (Operating Budget), $50 Million in state funding for the Exchange to implement the premium assistance program for plan year 2023, for individuals with income up to 250 percent of the federal poverty level. In 2022, in Engrossed Substitute Senate Bill 5693 (Supplemental Operating Budget), the Legislature included an additional $5 Million in state premium assistance funding for the non-federally subsidized (contingent on 1332 waiver approval) for a total potential annual appropriation of $55 Million.

The Legislature directed the Exchange to establish, consistent with the current Operating Budget:

1. Procedural requirements for eligibility and continued participation in any premium assistance program, including participant documentation requirements that are necessary to administer the program;
2. Procedural requirements for facilitating payments to health issuers;
3. Eligibility criteria, in addition to eligibility requirements established by RCW 43.71.110 and the Operating Budget; and
4. A process for an individual to appeal a premium assistance eligibility determination.

The requirements set forth in this Policy are established pursuant to and consistent with RCW 43.71.110 and the parameters established in the omnibus appropriations act and govern the Exchange’s implementation and administration of the Program.

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8 The state is applying for a federal Section 1332 Waiver that, if approved, would expand state residents’ access to Qualified Health Plans (QHP(s)), including stand-alone Qualified Dental Plans (QDP(s)), and the state premium assistance program. The waiver, if approved, would be in effect starting for the 2024 coverage year. More 1332 Waiver information is available at: [https://www.wahbexchange.org/about-the-exchange/what-is-the-exchange/legislation/1332-waiver-information/](https://www.wahbexchange.org/about-the-exchange/what-is-the-exchange/legislation/1332-waiver-information/).
Section 2. Policy Effective Dates
This Policy, governing the administration of the State Premium Assistance Program, is effective beginning for coverage effective in plan year 2023. The Exchange may update this policy annually or more frequently as needed.

Section 3. Definitions
The definitions in this section apply throughout this Policy unless the context clearly requires otherwise.

1. “Advanced Premium Tax Credit (APTC)” means the premium assistance amount determined in accordance with the federal Patient Protection and Affordable Care Act, P.L. 111-148, as amended by the federal health care and education reconciliation act of 2010, P.L. 111-152, and subsequent legislation, and with federal regulations and guidance issued under the affordable care act.

2. “Cascade Care Plan” means any standardized qualified health plan (QHP) developed pursuant to RCW 43.71.095, sold on Washington Healthplanfinder, and marketed as either a Cascade or Cascade Select plan.

3. “Eligible Enrollee” means any individual that meets all premium assistance eligibility requirements established in section 4 of this policy.

4. “Eligible Household” means a tax-filing household that includes one or more individuals who are eligible enrollees.

5. “Enrollment Group” means a group of individuals enrolled in the same qualified health plan within the same insurance policy.


7. “Federal Poverty Level” (FPL) means a measure of income issued every year by the Department of Health and Human Services (HHS). Federal poverty levels are used to determine individuals’ eligibility for certain programs and benefits.

8. “Grace Period” means a period — either one month or three months — after an enrollee’s monthly health insurance payment is due and a binding payment has been made. The grace period for health insurance is three months if an enrollee is subsidized by at least one of the following: 1) advance payments of the premium tax credit; or 2) state premium assistance. The grace period for health insurance is one month for enrollees not receiving APTC or state premium assistance.

9. “Income” has the same meaning as “household income” as defined in 26 U.S.C. § 36B(d)(2).

10. “Non-subsidized Enrollment” means an enrollment that does not receive APTC or state premium assistance.

9 Federal Poverty Level (FPL) as specified in Code section 36B(d)(3)(B) and implementing regulations.
11. “Operating Budget” means Engrossed Substitute Senate Bill 5092, passed by the Washington State legislature and signed by the Governor during the 2021 State Legislative Session.

12. “Policy” means the State Premium Assistance Program requirements and guidance set forth in this document.

13. “Premium assistance eligible plan” means a:
   o Silver or Gold Cascade Care plan; or
   o Any QHP in which an American Indian or Alaska Native eligible for a zero-dollar cost-sharing plan under 42 U.S.C. §18071(d)(1) is enrolled.

14. “Presiding Officer” means an impartial person who is not involved in original eligibility decisions and who is appointed by the Washington health Benefit Exchange (Exchange) to conduct appeal proceedings for state premium assistance.

15. “State Premium Assistance Program” or “Program” means the premium assistance program established in RCW 43.71.110. This program is branded and known to consumers as Cascade Care Savings.

16. “Subsidized Enrollment” means an enrollment that receives APTC and/or state premium assistance.

17. “Qualified Health Plan” or “QHP” means a health plan that is certified by an exchange. To be certified in Washington, a health plan must be approved by OIC, satisfy the certification criteria specified in RCW 43.71.065, satisfy the minimum federal requirements of a QHP as outlined in 45 CFR parts 155 and 156, and be certified by the governing board of the Exchange.

18. “Tax Filing Household” means a federal tax filing unit

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Section 4. Eligibility

1. **Program Eligibility.** As required in, or established under the Exchange’s authority pursuant to, RCW 43.71.110(4), consistent with the Operating Budget, and subject to Section 11(2) of this policy, an individual is an eligible enrollee if the individual:
   a. Is a resident of Washington State;
   b. Is QHP eligible
   c. Has income up to 250% of the Federal Poverty Level;
   d. Enrolls in a premium assistance eligible plan;
   e. Applies for and accepts all APTC for which the individual’s household is eligible;
   f. Is ineligible for minimum essential coverage through a federal or state medical assistance program, including Washington Apple Health; the Compact of Free Association (COFA) Islander Premium Assistance Program; or the Washington State Health Care Premium Assistance Program for Employees of Child Care Facilities (also known as the Child Care Sponsorship Program).
   g. Is not enrolled in minimum essential coverage through Medicare.

2. **Multiple-Enrollment Eligibility.** For households with individuals enrolled in multiple enrollment groups, only those eligible individuals within the household enrolled in a
premium assistance eligible plan will be able to have state premium assistance applied to their health plan premium.

3. **Insurance Affordability Programs.** To be eligible for state premium assistance, individuals must receive an eligibility determination for insurance affordability programs, including for:
   a. Washington Apple Health
   b. Advanced Premium Tax Credits
   c. Cost-sharing Reduction Subsidies

4. **Conditional Eligibility Verification.** The Exchange will verify data matching inconsistencies with existing Conditional Eligibility Verification processes. An individual may be requested to provide documents that verify application information not able to be confirmed via available electronic sources for:
   a. Attested citizenship/lawful presence status
   b. Incarceration
   c. Eligibility for MEC through Washington Apple Health, health coverage programs for COFA Islanders Premium Assistance Program, or the Child Care Sponsorship Program, or enrollment in Medicare
   d. Income
   e. Tribal status

5. **Duration of Eligibility.** An eligible enrollee will remain eligible for the Program for the remainder of the plan year, until coverage is otherwise terminated, or until an eligible enrollee reports a change that makes the individual no longer eligible for the Program pursuant to the requirements of this section.

6. **Change Reporting.** Eligible enrollees are required to report changes in circumstances to their application, in accordance with federal guidelines (45 CFR §155.330).

7. **Program Disqualification.** Pursuant to RCW 43.71.110(5), an eligible enrollee may be disqualified from the Program by the Exchange if the eligible enrollee:
   a. No longer meets the eligibility criteria established in subsection 1 of this section.
   b. Fails, without good cause, to comply with procedural or documentation requirements established by the Exchange, including requirements for timely notification of changes impacting eligibility;
   c. Voluntarily withdraws from the Program; or
   d. Performs an act, practice, or omission that constitutes fraud, and, as a result, an issuer rescinds the individual’s policy for the QHP.

8. **Income.** Income, for purposes of determining eligibility for the Premium Assistance Program under subsection 1 of this section, shall be determined at the tax-filing household level.

9. **American Indian and Alaska Natives.** American Indian and Alaska Natives are not
required to select a gold or silver Cascade Care plan in order to be eligible for state premium assistance.

Section 5. Premium Assistance Amount

1. Calculation of premium assistance amounts. Annual state premium assistance amounts for eligible households will be calculated as follows, subject to appropriated funding levels and parameters established in the omnibus appropriations act, and pursuant to the following:
   a. Up to 10% of appropriated funding will be held in a reserve to account for enrollment uncertainty.
   b. Base fixed-dollar premium assistance amounts will be calculated annually based on the appropriated budget and after the reserve is established, for the federally subsidized population and non-federally subsidized population, based on an actuarial analysis that includes considerations of uptake assumptions for the projected eligible enrollees in the federally subsidized and non-federally subsidized populations for that plan year, qualified health plan rates, and federal 1332 guardrail requirements (contingent on 1332 waiver approval), within the allocation amounts for each population\(^\text{10}\).
   c. A household premium assistance amount will then be calculated by multiplying the base fixed-dollar assistance amount by the number of eligible enrollees in the eligible household.
   d. An eligible household’s premium assistance amount calculated pursuant to subsection 1 of this section will be reduced so as not to exceed the lesser of:
      i. The household’s net premiums after first applying all advance premium tax credits for which the household is eligible; or
      ii. The net premium all eligible enrollees in the household would pay if each eligible enrollee in the household were enrolled in the lowest cost Cascade Care silver plan in the household’s county of residence.
   e. If there are multiple enrollment groups within an eligible household, the household’s full premium assistance amount will be available to be applied across the enrollment groups’ premiums for enrollments in Premium Assistance eligible plans.

2. Coverage of non-Essential Health Benefits. The household premium assistance amount can be applied to the entire net premium including portions that are not attributable to essential health benefits (e.g., adult vision benefits, voluntary termination of pregnancy).

\(^{10}\) For 2023, the allocation is currently projected to be $34.5M for the federally subsidized population and $10.5M for the non-federally subsidized population (resulting in a single fixed maximum PMPM subsidy amount for both populations). For 2024, there will be separate fixed maximum PMPM subsidy amounts for the federally subsidized and non-federally subsidized populations and an additional $5M in funding appropriated by the Legislature for the non-federally subsidized population contingent on the waiver being approved.
3. Application of advance premium tax credits. If determined eligible for advance premium tax credits (APTCs), any APTCs for which an eligible household is eligible must be applied to the household’s premiums before application of any state premium assistance amounts.

4. Opt-out. Eligible enrollees who are awarded state premium assistance pursuant to this section may contact the Exchange call center to disenroll from the state premium assistance program.

Section 6. Notice and Appeals Rights

1. Individuals apply for state premium assistance with the same application form used to apply for Washington Apple Health, Qualified Health Plan coverage, and Advanced Payments of the Premium Tax Credit (APTC). Only if an applicant is determined eligible for Qualified Health Plan (QHP) coverage will there be a decision about eligibility for state premium assistance. Applicants may appeal the following state premium assistance eligibility decisions made by the Exchange to a Presiding Officer:
   a. Not eligible for state premium assistance.
   b. Eligible for state premium assistance, but the amount is wrong.

2. Appeals of eligibility for state premium assistance shall follow the Procedural Rules for Washington Health Benefit Exchange Appeals. The Procedural Rules implement the federal regulations in 45 CFR subpart F that govern appeals of Exchange determinations. The Exchange anticipates that most state premium assistance appeals will also be appeals of QHP/APTC eligibility determinations, because a majority of individuals who qualify for state premium assistance will also qualify for federal subsidies. The Exchange will update the Procedural Rules to include state premium assistance throughout and will add new provisions to govern second level appeals for state premium assistance (since QHP/APTC second level appeals are currently performed by HHS) and appeals of additional state premium assistance eligibility criteria (e.g. the requirement to enroll in a premium assistance eligible plan). These updates to the Procedural Rules will be available for review and comment.

Section 7. Exchange Responsibility as Administrator of State Premium Assistance Program

1. Data Transmission. The Exchange will transmit state premium assistance amounts to issuers through the Health Insurance Exchange (HIX) 820 format on a monthly basis for the duration of the premium assistance program.

2. Payments. The Exchange will make monthly payments to issuers on behalf of the state, for state premium assistance amounts awarded to eligible households enrolled in QHP coverage with that issuer.
   a. Monthly payments will be made in the aggregate for all premium assistance amounts awarded to all eligible households receiving state premium assistance
enrolled in QHP coverage with that issuer.

b. Monthly payments will include amounts owed to the issuer for the previous month net of any recoupments or discrepancies resulting from over- or under-payments from prior months of the plan year.

Section 8. Issuer Responsibility - Premium Assistance Payments

1. *Data Transmission.* Pursuant to RCW 48.43.795, issuers offering QHPs on the Exchange must accept and process enrollment and payment data transferred by the Exchange as part of the Program.

2. *Payments.* Pursuant to RCW 48.43.795, issuers offering QHPs on the Exchange must accept payments for enrollee premiums as a condition of certification as a QHP offered on the Exchange.

3. *Plan Confirmation and Effectuation.* Issuers offering QHPs on the Exchange must comply with all requirements in the 2023 *Guidance for Participation of Health Plans in the Washington Health Benefit Exchange* for confirming enrollments and effectuating coverage for eligible enrollees, including in the circumstance of an eligible enrollee or household with a zero-dollar monthly enrollee responsibility.

4. *Invoicing.* Pursuant to Senate Bill 5377, issuers must clearly communicate premium assistance amounts to enrollees as part of the invoicing and payment process by using the Cascade Care Savings name and should coordinate with the Exchange regarding how this information is presented in invoices.

5. *Compliance with Exchange Premium Sponsorship Program Policy.* The Exchange is administering state premium assistance on behalf of Washington State. Issuers shall comply with all issuer requirements and responsibilities included in the *WAHBE Premium Sponsorship Program Policy*, including requirements related to premium refunds and Medical Loss Ratio (MLR) rebates. For purposes of issuers distributing MLR rebates on behalf of enrollees receiving state premium assistance, the pro rata portion of the MLR rebate based on the state premium assistance paid towards the enrollee’s premium shall be distributed directly to the Exchange, on behalf of Washington State. If a customer is eligible for both federal subsidies and state subsidies, federal subsidies will be applied prior to the application of state subsidies and any remaining net premium may be eligible for premium reduction through sponsorship programs.

6. *Compliance with Enrollee Grace Period Requirements.* Issuers shall apply a three-month consecutive grace period for an enrollee, who when failing to timely pay premiums, is receiving state premium assistance. For enrollees receiving APTC, federal grace period rules supersede state grace period rules. For enrollees not receiving APTC, state grace period rules apply and align with federal grace period rules under 45 CFR
156.270, including the requirements for issuers to:

- Notify the enrollee that they are delinquent on premium payment.
- Pay all appropriate claims for services rendered to the enrollee during the first month of the grace period and may pend claims for services rendered to the enrollee in the second and third months of the grace period.
- Continue to collect payments of the state premium assistance from the Exchange on behalf of the enrollee during the three-month grace period.
- In the event an enrollee exhausts the three-month grace period:
  - Terminate the enrollee's enrollment through the Exchange on the last day of the first month of the grace period (if claims were pended in the second and third months of the grace period); and
  - Return payments of the state premium assistance to the Exchange for the second and third months of the grace period (if claims were pended in the second and third months of the grace period).

Section 9. Special Enrollment Period –

1. Special Enrollment Period. Pursuant to the Exchange’s Exceptional Circumstances Special Enrollment Period (SEP) Policy and authority granted to the Exchange under federal regulations (45 CFR § 155.420(d)(9) and (16)), individuals with income up to 250% FPL that are not enrolled in a Silver or Gold Cascade Care plan will be eligible for a monthly SEP.
   a. To be granted a SEP under this section, an individual must be a Washington state resident, meet all QHP eligibility requirements, have income up to 250% of the federal poverty level, and not be currently enrolled in a Cascade Care Silver or Gold plan.
   b. An individual granted this SEP must enroll in a Cascade Care Silver or Gold plan.
   c. An individual granted a SEP under this section may switch issuers, or change plans within the same issuer.
   d. An individual granted a SEP under this section that changes plans and remains enrolled with the same issuer will not lose any cost accumulators accrued while in the previous plan.
   e. The Exchange will verify eligibility for this SEP. The issuer may not separately verify eligibility for this SEP.

2. Effective date. For a QHP selection by an individual under a special enrollment period under this section, coverage will be effective the first day of the month after plan selection.

Section 10. Premium Assistance Audit

1. The Exchange will annually contract with an independent CPA firm selected through a competitive procurement process to audit the financial statements of the Program.
2. The Exchange will distribute findings of the Program audit to the Exchange’s Audit and
Compliance Committee, the Exchange Board, organizations to whom the Exchange is required to submit a copy, and the legislature.

Section 11. Contingency for Low Funds

1. Tracking Available Funds. Beginning in January 2023 and monthly thereafter, the Exchange will track total expected State Premium Assistance Program expenditures for the plan year. If, the Exchange determines that State Premium Assistance Program expenditures are at risk of exceeding available funds for the current plan year, newly eligible households not already receiving state premium assistance may not receive state premium assistance for the remainder of the plan year. Eligible households may qualify for state premium assistance in the subsequent plan years, subject to available funds.

2. Impact to Premium Assistance Eligibility. Individuals and households who would otherwise be eligible for state premium assistance pursuant to Section 4 of this policy but for a determination that State Premium Assistance Program expenditures are at risk of exceeding the available funding level may be determined ineligible for state premium assistance as determined by the Exchange.

3. Impact to Premium Assistance Recipients. If it is determined at any time, based on projected premium assistance distribution through the Program, that premium assistance expenditures would be below available program funds, the monthly amount of premium assistance any eligible household or eligible enrollee is currently receiving through the Program may be adjusted to increase recipients’ state premium assistance amounts to best utilize available appropriations subject to parameters established consistent with RCW 43.71.110 and in the omnibus appropriations act.
Appendix C: Actuarial and Economic Analyses
State of Washington

Section 1332 State Innovation Waiver

Actuarial and Economic Analysis

May 6, 2022

Prepared by:
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Senior Analyst
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Introduction

The individual insurance market in the state of Washington ("Washington") has been relatively stable. The state wishes to further strengthen its individual market and provide greater access to health care coverage to its residents. In order to increase access to Qualified Health Plans (QHP), streamline coverage for families with mixed immigration status, and increase access to state affordability programs, Washington is submitting a Section 1332 State Innovation Waiver ("1332 waiver" or "waiver"). The Affordable Care Act (ACA) permits states to waive certain provisions of the ACA in order to increase access to affordable coverage. In order for the Secretaries of Health and Human Services (HHS) and Treasury to approve the waiver, the state must complete an application in which it demonstrates that it has met the regulatory requirements.

Pursuant to 45 CFR 155.1308(f)(4)(i)-(iii), in order for the Washington 1332 waiver to be approved, the state must demonstrate that the waiver satisfies the four “guardrails.” The four guardrails are: coverage, affordability, comprehensiveness, and deficit neutrality.

The waiver, as proposed, would grant access to coverage through Washington’s Exchange to residents lacking a federally recognized immigration status. Additionally, if the waiver is approved, some of these individuals would gain access to state-funded subsidies to support this coverage. Adding these consumers to the Marketplace is expected to reduce premiums. Federal savings resulting from the premium reduction will be passed through to the state to expand coverage subsidies to those who are currently not eligible for federal advanced premium tax credits (APTC), such as Washingtonians without a federally recognized immigration status.

The goal of the waiver is to lower premiums and increase access and coverage among underserved and under-subsidized populations, specifically Washingtonians without a federally recognized status, while also improving the coordination of coverage in mixed-status families. We estimate that these individuals joining the individual market will result in downward pressure on premiums, given improvements in the overall morbidity of the individual market. If premiums are reduced (including the second lowest cost silver premium (SLCSP)), then Federal Government spending on premium tax credits (PTC) will also be reduced.

This report estimates the savings on aggregate PTC amounts. The waiver requests that Washington receive the amount of federal savings from PTC, net of other costs. By
reducing premiums, and also by using pass-through funding to support affordability, the waiver seeks to improve access to affordable and comprehensive coverage.

Washington Health Benefit Exchange (“Exchange”) retained Wakely Consulting Group, LLC (“Wakely”) to analyze the potential effects of the proposed 1332 waiver. This document has been prepared for the sole use of Washington. Wakely understands that the report will be made public and used in the 1332 waiver process. This document contains the results, data, assumptions, and methods used in our analyses and satisfies the Actuarial Standard of Practice (ASOP) 41 reporting requirements. Using the information in this report for other purposes may not be appropriate. Other sections of the waiver contain the non-actuarial portions of the 1332 waiver requirements. Reliance on this report should include a review of the full report by individuals with appropriate qualifications.

Analysis Results

As described previously, the four guardrails for approval of a 1332 waiver application are requirements for: 1) Coverage; 2) Affordability; 3) Comprehensiveness; and 4) Deficit Neutrality.

Wakely’s analysis estimated that the waiver meets each of the four guardrails in each of the five years of the waiver for our best estimates. The high-level guardrail results are shown in Table 1. Detailed results for all five years of the waiver are included in Appendix D. The analyses in this report utilized multiple data sources and methodologies. Further discussions on the data and methodology can be found in Appendix A.

Throughout this report, the estimates reflect the current law and thus assume that provisions of the American Rescue Plan (ARP), particularly the enhanced premium subsidies for individuals purchasing health coverage on the Exchange, are not in effect in 2023 and beyond, unless otherwise noted. Similarly, potential legislation or regulations that may have an impact on PTC amounts or eligibility are not included, unless otherwise noted. Furthermore, the proposed Family Glitch regulation has not been finalized and consequently is not included in the best estimate.

Below, and in Appendix A, we discuss the results of alternative scenarios to provide a range of possible outcomes due to the uncertainty of the assumptions included in this report, including several scenarios in which the enhanced premium subsidies available under ARP continue for the waiver period, and scenarios in which the Family Glitch regulation is finalized as proposed.

Table 1: High-Level Guardrail Results

<table>
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<th>Guardrail</th>
<th>Effect of Waiver</th>
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<tr>
<td>Coverage</td>
<td>Gains in coverage in each year of the waiver</td>
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<tr>
<td>Affordability</td>
<td>Improved affordability</td>
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<tr>
<td>Comprehensiveness</td>
<td>No change to EHBs (except insofar as increasing coverage increases the number of individuals with coverage providing EHBs)</td>
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<tr>
<td>Deficit Neutrality (5-year)</td>
<td>Federal savings in each year of the waiver and over the five-year waiver</td>
</tr>
</tbody>
</table>

Coverage, Affordability, and Comprehensiveness

The waiver is expected to decrease net premiums in the individual market, especially for the waiver population. The reduction in net premiums is expected to increase overall coverage. Research from the Congressional Budget Office (CBO)² and the Council of Economic Advisors (CEA)³ has noted that premium decreases result in enrollment increases. As the waiver results in decreased premiums, it is also expected to improve affordability for consumers. Finally, the increase in state premium subsidies would also increase coverage and improve affordability. The waiver would have no effect on the comprehensiveness of coverage (beyond increasing the number of people with comprehensive coverage). EHB requirements will not be affected by the waiver. The waiver is also expected to improve health equity by providing coverage to Washingtonians who have historically and systemically faced barriers to health, including people of color, immigrants, and Washingtonians with low incomes by specifically improving coverage, affordability, and ultimately access to health care services.

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Deficit Impact

The following tables display the impact of the waiver for each of the five years of the program. Based on the best estimate assumptions, the waiver will reduce premiums, increase individual enrollment, and have no negative effect on the federal deficit. Additional details regarding the 5-year estimates are shown in Appendix D.

Over the 5-year window, the waiver would provide savings to the Federal Government due to PTC savings. The details of the federal savings over the 5-year window are shown in Table 2.4 Washington operates a state-based Exchange. Therefore, this waiver will not impact user fees for the Federally-Facilitated Exchange.

<table>
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<tr>
<th></th>
<th>2024</th>
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</table>

Data and Methodology

Scenario Testing

Wakely performed scenario testing for 2024, which primarily involved changing assumptions about enrollment, premiums, and whether provisions under ARP continue beyond 2022. These assumptions were chosen for scenario testing, as they are significant drivers of the results of the analysis. For the remaining years of the waiver (2025-2028), only the best estimates were used and it was assumed provisions under ARP do not continue beyond 2022.

For 2024, eight scenarios in total were produced, primarily driven by differences in enrollment assumptions, federal legislation (ARP/No ARP), and finalization of the Family

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4 Insurers that utilize the Healthcare.gov platform are assessed a fee by the Federal government. This fee is calculated as percent of Exchange premium. Since Washington is a state-based Exchange, no Exchange fee offset was assumed.
Glitch regulation as proposed. Scenario 1 is the best uptake estimate, and assumed ARP is not extended beyond 2022. Scenario 2 and Scenario 3 assumed ARP does not extend beyond 2022 and tested for scenarios in which enrollment and premium growth differed from the best estimate (Scenario 2 has lower enrollment while Scenario 3 has higher enrollment). Scenarios 4, 5, and 6 assumed that ARP enhanced premium subsidies are extended beyond 2022. Scenario 4 reflects our best estimate with ARP extended, while Scenario 5 assumed a lower uptake in enrollment in 2024 and beyond and Scenario 6 assumed higher enrollment in 2024 and beyond than the best estimate (Scenario 4). In the higher enrollment scenarios, there is more PTC spending in the baseline, which results in higher pass-through savings. Scenarios 7 and 8 align with Scenarios 1 and 4, respectively, with the only difference being the assumption that the Family Glitch regulation is finalized as proposed.

Further details regarding the scenario testing can be found in Appendix A and Appendix D. The high-level results of the scenario testing are shown in Table 3A and Table 3B. Although a variety of alternative scenarios were tested, the basic conclusions did not change significantly from the best estimate scenarios.

<table>
<thead>
<tr>
<th>Table 3A: 2024 High-Level Results of Scenario Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Scenario Description</strong></td>
</tr>
<tr>
<td>------------------------------------------------------</td>
</tr>
<tr>
<td>Premium / Morbidity Impact due to New Members</td>
</tr>
<tr>
<td>Estimated APTC Net Federal Savings (millions)</td>
</tr>
<tr>
<td>Estimated PTC Net Federal Savings (millions)</td>
</tr>
<tr>
<td>Description</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>Premium / Morbidity Impact due to New Members</td>
</tr>
<tr>
<td>Estimated APTC Net Federal Savings (millions)</td>
</tr>
<tr>
<td>Estimated PTC Net Federal Savings (millions)</td>
</tr>
</tbody>
</table>
Appendix A
Data and Methodology
2024 Baseline Enrollment and Premium Estimates

Data Collection

The Exchange provided Wakely with detailed, member-level, on-exchange enrollment information for customers enrolled as of January 2022. This data set contained detailed member-level information such as premiums, APTC information, federal poverty level (FPL), county, metal level, age, and other enrollment specifications.

2024 Baseline Development

In order to calculate the impact of the waiver changes, Wakely developed a database to best estimate the environment in 2024 and beyond. Assumptions were developed based on Wakely internal modeling, 2022 Exchange experience to date, conversations with the Exchange, and public source information to project the 2022 enrollment data to the 2024 time period.

The baseline accounts for the introduction of a state-based partial premium subsidy for both the federally subsidized and federally non-subsidized that supplements APTC for QHP-eligible individuals. This subsidy will be in place starting in 2023 and does not rely on any Federal funding. Wakely expects the state subsidy program will induce additional marketplace enrollment in 2023 and beyond, independent of the waiver. The baseline also accounts for a state-specific Special Enrollment Period (SEP) in the state subsidy policy for individuals below 250% FPL, which allows eligible individuals to enroll in Cascade Care Silver or Gold plans outside of the normal open enrollment period.

The 2024 base data included member-level details as well as household-level details. Adjustments were made to the 2022 base data at a household level basis to generate an estimate of the 2024 baseline as described below.

Enrollment. To develop a 2024 enrollment estimate, for our best estimate, we assumed that the historical enrollment changes would continue, accounting for the impact on enrollment due to COVID-19 during 2020-2022.

On-Exchange: Historical enrollment increases were used as the basis for the assumed enrollment change from 2022 to 2024. We reviewed the annual enrollment change from 2017 to 2020 separately for federally subsidized and federally non-subsidized on-exchange customers and assumed the same average enrollment increase would continue from 2022 to 2024. We estimated an increase in subsidized enrollment on the Exchange due to increased Medicaid redeterminations associated with unwinding from the Federal Public Health Emergency, from July 2022-July 2023. This was based on a study by the
Robert Wood Johnson Foundation.⁵ We assumed that the enrollment would increase in 2023 by 5.1% and by 2025 revert to similar levels as 2021 as members roll into employer-sponsored coverage or other forms of insurance. Except for the impact of Medicaid redetermination, we did not assume any significant changes to enrollment or plan offerings as a result of the ongoing COVID-19 pandemic. We are assuming that the January 2022 enrollment is representative of enrollment going forward.

The Washington-specific SEP for individuals below 250% FPL, which allows eligible individuals to newly enroll in a Cascade Care Silver or Gold plan, was modeled by increasing enrollment for individuals below 250% FPL in Cascade Care Silver or Gold plans by 5.1%. This estimate was based on the Brookings analysis⁶ on SEP impact in other ACA markets. The full impact was dampened to account for the lower number of member months expected for the SEP members relative to the average current member months for enrollees on the Washington Exchange (8.7 months). We assumed SEP members would have six months of enrollment per year. Additionally, consistent with the Brookings analysis, the market premiums were assumed to increase by 1.6% as a result of the higher morbidity of SEP members, and subsequently 0.8% of non-subsidized members (those receiving neither APTC nor state subsidies) were assumed to drop coverage.

**Off-Exchange:** Detailed enrollment information for off-exchange customers was not available. Wakely relied on an August 2021 off-exchange enrollment summary by plan, age, and gender. The 2021 off-exchange enrollment was then trended to 2022 based on the average reduction from 2017-2021 based on the same methodology. We reviewed more recent February 2022 off-exchange enrollment data for consistency with existing modeling. To estimate enrollment in 2024, it was assumed that the increase in federally non-subsidized on-exchange enrollment would be offset 1-to-1 by a decrease in off-exchange enrollment.

As noted above, the enrollment was allocated separately for federally subsidized on-exchange, federally non-subsidized on-exchange, and off-exchange. The resulting impact was an increase of 5.5% of federally subsidized enrollment on-exchange, a 2.4% decrease in the federally non-subsidized enrollment on-exchange, and a reduction of 6.2% of off-exchange customers from 2021 to 2022.

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**Gross Premiums (Before Federal Subsidies).** The 2022 to 2024 premium change is assumed to follow with historical average increases. The overall annualized gross premium increase from 2022 to 2024 is estimated to be 0.9%.

**APTC.** The APTC per member per month (PMPM) amounts for 2022 were provided by the Exchange. To estimate the 2024 figures, Wakely increased the required contribution (i.e., net premium) 2% per year from 2022 to 2024 to account for the indexing of the contribution rate. We then inflated gross premiums for APTC customers (the 2022 APTC amounts plus net premiums) in 2024 by the average market premium increases, as described above. This new 2024 gross premium amount was then reduced by the 2024 net premium values (since APTC customers share of premiums is capped based on their respective household income) to calculate the 2024 APTC PMPM amounts. The resulting 2024 APTC and net premium amounts were reviewed for reasonability by FPL and metal level.

The tables below summarize the 2024 high level Washington market statistics based on the issuer data and adjustments as discussed above to project to the baseline. The 2024 estimates reflect the best estimate assumptions. Note that the decrease in APTC enrollment reflects the assumed ending of the Department of Health and Human Services’ (HHS) public health emergency declaration (PHE) in 2022 and expiration of ARP at the end of 2022, as is current law.

**Table 4: 2024 Baseline Average Enrollment Data / Estimates**

<table>
<thead>
<tr>
<th>Baseline Estimate</th>
<th>2024</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment</td>
<td></td>
</tr>
<tr>
<td>On-exchange – Subsidized (State and Federal)</td>
<td>135,800</td>
</tr>
<tr>
<td>On-exchange – Unsubsidized</td>
<td>77,200</td>
</tr>
<tr>
<td>Off-exchange</td>
<td>24,900</td>
</tr>
<tr>
<td>Total</td>
<td>237,900</td>
</tr>
<tr>
<td>% Receiving APTC</td>
<td>57.1%</td>
</tr>
</tbody>
</table>

**Table 5: 2024 Baseline Estimate of On-Exchange Enrollment by Age and FPL**

<table>
<thead>
<tr>
<th>FPL</th>
<th>17 and under</th>
<th>18-34</th>
<th>35-54</th>
<th>55 and over</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 139%</td>
<td>400</td>
<td>3,200</td>
<td>4,900</td>
<td>5,600</td>
<td>14,100</td>
</tr>
<tr>
<td>139-150%</td>
<td>0</td>
<td>4,000</td>
<td>4,600</td>
<td>4,200</td>
<td>12,800</td>
</tr>
<tr>
<td>151-200%</td>
<td>100</td>
<td>11,700</td>
<td>15,400</td>
<td>13,400</td>
<td>40,600</td>
</tr>
</tbody>
</table>
Uninsured. In order to estimate take-up from the uninsured as a result of the subsidy program, we also needed to project a baseline estimate of the uninsured in 2024. The number of uninsured individuals was estimated based on the average uninsured individuals reported through the American Community Survey (ACS) for 2019. We relied on information provided by the Washington State Office of Financial Management (OFM) for adjustments made to ACS data for members enrolled in Medicaid. The OFM data also provided estimates for the number of uninsured that are eligible for Medicaid, residents lacking a federally recognized immigration status, and those eligible for federal subsidies on-exchange. The number of uninsured individuals was assumed not to change materially from 2019 through 2021.\(^7\) We further split the uninsured estimate into those that would be eligible for APTC and those that would not. In scenarios where it was assumed that ARP does not continue beyond 2022, all individuals above 400% FPL are not eligible for federal subsidies. For the remaining individuals under 400% FPL, we assumed 67% are eligible for APTC. This is based on a KFF study evaluating the distribution of uninsured that are ineligible for financial assistance due to an offer of employer coverage.\(^8\)

This data was then projected to 2024. We assumed that in the absence of COVID-19, the uninsured rate and population would be steady from 2019-2024. In looking at the estimated uninsured rate as reported by the ACS from 2015-2019, the uninsured rate has remained relatively steady in Washington.

\(^7\) This assumes no significant changes in coverage status due to Covid or overall economy.

\(^8\) https://www.kff.org/health-reform/state-indicator/distribution-of-nonelderly-uninsured-individuals-who-are-ineligible-for-financial-assistance-due-to-income-offer-of-employer-coverage-or-citizenship-status/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D
The regulatory environment, both at the federal and state level, impacts enrollment and premiums. The assumed regulatory environment in 2024 reflects the status quo, as follows:

- We assumed silver loading on-exchange would continue.
- No other proposed regulatory changes were included within the 2024 Baseline.
- We did not assume family glitch would be resolved by 2024 Baseline.
- We did model 2024 scenarios with ARP subsidies continuing and expiring at the end of 2022.

Based on the assumptions above, Wakely adjusted the 2022 member-level detailed data to produce the detailed 2024 Baseline environment.

### Cascade Care Savings (State Premium Subsidy) Program

The state subsidy program, also referred to as Cascade Care Savings program, improves access for three distinct cohorts. First, those Washington residents who are eligible for APTC and have incomes up to 250% FPL (referred to as Group 1). The second cohort is Washington residents who are QHP-eligible but do not receive APTC and have incomes up to 250% FPL (referred to as Group 2). The third cohort that will eligible for the state premium subsidy program, subject to waiver approval, is Washington residents without a federally recognized immigration status who are ineligible for APTC, currently ineligible for QHP coverage, and have incomes up to 250% FPL (referred to as Group 3).

Based on information from the Exchange, the baseline analysis assumes that each eligible group receives a fixed dollar amount per month (i.e. everyone in Group 1 gets a fixed PMPM amount and everyone in Group 2 gets a fixed PMPM amount). The waiver analysis assumes Group 3 members get the same fixed PMPM amount as those in Group 2. For all three groups this amount would be limited at the household level based on the number of billable customers. Therefore, households with more than three children would only receive a subsidy for a maximum of three children, consistent with how premiums are calculated.

After calculating the impact of the premium benefit at the household-level as described above, the results were then allocated back to the member-level in order to estimate the migration from off-exchange, and take-up among the currently uninsured in each cohort. Each member in the household was assigned an age rating factor and multiplier. The age rating factor was based on the federal age curve used to determine premiums for each member in Washington. Only the first three children under the age of 21 are billable.
Therefore, the multiplier is 1.0 for adults and the first three children under 21 in a household and 0.0 for additional children, reflecting that these customers do not contribute to the household premium. An individual factor for each member in the household is calculated as the product of the age factor and multiplier. The premium and APTC for the household was allocated to the individual level based on the proportion of the individual factor to the sum of factors for all customers in the household. This methodology is not fully representative of the state subsidy policy, which will not cap the amount of subsidies based on the number of billable members. Wakely believes that the difference between the methodology and actual policy will have a de minimis impact on the estimates included in this report.

**Migration of Off-Exchange Customers to On-Exchange**

The proportion of off-exchange customers migrating to on-exchange, due to the baseline state subsidy program, was a function of the reduction in net premium due to the state-based premium subsidy program. This premium change calculation was done at the individual level, where off-exchange customers were “mapped” to currently enrolled individuals with similar characteristics. In instances where certain characteristics about the off-exchange customers were not known (e.g., age and FPL), we assumed their distribution would be similar to the on-exchange customers. In addition, we have assumed that none of the customers migrating on-exchange from off-exchange would be eligible for federal subsidies, based on initial analysis showing a de minimis impact.

Once the premium reduction was estimated, we then applied an enrollment elasticity function based on the published research literature – “the cross-price elasticity for people currently insured in the nongroup market is –1.18.” Further, we included muting adjustments to account for some portion of off-exchange customers’ lack of awareness of the newly available state premium subsidies (which would depend on the level of continued advertisement and member education provided by the state in 2024 after the launch of state subsidy program for 2023), a ramp up of take-up after 2024 (the first year the waiver would be effective), and the general level of inertia associated with changing a health insurance plan, among other reasons. This muting factor was developed based on initial take-up results in California with the introduction of the state’s premium subsidy program. This factor was applied consistently to off-exchange customers and uninsured individuals and was varied in the low and high scenarios.

We estimate very little enrollment from individuals without federally recognized status migrating from off-exchange to on-exchange, based on the number of non-citizens enrolled in direct enrollment plans in Washington reflected in the 2020 CPS survey.

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adjusted to account for immigration status. Therefore, the potential take-up from off-exchange Group 3 individuals was deemed immaterial.

For modeling purposes, we assumed that very few individuals without federally recognized status and with incomes above 250% FPL would be taking up coverage. This is a conservative estimate. It is expected that the Exchange will leverage their assister networks and undertake extensive outreach to all those who would newly qualify for QHP coverage if the waiver is approved, regardless of their household income. Previous literature has shown such efforts increase enrollment. Consequently, the following discussion of uninsured take-up in the waiver scenarios may underestimate the coverage gains the waiver may have on Washington’s individual market.

Uninsured Taking Up Coverage

The second source of the premium subsidy program enrollment increase is from currently uninsured individuals taking up enrollment on the Exchange. The number of uninsured individuals reported by the census surveys includes members who are not eligible for federal subsidies as they are either (1) eligible for Medicaid or (2) are ineligible for subsidies due to their citizenship status. We reduced the number of potential subsidized uninsured individuals that may choose to take-up on the Exchange for those who would be ineligible for the above reasons as reported by the ACS survey.

For those enrollees currently ineligible for APTC we estimated a separate pool of uninsured that may choose to take-up coverage under the state-based subsidy program, to further refine the baseline. These individuals will continue to be ineligible for federal subsidies, notably. Most notably, this group includes “family glitch” households. These members are ineligible for federal subsidies due to an “affordable” offer of employer-sponsored coverage. Individuals that are ineligible for federal subsidies due to Medicaid eligibility will also not be eligible for the state program.

For the waiver subsidy analysis, the subsidies available for currently federally non-subsidized members (Group 2) would be extended to the Group 3 population. The number of Group 3 individuals was estimated based on information provided by the Kaiser Family Foundation, and corroborated with Washington-specific information provided by the Exchange, generated by OFM. The same elasticity function as described above was used to estimate the number of individuals in Group 3 that may choose to take up coverage given the availability of the state premium subsidies. However, the elasticity was muted to

10 https://www.brookings.edu/opinions/comments-on-the-georgia-access-model/
reflect that these individuals may be hesitant to sign up for coverage, particularly in the first couple years of the program.

We assumed that the uninsured people enrolling on the Exchange would be similar to those currently enrolled on the Exchange (in terms of what plans they would be purchasing). As described in the baseline methodology above, we assumed a portion of customers below 400% FPL would be eligible for federal subsidies. Similar to the off-exchange migration modeling, we mapped the uninsured individuals to those that are currently on-exchange based on similar characteristics (county, age group, income level). We modeled the proportion of uninsured people purchasing coverage on the Exchange (for Groups 2 and 3) as a function of how much premiums were decreasing due to the state premium subsidy.

For Group 1 customers, the change in the premium amount the consumer pays (net premium) reflects the gross premium minus APTC and state premium subsidies. For Group 2 and 3 customers, the change in net premium was calculated relative to the existing gross premium. Once the net premium reduction was calculated, we then applied an enrollment elasticity function based on the published research literature to the pool of the uninsured individuals in Washington. The estimated elasticity was based on published research by the Congressional Budget Office. This paper indicates that individuals with lower incomes are less likely to take-up coverage and that older individuals are more likely. Therefore, we varied the elasticity rates applied by income and age of the uninsured, ensuring that the total aligned with the average elasticity published in the report (-0.57). As described above, a muting adjustment was included to account for potential lack of awareness about the waiver and resulting new coverage opportunity (if approved), initial hesitancy to sign up (influenced by the level of community-led engagement and outreach provided by the state), and overall ramp-up of the program over the 5-year waiver period. This factor was applied consistently to off-exchange customers and uninsured individuals and was varied in the low and high scenarios.

Table 6: 2024 Baseline Average Enrollment and Premium Data / Estimates

<table>
<thead>
<tr>
<th>Baseline</th>
<th>2024</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Annual Enrollment</td>
<td></td>
</tr>
<tr>
<td>Total Individual Enrollment</td>
<td>237,900</td>
</tr>
<tr>
<td>Exchange Enrollment</td>
<td>213,000</td>
</tr>
<tr>
<td>APTC Enrollment</td>
<td>132,200</td>
</tr>
</tbody>
</table>

12 Total premiums and APTC were rounded and the net premiums are calculated as gross premiums less APTC and state subsidy.
Waiver Estimates

To estimate the effects of the 1332 waiver, we modeled the estimated take-up among Group 3 using methods described above, with estimated state subsidy PMPM amounts. The process to determine the state subsidy PMPM amounts was iterative in order to ensure that the aggregate estimated funding amount for the waiver program did not exceed the amount of funding allocated by the state, plus any pass-through amounts starting in 2025. The state subsidy PMPM amounts reduce net premiums, which in turn impacts the estimated number of individuals taking up coverage.

Table 7: Estimated Impact of Waiver

<table>
<thead>
<tr>
<th></th>
<th>2024 Baseline</th>
<th>2024 Waiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exchange Enrollment</td>
<td>213,000</td>
<td>215,600</td>
</tr>
<tr>
<td>APTC Enrollment</td>
<td>132,200</td>
<td>132,200</td>
</tr>
<tr>
<td>APTC PMPM</td>
<td>$423.65</td>
<td>$422.44</td>
</tr>
<tr>
<td>Total APTC ($M)</td>
<td>$672.2</td>
<td>$670.3</td>
</tr>
</tbody>
</table>

Table 8: Estimated 2024 and 2028 Average Enrollment and Premium - Impact of Waiver

<table>
<thead>
<tr>
<th>After Waiver (Relative to Baseline)</th>
<th>2024</th>
<th>2028</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in Premiums</td>
<td>-1.4%</td>
<td>-1.7%</td>
</tr>
<tr>
<td>Change in Total Individual Market Enrollment</td>
<td>1.1%</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

For further details on the impact of additional subsidies that would result from approval of the waiver, please see Appendix D.
Based on the baseline and waiver estimates, Wakely calculated estimated Federal savings. To calculate the pass-through amounts, Wakely calculated the difference in APTC in the baseline scenario and waiver scenario. Wakely then multiplied the APTC savings amount by the ratio of total PTC subsidy after reconciliation to APTC based on Office of Tax Analyses Methodology for calculating Pass-Through Payments for 2021\(^\text{13}\) (91.3\%) to arrive at the PTC savings amount.\(^\text{14}\) The pass-through funding in a given year was added to the Group 2/3 program funding in the following year starting with 2025, with 2028 including pass-through amounts from both 2027 and 2028. The results of these assumptions, such as enrollment (both in total and in various distributions), changes to the SLCSP, and impact on the federal deficit are discussed in the Appendix D.

**Alternative Scenarios**

Wakely performed scenario testing for 2024, which primarily involved changing enrollment, premiums, and whether provisions under ARP continued beyond 2022. These assumptions were chosen for scenario testing, as they are significant drivers of the results of the analysis. For the remaining years of the waiver (2025-2028), only the best estimates were produced.

For 2024, eight scenarios in total were produced primarily by varying enrollment, federal legislation assumptions (ARP/No ARP), and Family Glitch regulation finalization. Scenario 1 is the best estimate scenario described above. Scenario 2 and Scenario 3 assumed ARP does not extend beyond 2022 and tested for scenarios in which enrollment and premium growth differed from the best estimate (Scenario 2 is low enrollment no ARP and Scenario 3 high enrollment no ARP). Scenarios 4, 5, and 6 assume that ARP enhanced premium subsidies are extended beyond 2022. Scenario 4 reflects our best estimate with ARP extended, while Scenario 5 assumes a lower uptake in enrollment in 2024 and beyond and Scenario 6 assumes higher enrollment in 2024 and beyond than the best estimate (Scenario 4). In the higher enrollment scenarios, there is more PTC in the baseline, which results in higher pass-through savings. Scenarios 7 and 8 align with Scenarios 1 and 4, respectively, with the only difference being the assumption that the Family Glitch regulation is finalized as proposed.

The following assumptions were made in each scenario modeled:

\(^\text{14}\) This aligns with the methodology for calculating the PTC as noted in the “Method for Calculation of Section 1332 Waiver 2019 Premium Tax Credit Pass-through Key Amounts” document located at https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Downloads/Treasury-Method-Calculation-1332-Pass-through-Amounts.pdf
1. Scenario 1 (Best Estimate): 2024 enrollment is slightly lower than 2023 enrollment as it includes reduction in enrollment due the ending of ARP subsidies as well as reduced effects of increased enrollment due to Medicaid redetermination starting in July 2022. Enrollment and premium increases are in line with prior historical trends. Finally, morbidity of the uninsured (both QHP-eligible and Group 3) are assumed to be 0.73.

2. Scenario 2: This scenario conforms to a scenario of lower enrollment and higher premiums than Scenario 1. In particular, it assumes that ARP ends and enrollment is lower than Scenario 1, resulting in higher premium increases due to worse risk pool as well as higher trend. Additionally, there are no enrollment changes due to Medicaid Redetermination/End of PHE. Finally, morbidity of new enrollees is higher than Scenario 1 (0.85).

3. Scenario 3: This scenario generally conforms to a scenario of higher enrollment and lower premiums than Scenario 1. In particular, it assumes that ARP ends but enrollment is higher than Scenario 1 with resulting lower premium increases due to improved risk pool as well an overall lower premium trend. Additionally, enrollment changes due to Medicaid Redetermination/End of PHE remain high. Finally, morbidity of new enrollees is lower than Scenario 1 (0.64).

4. Scenarios 4, 5, 6 are similar to 1, 2, and 3, respectively. However, they assume that ARP subsidies continue for the duration of this analysis. All of the assumptions, beyond ARP, conform to their parallel scenario.

5. Scenarios 7 and 8 are similar to Scenarios 1 and 4, respectively. However, they assume that the Family Glitch regulation is finalized as proposed. All of the assumptions, beyond Family Glitch, conform to their parallel scenario. We relied on information provided by the Exchange on the number of individuals who applied for Exchange coverage but were denied APTC due to affordable employer coverage (i.e., those that applied for coverage and but were denied APTC subsidies due to the Family Glitch) and their associated income levels for this analysis. Based on this information, we increased the enrollment targeting by approximately 1,000 additional on-exchange enrollees under the no ARP scenario (with incomes up to 400% FPL), and by approximately 1,300 additional on-exchange enrollees under the ARP scenario (with incomes up to 600% FPL). As part of the modeling, we also reallocated previously non-subsidized but already enrolled Family Glitch eligible members (i.e., Group 2) to Group 1 (APTC + State Subsidy Enrollment).

For each of the scenarios, the same funding methodology was applied as was used in the baseline scenario with the exception of the assumptions noted above. Each scenario produced a decrease in the state average premium PMPM in 2024 between -0.7% and -
1.9%. In each scenario, the lower premiums resulted in more enrollees in the individual market. Finally, in each scenario, the combined lower premiums (including decreased APTC PMPM) resulted in fewer Federal dollars being spent in 2024 as a result of the waiver program relative to the baseline. The detailed results of the scenario testing are shown in Table 9.

Scenario 1 is the best estimate scenario. This scenario was used for the 5-year economic analysis.
Table 9: Summary of Alternative Scenario Results for 2024

<table>
<thead>
<tr>
<th>Scenario Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>No ARP - Best</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No ARP - Low Enrollment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No ARP - High Enrollment</td>
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<tr>
<td>ARP - Best</td>
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<tr>
<td>ARP - Low Enrollment</td>
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<tr>
<td>ARP - High Enrollment</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>No ARP Family Glitch - Best</td>
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<td></td>
</tr>
<tr>
<td>ARP Family Glitch - Best</td>
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<td></td>
</tr>
<tr>
<td><strong>Baseline</strong></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Exchange Premium PMPM</td>
<td>$551.62</td>
<td>$657.66</td>
<td>$532.67</td>
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<td>$672.46</td>
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<td>209,600</td>
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<td>Off-Exchange Enrollment</td>
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<td>91.3%</td>
<td>91.3%</td>
<td>91.3%</td>
<td>91.3%</td>
<td>91.3%</td>
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<td>$4.5</td>
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Beyond 2024

For years beyond 2024, Wakely made the following assumptions specific to Scenario 1, where ARP does not extend past 2022:

1. Baseline premiums (both total individual and on-exchange) as well as Gross Premium Amounts for individuals with APTC were trended by 0.9%, based on Exchange enrollment projections as of January of 2022.

2. APTC Net Premiums were increased 2.0% annually after 2023 to account for indexing.

3. Enrollment was increased 5.5% based on 2022 Open Enrollment data.

4. The federal poverty limits (FPL) were trended 2.0% to account for inflation indexing, based on historical average changes.

5. The muting adjustment used to reflect take-up of members eligible under the waiver was assumed to decrease over time after 2024 as program awareness increases in the state.
<table>
<thead>
<tr>
<th></th>
<th>2024</th>
<th>2025</th>
<th>2026</th>
<th>2027</th>
<th>2028</th>
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<td><strong>Baseline</strong></td>
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<tr>
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<td>$2.4</td>
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<td>91.3%</td>
<td>91.3%</td>
<td>91.3%</td>
<td>91.3%</td>
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<td>$2.2</td>
<td>$2.4</td>
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## Table 11: Detailed Results after Waiver, by Year and Enrollment Cohort

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<td>Group 1 Subsidy PMPM</td>
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<td>Group 2/3 Average Subsidy Utilization</td>
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<td>$193</td>
<td>$188</td>
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<td>Group 1 Average Net Premium</td>
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<td>$357</td>
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</table>
Appendix B
Waiver Program Parameters
Waiver and Additional Subsidies for Those Ineligible for Federal Premium Tax Credits

The waiver would allow individuals without a federally recognized status access to Washington’s Exchange. As part of that change in eligibility, these individuals who have incomes up to 250% FPL would gain access to the same level of state subsidies as other individuals that are ineligible for federal premium tax credits and meet state eligibility requirements (including FPL limit). To fund the additional enrollees as a result of an approved waiver, the state has allocated, contingent on waiver approval, an additional $5 million to its premium subsidy program.

For the baseline, the state, within amounts appropriated by the Legislature, has allocated $34.5 million to be used for premium subsidies for on-exchange enrollees who are eligible for APTC and have incomes up to 250% FPL (also referred to as Group 1) and $10.5 million for on-exchange enrollees who are ineligible for APTC and have incomes up to 250% FPL (also referred to as Group 2). Additionally, for both groups, state subsidies are available only for members enrolled in Silver or Gold Cascade and Cascade Select plans. In addition to the funding amounts listed above, $5 million (10% of the appropriated $50 million for the baseline) will be held in reserve to account for enrollment uncertainty. The state subsidy amounts are calculated before the benefit year on a PMPM basis, based on projected enrollment, appropriated funding levels, and allocated funding amounts for each Group.

For the waiver, a similar method to the baseline will be used to calculate the state subsidy before the benefit year, using the best enrollment estimate. In the waiver scenario, $34.5 million would be available to Group 1 and $15 million would be available for Groups 2 and 3. Any available federal pass-through funds will be allocated towards increasing the amount of subsidies for those ineligible for APTC (Groups 2 and 3). Given the uncertainty around enrollment, 10% of the total appropriation for the waiver ($5.5 million) will be held in reserve ($1 million for Group 1 and $4.5 million for Group 2 and 3, in case of higher-than-expected enrollment). Given the higher uncertainty in enrollment take-up, more of the reserve funding is allocated to Groups 2 and 3. Altogether, $55 million of state funding (plus any federal pass-through funds starting in 2025) would be available for the state subsidy program, contingent on an approved waiver.
Appendix C
Guardrail Requirements
Guardrail Impact for the Waiver’s Individual Market Elements

Scope of Coverage Requirement

In order for a 1332 waiver to be accepted, the waiver must demonstrate that the changes will provide coverage to at least a comparable number of residents as would have been provided coverage without the waiver. Our analysis estimates that the waiver would provide for at least a comparable number of enrollees (and most likely a greater number of individuals) covered. This is due to premium reductions, to making more individuals eligible for QHP coverage, and to making more individuals eligible for subsidies.

In particular, we expect Washingtonians who have historically and systemically faced barriers to health coverage, including people of color, immigrants, and Washingtonians with low incomes, to benefit from the waiver. In Washington, the uninsured disproportionately consist of people of color, as shown in Table 12 below. Given the improved access to health insurance coverage, Wakely estimates that the waiver would increase health equity.

<table>
<thead>
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<th>Table 12: Uninsured Population Characteristics</th>
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<tr>
<td>479,800</td>
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</tbody>
</table>

*Data from Kaiser Family Foundation analysis of Current Population Survey Data*15

Affordability Requirement

In order for a 1332 waiver to be accepted, the waiver must demonstrate that the changes will provide coverage, premiums, and cost-sharing protections that keep care at least as affordable at least a comparable number of residents as would have been provided absent the waiver. Generally, we expect premiums to be lower than they otherwise would have been for each year of the waiver. As noted in Table 2, the waiver should reduce premiums on average 1.4% to 1.7% in each year of the waiver. Cost sharing for plans will remain similar. The waiver would also improve affordability by providing additional state subsidy funding for Washingtonians without a federally recognized immigration status, contingent on waiver approval. Because of these effects, our best estimate is that the waiver would provide for no change or possibly greater affordability for residents. Given the improved affordability of health insurance, Wakely also estimates that the waiver would increase health equity.

15 https://www.kff.org/uninsured/state-indicator/distribution-uninsured-nonelderly-race-ethnicity/
Comprehensiveness of Coverage Requirement

In order for a 1332 waiver to be approved, the waiver must demonstrate that it will provide coverage that is at least as comprehensive as would be provided absent the waiver. This waiver will not result in any changes to the EHB benchmark or actuarial value requirements and, as such, will not have any impact on the comprehensiveness of coverage for residents. To the extent that additional individuals gain coverage, that will increase the number of Washington residents with comprehensive coverage.

Deficit Neutrality Requirement

PTC

Since PTCs are benchmarked to the SLCSP, the decrease in premiums (specifically the SLCSP) will result in lower per person PTC amounts in 2024. Increasing enrollment in the individual market is expected to reduce premiums due to improved morbidity. Due to the combination of a non-decreasing number of enrollees with APTC and a decrease in premiums, which is connected to PTC amounts, Wakely’s best estimates analysis shows that the overall aggregate amount of PTCs will be lower each year over the 5-year period, as shown above in Table 10.

Offsets to PTC Savings

Exchange User Fee

Washington operates its own state-based Exchange and therefore changes in premiums due to a 1332 waiver would not impact Federally-facilitated Exchange fees.

Other Federal Impacts

Wakely did not directly estimate the impact of the proposed waiver on the collections related to small business tax credit or income taxes. It is unlikely that any of these would have a significant impact on the overall savings.16

Group Market

A detailed analysis of the group market was not completed. It is not expected that the waiver will have an impact on the large group market, federal employee health benefits program, and other health programs in the state. In particular, we do not expect enrollment migration from the group

market to the individual market as a result of the waiver. Prior research on the effects of the ACA showed no impact on employer-sponsored insurance.\(^\text{17}\)

\(^{17}\)https://dash.harvard.edu/bitstream/handle/1/28547756/Frean%20Gruber%20Sommers%20NEJM%20ACA%20Perspective%202016.pdf?sequence=1
Appendix D
5-Year Projections
Tables 13, 14, and 15 show various information as required under the CMS checklist.

In Table 13, the second lowest cost silver plan for each rating area is based on the 21-year old non-tobacco premium.

### Table 13: Second Lowest Cost Silver Plan Premium PMPM, with and without Waiver, by Rating Area and Year

<table>
<thead>
<tr>
<th>Rating Area</th>
<th>2024</th>
<th>2025</th>
<th>2026</th>
<th>2027</th>
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<tbody>
<tr>
<td><strong>Baseline</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Rating Area 1</td>
<td>$313</td>
<td>$320</td>
<td>$328</td>
<td>$336</td>
<td>$344</td>
</tr>
<tr>
<td>Rating Area 2</td>
<td>$333</td>
<td>$341</td>
<td>$349</td>
<td>$358</td>
<td>$367</td>
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<td>$367</td>
<td>$377</td>
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<td>$317</td>
<td>$325</td>
<td>$333</td>
<td>$341</td>
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</tr>
<tr>
<td>Rating Area 6</td>
<td>$309</td>
<td>$316</td>
<td>$324</td>
<td>$332</td>
<td>$340</td>
</tr>
<tr>
<td>Rating Area 7</td>
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<td>$359</td>
<td>$368</td>
<td>$377</td>
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<tr>
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<td>$351</td>
<td>$359</td>
<td>$368</td>
</tr>
<tr>
<td>Rating Area 9</td>
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<td>$332</td>
<td>$341</td>
<td>$349</td>
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<td><strong>After Waiver</strong></td>
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<td></td>
</tr>
<tr>
<td>Rating Area 1</td>
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<td>$319</td>
<td>$327</td>
<td>$335</td>
<td>$343</td>
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<tr>
<td>Rating Area 2</td>
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<td>$348</td>
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<td>$365</td>
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<tr>
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<td>$366</td>
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<tr>
<td>Rating Area 4</td>
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<td>$305</td>
<td>$312</td>
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<td>$324</td>
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<td>$323</td>
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<td>$350</td>
<td>$358</td>
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<tr>
<td>Rating Area 9</td>
<td>$316</td>
<td>$323</td>
<td>$331</td>
<td>$339</td>
<td>$348</td>
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</table>
### Table 14: Projected Enrollment by FPL, with and without Waiver, by Year

<table>
<thead>
<tr>
<th></th>
<th>2024</th>
<th>2025</th>
<th>2026</th>
<th>2027</th>
<th>2028</th>
</tr>
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<td><strong>Baseline</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Individual Enrollment</td>
<td>213,000</td>
<td>216,000</td>
<td>221,100</td>
<td>225,800</td>
<td>230,900</td>
</tr>
<tr>
<td>&lt;139% of FPL</td>
<td>14,000</td>
<td>14,400</td>
<td>14,900</td>
<td>15,400</td>
<td>15,900</td>
</tr>
<tr>
<td>139-150% of FPL</td>
<td>12,800</td>
<td>12,900</td>
<td>13,200</td>
<td>13,500</td>
<td>13,800</td>
</tr>
<tr>
<td>151-200% of FPL</td>
<td>40,500</td>
<td>41,000</td>
<td>41,900</td>
<td>42,600</td>
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<tr>
<td>201-250% of FPL</td>
<td>30,100</td>
<td>30,400</td>
<td>31,100</td>
<td>31,600</td>
<td>32,300</td>
</tr>
<tr>
<td>251-300% of FPL</td>
<td>19,800</td>
<td>19,900</td>
<td>20,400</td>
<td>20,800</td>
<td>21,300</td>
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<tr>
<td>301-400% of FPL</td>
<td>28,600</td>
<td>28,700</td>
<td>29,300</td>
<td>30,000</td>
<td>30,600</td>
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<tr>
<td>401-500% of FPL</td>
<td>11,100</td>
<td>11,400</td>
<td>11,700</td>
<td>11,900</td>
<td>12,200</td>
</tr>
<tr>
<td>501-600% of FPL</td>
<td>6,100</td>
<td>6,200</td>
<td>6,400</td>
<td>6,500</td>
<td>6,600</td>
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<tr>
<td>Over 600% of FPL</td>
<td>10,800</td>
<td>11,100</td>
<td>11,300</td>
<td>11,600</td>
<td>11,800</td>
</tr>
<tr>
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<td>40,000</td>
<td>40,900</td>
<td>41,800</td>
<td>42,800</td>
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<tr>
<td><strong>After Waiver</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Individual Enrollment</td>
<td>215,600</td>
<td>219,000</td>
<td>224,200</td>
<td>229,000</td>
<td>234,500</td>
</tr>
<tr>
<td>&lt;139% of FPL</td>
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<td>15,900</td>
<td>16,500</td>
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<tr>
<td>139-150% of FPL</td>
<td>13,100</td>
<td>13,300</td>
<td>13,600</td>
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<tr>
<td>151-200% of FPL</td>
<td>41,300</td>
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<td>44,600</td>
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<tr>
<td>201-250% of FPL</td>
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<td>31,200</td>
<td>32,000</td>
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<td>251-300% of FPL</td>
<td>19,800</td>
<td>19,900</td>
<td>20,400</td>
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<td>301-400% of FPL</td>
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<td>11,100</td>
<td>11,400</td>
<td>11,700</td>
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<td>12,200</td>
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<td>6,200</td>
<td>6,400</td>
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<td>6,600</td>
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<tr>
<td>Over 600% of FPL</td>
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<td>11,100</td>
<td>11,300</td>
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<td>11,800</td>
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<tr>
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<td>39,100</td>
<td>40,000</td>
<td>40,900</td>
<td>41,800</td>
<td>42,800</td>
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### Table 15: Projected Enrollment by Metal Level with and without Waiver, by Year

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<tr>
<th></th>
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<th>2026</th>
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<td><strong>Baseline</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Individual Enrollment</td>
<td>213,000</td>
<td>216,000</td>
<td>221,100</td>
<td>225,800</td>
<td>230,900</td>
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<td>1,100</td>
<td>1,200</td>
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<td>0</td>
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<td></td>
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<td>Total Individual Enrollment</td>
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<td>219,000</td>
<td>224,200</td>
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<td>1,200</td>
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<td>Bronze</td>
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<td>86,500</td>
<td>89,100</td>
<td>91,200</td>
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<tr>
<td>Silver</td>
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<td>112,000</td>
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<tr>
<td>Gold</td>
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<td>28,300</td>
<td>28,900</td>
<td>29,500</td>
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<tr>
<td>Platinum</td>
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<td>0</td>
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</tbody>
</table>
Appendix E
Reliances
The following is a list of the data Wakely relied on for the analysis:

1. Member-level on-exchange enrollment as of January 2022
2. On-Exchange data on applications and enrollment of individuals with employer coverage reason codes (April 2022)
3. The 2021 Open Enrollment Report PUF produced by HHS\(^{18}\)
4. 2021 Final Marketplace Special Enrollment Period Report released by CMS\(^{19}\)
5. Information from the state of Washington for on-exchange demographic and FPL data
6. National Health Expenditure Data from CMS\(^{20}\)
7. CMS’ Section 1332 Tentative Pass-Through Payments for 2021\(^{21}\)
8. Method for Calculation of Section 1332 Waiver 2019 Premium Tax Credit Pass-through Key Amounts\(^{22}\)
9. CBO Analysis on Impact of Repeal of the Mandate\(^{23}\)
10. CBO’s Health Insurance Simulation Model: A Technical Description\(^{24}\)
11. CBO Modeling of the impact of ARP\(^{25}\)
12. CBO’s Price Sensitivity of Demand for Nongroup Health Insurance\(^{26}\)
13. CEA’s Understanding Recent Developments in The Individual Health Insurance Market\(^{27}\)

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\(^{19}\) [https://www.hhs.gov/sites/default/files/2021-sep-final-enrollment-report.pdf](https://www.hhs.gov/sites/default/files/2021-sep-final-enrollment-report.pdf)
\(^{27}\) [https://obamawhitehouse.archives.gov/sites/default/files/page/files/201701_individual_health_insurance_market_cea_issue_brief.pdf](https://obamawhitehouse.archives.gov/sites/default/files/page/files/201701_individual_health_insurance_market_cea_issue_brief.pdf)
14. Matthew Fiedler’s comment letter Re: Patient Protection and Affordable Care Act; Updating Payment Parameters, Section 1332 Waiver Implementing Regulations, and Improving Health Insurance Markets for 2022 and Beyond Proposed Rule

15. Health Insurance Demand and the Generosity of Benefits: Fixed Effects Estimates of the Price Elasticity


Wakely made some assumptions in working with the available data. These assumptions may impact the results of the analyses and were reviewed by Washington for reasonability.

The following are additional reliances and caveats that could have an impact on results:

1. Data Limitations. Wakely received member-level detailed on-exchange enrollment data as of January 2022, and summarized off-exchange enrollment as of August 2021, and February 2022. We reviewed the data for reasonability, but we did not audit the data. To the extent that the data is not correct, the results of this analysis will be impacted.

2. Political Uncertainty. There is significant political uncertainty. Future federal actions in regards to ARP, premium subsidies, silver-loading, prescription drugs, and other policy changes could significantly change premiums and enrollment in 2023 or future years. In particular, extension of ARP enhanced subsidies or other changes to premium subsidies or CSR funding could impact pass-through, enrollment, or premiums. State political reactions to changes in the individual market could alter the results.

3. Family Glitch. The finalization of the regulation could change eligibility for premium tax credits for those in the Family Glitch or could differ from what is currently proposed. Such a change is projected to increase the number of individuals receiving state subsidies in Group 1 and decrease the number in Group 2, as noted in the alternative Family Glitch scenarios.

29 https://ideas.repec.org/a/bpj/fhecpo/v12y2009i2n3.html
30 https://www.nber.org/system/files/working_papers/w29097/w29097.pdf
4. Economic Uncertainty. There remains considerable uncertainty as to the state of the economy in Washington in 2024 and beyond. Changes in uninsured levels, wage growth, and other economic conditions could impact the results of these estimates.

5. Enrollment Uncertainty. Additionally, there is enrollment uncertainty. Beyond changes to potential rates and policy, individual enrollee responses to these changes also have uncertainty. All of these uncertainties result in limitations in providing point estimates on impacts of a 1332 waiver.

6. Premium Uncertainty. Given that several recent changes to statutory and regulatory rules of the individual market (e.g., ARP) have not reached steady state in their effects on the individual market, there is uncertainty in how insurers may respond in their 2023 premiums. Furthermore, issuer response to the standard plan requirements and their pricing of non-standard plans is uncertain. These uncertainties result in limitations in providing point estimates on the impacts of a 1332 waiver.

7. COVID-19. There remains significant uncertainty as to the effects the COVID pandemic will have on enrollment, premiums, health care utilization, the economy, and other factors.

8. Public Health Emergency Related Uncertainty. The ending of the Public Health Emergency could result in a number of individuals transitioning from Medicaid to the Exchange market.

9. Pass-Through Uncertainty. Ultimately, the Department of Health and Human Services and the Department of Treasury model the pass-through amounts. The extent to which the exact assumptions and micro-simulation modeling differs from Wakely’s models, differences in the pass-through amounts are possible.

10. State-Based Premium Subsidy Structure. If the parameters (type of subsidy, level of subsidy, and eligibility requirements) of the premium subsidies offered differ from the assumptions used in this analysis, Wakely’s analysis would need to be adjusted to match actual programs. Changes to assumed parameters may impact the results.
Appendix F
Disclosures and Limitations
**Responsible Actuary.** Julie Peper and Ksenia Whittal are the actuaries responsible for this communication. They are both Members of the American Academy of Actuaries. Julie and Ksenia are Fellows of the Society of Actuaries. They meet the Qualification Standards of the American Academy of Actuaries to issue this report. Michael Cohen, Danielle Hilson, and Alex Jarocki contributed significantly to the analysis and contents of this report.

**Intended Users.** This information has been prepared for the sole use of the management of Washington. Wakely understands that the report will be made public and used in the 1332 waiver process. Distribution to such parties should be made in its entirety and should be evaluated only by qualified users. The parties receiving this report should retain their own actuarial experts in interpreting results. This information is proprietary.

**Risks and Uncertainties.** The assumptions and resulting estimates included in this report and produced by the modeling are inherently uncertain. The extent to which the enrollment experience for 2022 or 2023 is different than expected results could be affected. Users of the results should be qualified to use it and understand the results and the inherent uncertainty. Actual results may vary, potentially materially, from our estimates. Wakely does not warrant or guarantee that Washington will attain the estimated values included in the report. It is the responsibility of those receiving this output to review the assumptions carefully and notify Wakely of any potential concerns.

**Conflict of Interest.** Wakely provides actuarial services to a variety of clients throughout the health industry. Our clients include commercial, Medicare, and Medicaid health plans, the federal government and state governments, medical providers, and other entities that operate in the domestic and international health insurance markets. Wakely has implemented various internal practices to reduce or eliminate conflict of interest risk in serving our various clients. Except as noted here, the responsible actuary is financially independent and free from conflict concerning all matters related to performing the actuarial services underlying this analysis. In addition, Wakely is organizationally and financially independent to the State of Washington.

**Data and Reliance.** We have relied on others for data and assumptions used in the assignment. We have reviewed the data for reasonableness, but have not performed any independent audit or otherwise verified the accuracy of the data/information. If the underlying information is incomplete or inaccurate, our estimates may be impacted, potentially significantly. The information included in the ‘Data and Methodology’ and ‘Reliances and Caveats’ sections identifies the key data and assumptions.

**Subsequent Events.** These analyses are based on the implicit assumption that the ACA will continue to be in effect in future years with no material change. Material changes in state or federal laws regarding health benefit plans or federal subsidy levels may have a material impact on the results included in this report. In addition, many of the assumptions are based on the initial 2022 experiences. Change in emerging 2022 enrollment and experience could impact the results.
Contents of Actuarial Report. This document (the report, including appendices) constitutes the entirety of actuarial report and supersedes any previous communications on the project.

Deviations from ASOPs. Wakely completed the analyses using sound actuarial practice. To the best of our knowledge, the report and methods used in the analyses are in compliance with the appropriate ASOPs with no known deviations. A summary of ASOP compliance is listed below:

- ASOP No. 23, Data Quality
- ASOP No. 41, Actuarial Communication
- ASOP No. 56, Modeling
Appendix D: Public Notice and Comment Process

State Summary and Response to Public Comments

The Washington Health Benefit Exchange (Exchange) held a public comment period on its draft Section 1332 Waiver Application from March 31 – May 2, 2022. During this comment period, two public hearings were held virtually via Microsoft Teams on April 12 and 13, and one tribal consultation was offered for April 11. During the two public hearings, nine organizations offered comments in support of the waiver application (some of the organizations that offered comment during the meetings also provided written comments). A total of 401 written comments were received from: 131 organizations representing health plans, providers, consumer advocates, and others; state and local elected officials; and 365 individuals. Of the 401 written comments received, 396 expressed strong support for the waiver, two commentors were opposed, and one commentor had concerns. The following represents a summary of verbal and written comments received during the public comment period, and the Exchange’s responses to those comments. All written public comments submitted are included in Appendix D.

Public Comment: A significant majority of commenters expressed enthusiastic support for the waiver application and its potential for improving health equity by expanding the opportunity to shop and purchase health coverage through the Exchange.

State Response: We appreciate the broad support of the waiver application from hundreds of individuals and organization across the state.

Public Comment: Many commenters, most notably health plans, patient consumer groups, and providers stated support for the waiver application and the potential for lower premiums and improved stability of the health insurance market.

State Response: We appreciate the broad support for making high quality health coverage more accessible and affordable for Washington residents.

Public Comment: The majority of commenters indicated strong support for rapid a review of Washington’s application, citing the urgency of implementation activities in advance of November 1, 2023 (when open enrollment begins for 2024 coverage year).

State Response: We appreciate the support for Washington’s request for approval by August 1, 2022, which would provide time for community engagement, system updates, and other waiver-related implementation activities.
Public Comment: Many immigrant rights organizations expressed strong support for the privacy assurances in the waiver application, noting that these assurances will be critical to minimizing fears in immigrant communities and ensuring successful uptake of the new coverage opportunity.

State Response: We appreciate commenters’ support for the waiver application’s privacy assurances and recognize the important role they will play in making the new coverage successful while adhering to federal regulations.

Public Comment: One commenter wanted more information about the plan to publicize information about new coverage opportunities if the waiver is approved and that they had heard that $700,000 was approved for FY 2023 for this outreach.

State Response: We appreciate the question about planned outreach efforts. The Washington State Legislature appropriated $50,000 in FY 2022 and $700,000 in FY 2023 to support community-led engagement activities necessary to implement the waiver. Planned activities to date include six listening sessions starting in spring 2022 that will be conducted in select areas across the state (including: South King County, Southwest Washington, Spokane, Wenatchee, and Yakima). The Exchange will also be working in partnership with and providing funding to community-based organizations over the next year to develop translated materials, implement health literacy initiatives, and conduct outreach— informed by the listening sessions— leading up to open-enrollment (starting November 1, 2023 for coverage in 2024). We recognize that this work is going to require a deep partnership with both individuals and organizations in these communities and are excited for their participation in this effort.

Public Comment: One commenter expressed support for comprehensive health benefits that include dental, vision, behavioral and addiction recovery, but noted that the for-profit health insurance system currently in place is not working. They expressed support for eliminating medical bills and barriers that are too expensive and catastrophic for so many.

State Response: We appreciate the comment about and interest in further improving Washington’s health care system. The waiver is one effort among many that the state is employing to improve access, lower costs, improve quality and equity in Washington’s health care system. The Exchange is an active participant in many of these, including the Health Care Cost Transparency Board and the Universal Health Care Coverage Commission and we look forward to continued engagement on these important efforts. By providing additional opportunities to access affordable health coverage through this waiver, we anticipate that thousands more Washingtonians will be spared from catastrophic medical bills.

Public Comment: Two commenters expressed opposition to taxpayer dollars being used to subsidize benefits for individuals who are not legal residents of the country.

State Response: We are pleased that the actuarial modeling in the waiver application predicts premium savings for all Washington residents who obtain coverage on the individual market,
including all current customers, and savings for the federal government for each year the waiver is in effect. If approved, the waiver will allow Washington residents to shop and purchase coverage through the Exchange, and benefit from existing affordability programs established and funded by the Washington State Legislature. These efforts are also consistent with the Exchange mission and the Exchange Board equity statement. Because taxpayer dollars are currently used to support uninsured Washingtonians who seek needed medical care (e.g., utilization of emergency room services, provision of uncompensated care are bad debt) an additional benefit to providing access to affordable health coverage through this waiver is that those costs are further reduced.

Public Comment: One commenter wanted information about how to obtain the slide deck shared during the public comment meeting and appreciated the way the information was shared.

State Response: The slide deck is available on the Exchange website here.

Public Comment: One commenter was interested in having staff from the Exchange attend a meeting and present the information shared during the public comment meeting to their organization.

State Response: Exchange staff are available to provide additional information to interested organizations about the waiver.
You are subscribed to 1332 Waiver Information for Washington Healthplanfinder. This information has recently been updated, and is now available.

Thursday, March 31, 2022

Thank you for subscribing to receive “1332 Waiver Information” emails.

This message is to inform you today, March 31, 2022, Washington Health Benefit Exchange (Exchange) posted the DRAFT Washington Section 1332 Waiver Application and is starting the official 30-day public comment period for this Application.

Public Comment Period: March 31, 2022 – May 2, 2022

Washington’s Draft Section 1332 Waiver Application is available at:


How to Provide Public Comment

Attend a virtual public comment meeting:

- Register to attend either of the two virtual public comment meetings scheduled for April 12 and April 13, 2022.
  - These virtual meetings will provide an opportunity for the public to submit comments regarding Washington’s 1332 Waiver Application.
  - These meetings will be conducted via Teams.
  - Each meeting will cover the same information, so there is no need to attend both.

- Comments provided during each meeting will be included in the Final Section 1332 Waiver Application that is submitted.
Dates and Times:
- April 12, 2022 (5:00pm - 6:30pm PST)  Register to attend
- April 13, 2022 (12:00pm - 1:30pm PST) Register to attend

To request additional information about these meetings, or to request accessibility services for either meeting, please email: WA1332@wahbexchange.org.

Submit written public comment by 12:00pm PST on May 2, 2022:
- Send an email to: WA1332@wahbexchange.org
  - Please include “Public Comment” in the subject line of your email.
  - Written comments will be included in full in the Final Section 1332 Waiver Application that is submitted.

What is a Section 1332 Waiver Application? Why is Washington State Submitting a 1332 Waiver Application?

In the 2021, the Washington State Legislature directed the Exchange to explore coverage pathways Washington residents who do not currently qualify for state or federal affordability programs. The Legislature authorized the Exchange to seek a federal 1332 waiver for this purpose and required a state-based solution no later than plan year 2024. If approved, the 1332 waiver will provide access to federally non-subsidized health and dental coverage through Washington Healthplanfinder to all Washington residents, regardless of immigration status, starting in plan year 2024.

- To learn more about the 1332 waiver and sign up to receive email updates, visit: https://www.wahbexchange.org/about-the-exchange/what-is-the-exchange/legislation/1332-waiver-information/

If approved, this waiver will also allow newly eligible individuals and families to benefit from the Cascade Care Savings (state premium assistance) program, launching in plan year 2023.

- To learn more about Cascade Care Savings and Cascade Care Plans, visit: https://www.wahbexchange.org/about-the-exchange/what-is-the-exchange/cascade-care/

1332 Waiver Timeline

March 31, 2022: Draft Washington Section 1332 Waiver Application released for public comment.

March 31- May 2, 2022: State public comment period, including:
- Tribal consultation
- Two public comment meetings

May 2022: Exchange incorporates public comments, and Final 1332 Waiver Application is submitted.

Summer 2022: CMS conducts application completeness review and federal 30-day public comment period, expected.
Following Waiver approval, requested by August 2022: Exchange will participate in community-led engagement to inform waiver implementation efforts, and make necessary Washington Healthplanfinder system updates.

November 1, 2023: Open Enrollment begins for PY 2024, waiver in effect.

Connect with Washington Healthplanfinder:
You are subscribed to 1332 Waiver Information for Washington Healthplanfinder. This information has recently been updated, and is now available.

Thursday, April 7, 2022

This message is a reminder that Washington Health Benefit Exchange (Exchange) is hosting two upcoming public comment meetings on the draft Washington Section 1332 Waiver.

Register now to attend:

There are two virtual public comment meetings scheduled: April 12 and April 13, 2022.

- The virtual meetings will provide an opportunity for the public to submit comments regarding Washington’s 1332 Waiver Application.
- These meetings will be conducted via Teams.
- Each meeting will cover the same information, so there is no need to attend both.
- Comments provided during each meeting will be summarized and included in the Final Section 1332 Waiver Application that is submitted.

Dates and Times:

- April 12, 2022 (5:00pm - 6:30pm PST) Register to attend
- April 13, 2022 (12:00pm - 1:30pm PST) Register to attend

For more information on the application process and to view the full draft waiver application, visit: https://www.wahbexchange.org/about-the-exchange/what-is-the-exchange/legislation/1332-waiver-information/.
All public comment meeting materials will be posted to the webpage above on Tuesday, April 12. The Exchange will also provide the slides in Spanish. To request additional information about these meetings, or to request accessibility services for either meeting, please email: WA1332@wahbexchange.org.
Welcome! Some instructions to make the most of today’s meeting...

- Chat function
  - Please use the chat function to introduce yourself to the group
    - Name
    - Organization
  - Please use the chat function to submit questions about today’s presentation
  - Please do not use the chat to submit public comment, you can provide verbal feedback during the public comment time today by raising your hand, or you can provide written feedback by sending an email to: WA1332@wahbexchange.org
Welcome! Some instructions to make the most of today’s meeting… (continued)

- **Mute**
  - Please be sure to keep yourself on mute until you are called on

- **Raise your hand function**
  - Please use this during the public comment time so we can call on you
Welcome! Some instructions to make the most of today’s meeting… (continued)

• Video
  • Feel free to share your video unless there are bandwidth issues during the meeting, in which case please turn the camera off and then turn the camera on when you are speaking

• Camera off

• Camera on (click the icon)
Welcome! Some instructions to make the most of today’s meeting… (continued)

• Closed Captioning and Choosing Your Preferred Language

• Click the 3 Dots icon at the top of your screen
  • Select “Turn on Live Captions” option

• Click the 3 Dots icon at the bottom of your screen
  • Select your language preference from the drop-down list
Public Comment Meeting on Draft Washington Section 1332 Waiver Application

April 12 & 13, 2022

These slides and the waiver application are available at:
https://www.wahbexchange.org/about-the-exchange/what-is-the-exchange/legislation/1332-waiver-information/
Opening Remarks and Introductions

• Introductions of Exchange Staff
• Introductions from attendees
• Pam MacEwan, CEO, Washington Health Benefit Exchange - Opening Remarks
Today’s Agenda

• **Background**
  - Washington Health Benefit Exchange (Exchange)
  - Washington’s Health Coverage Access and Affordability Initiatives
  - Washington’s Uninsured Population

• **Federal Section 1332 Waiver Application**
  - Purpose
  - Process
  - Requirements
  - Impacts
  - Next Steps
Background
Understanding the Exchange

• The Washington Health Benefit Exchange was established by the Legislature in 2011 as a public-private partnership that operates Washington Healthplanfinder

• Online eligibility and enrollment portal used by 1 in 4 Washington residents to obtain health and dental coverage

• Allows customers to find, compare and enroll in health insurance coverage and gain access to federal tax credits, reduced cost sharing, and eligibility and enrollment into Washington Apple Health (Medicaid program)
  • 1.8+ million Washington Apple Health (Medicaid program) customers
  • 200k+ Qualified Health Plan (QHP) customers
Understanding the Exchange

• Governed by an 11-member bipartisan board comprised of a chair and eight voting members, appointed by the Governor

• Board members are nominated by the Washington State House of Representatives and State Senate Democratic and Republican caucuses

• The Director of the Health Care Authority and the state’s Insurance Commissioner are ex-officio, non-voting board members

• Numerous external committees and workgroups – including an Advisory Committee, Health Equity Technical Advisory Committee, Tribal Advisory Workgroup, and Consumer Workgroup – also advise the Board on key program areas
Understanding the Exchange

Mission Statement
The Washington Health Benefit Exchange seeks to redefine people’s experience with health care. Our mission is to radically improve how Washington residents secure health insurance through innovative and practical solutions, an easy-to-use customer experience, our values of integrity, respect, equity, and transparency, and by providing undeniable value to the health care community.

Health Equity Statement
Equity is a fundamental pillar to the society we seek to build. The process of advancing toward equity will be disruptive and demands vigilance, dismantling deeply entrenched systems of privilege and oppression. We must focus our efforts on people and places where needs are greatest, especially communities of color, and go beyond remedying a particular inequity to address all determinants of health.

Our goal is that all Washingtonians have full and equal access to opportunities, power and resources to achieve their full potential.
Increasing Access to Affordable Coverage Through *Washington Healthplanfinder* is a Legislative Priority

Cascade Care is the Exchange’s primary affordability initiative, and aims to increase the availability of quality, affordable health coverage on the individual market.

- **Jan. ’21**  • Cascade Care Plans
- **Jan. ’23**  • Cascade Care Savings Program
- **Jan. ’24**  • Expand populations who can shop and buy coverage via Section 1332 Waiver
Who is Uninsured in Washington

Nearly 41% of individuals who lack a federally recognized immigration status are uninsured in Washington (11 times as likely to be uninsured as US-born citizens)

How Exchange Currently Serves Immigrant Populations

• Residents without a federally recognized immigration status are currently prohibited by federal law from shopping for and purchasing Qualified Health Plans (QHP) on the Exchange. This is the provision we are seeking to waive with this application

• Residents without a federally recognized status are currently facilitated into state-only programs through Washington Healthplanfinder
  • Children (up to age 19) and pregnant individuals may qualify for Washington Apple Health
  • Emergency medical program available to those with qualifying medical condition
  • Expanded Medicaid post-partum coverage (coming soon)

• “Lawfully present” immigrants can enroll in a QHP with federal financial assistance
  • Includes those in the “5-year bar” who qualify for federally-funded Apple Health programs after meeting the five-year federal waiting period, and in the meantime can access maximum federal subsidies in a QHP

• Support community-based enrollment assistance
  • Community health centers and Navigators are key enrollment partners, and have experience working with immigrant populations
  • Language access services provided in 200+ languages
Moving Forward: Expanding Populations Who Can Shop For and Buy Coverage

- Washington State Legislature authorized the Exchange to seek a federal Section 1332 Waiver to establish a new coverage pathway by 2024 that would:

  - Enable Washington residents who do not qualify for non-emergency Medicaid or federal affordability programs to get covered through Washington Healthplanfinder

  - Enable low-income residents without a federally recognized immigration status to access Cascade Care Savings (state premium assistance program)
Federal Section 1332 Waiver Application
Purpose of Section 1332 Waivers

- States can pursue innovative strategies to provide access to high-quality, affordable health insurance by changing or waiving parts of the Affordable Care Act (ACA)

- If a state can reduce the cost of health insurance for its residents, and by doing so, save the federal government money, a Section 1332 Waiver allows a state to receive those federal savings in the form of “federal pass-through funding”

- Section 1332 Waivers are approved in 5-year increments, and the state must annually submit reporting to request pass-through and affirm state adherence to federal restrictions (guardrails)
Washington’s Section 1332 Waiver Application

Goals of Washington’s Section 1332 Waiver:

• Enable all Washingtonians to shop for health coverage through Washington Healthplanfinder
• Enable all Washingtonians to purchase a QHP through Washington Healthplanfinder, including higher value Cascade Care Plans
• Enable Washingtonians who qualify for Cascade Care Savings to benefit from the state premium assistance program, regardless of immigration status
• Allow mixed-status families to purchase coverage together
• Maximize existing processes and procedures that keep consumer data secure
• Strengthen Washington’s health care sector, to the benefit of all current customers
• Enable the state to benefit from any federal savings (which would further support the Cascade Care Savings program)
Washington’s Section 1332 Waiver Application

Provision Washington Seeks to Waive:

Section 1312(f)(3) of the ACA (42 USC §18032 (f)(3))

• This provision defines who can purchase a QHP under the ACA
• Waiving this provision will allow any individual, regardless of immigration status, to get a QHP, including QDPs, offered through Washington Healthplanfinder

Note: technical provisions under section 36B of the Internal Revenue Code may also need to be waived, to ensure that taxpayers and IRS can follow existing procedures.
Estimated 1332 Waiver Submission Timeline (Spring 2022) & Implementation (for PY 2024)

March 2022:
Draft waiver complete

April 2022:
Public Comment meetings and Tribal consultation

April – May 2022:
Review and incorporate public feedback

May 2022:
Waiver submitted to CMS

May 2022:
Federal approval process begins, includes; 30-day federal comment period

November 2023:
Open-enrollment begins, including for new waiver population

January 2024:
Coverage for the new waiver population starts
Washington’s Section 1332 Waiver Application

• Application Process:
  • Application and public comment completed by the Exchange
  • Actuarial and economic analysis completed by Wakely
  • Application will be submitted by the Health Care Authority
  • Waiver implementation will be led by the Exchange

• Application Components:
  • Waiver direction and authorization
  • Waiver request explanation and purpose
  • Waiver implementation plan
  • Waiver actuarial and economic analysis
  • Waiver public comment materials
Section 1332 Waiver Statutory Guardrails/Standards

Background
While the ACA provides states with flexibility to alter certain provisions using 1332 waiver authority, it establishes guardrails that limit the extent of the changes states may make. Actuarial and economic analysis of the guardrails must be included in the waiver.

Guardrails
1. **Comprehensiveness**: Provide coverage at least as comprehensive as provided absent the waiver
2. **Affordability**: Provide cost-sharing protections against excessive out of pocket spending at least as affordable as absent the waiver
3. **Coverage**: Offer healthcare coverage to a comparable number of residents as absent the waiver
4. **Deficit Neutrality**: Must not increase the federal deficit
Summary of Waiver Impact - Guardrails

<table>
<thead>
<tr>
<th>Guardrail</th>
<th>Effect of Waiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage</td>
<td>Gains in coverage in each year of the waiver</td>
</tr>
<tr>
<td>Affordability</td>
<td>Improved affordability</td>
</tr>
<tr>
<td>Comprehensiveness</td>
<td>No change to EHBs (except insofar as increasing coverage increases the number of individuals with coverage providing EHBs).</td>
</tr>
<tr>
<td>Deficit Neutrality (5-year)</td>
<td>Federal savings in each year of the waiver and over the five-year waiver.</td>
</tr>
</tbody>
</table>
Waiver Impact - Coverage, Affordability & Deficit Neutrality

Table 2: Impact of Waiver on Premium, Enrollment, and Federal Deficit

<table>
<thead>
<tr>
<th></th>
<th>2024</th>
<th>2025</th>
<th>2026</th>
<th>2027</th>
<th>2028</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Premiums</strong></td>
<td>-1.4%</td>
<td>-1.5%</td>
<td>-1.5%</td>
<td>-1.5%</td>
<td>-1.6%</td>
</tr>
<tr>
<td><strong>Individual Market Enrollment</strong></td>
<td>1.1%</td>
<td>1.2%</td>
<td>1.3%</td>
<td>1.3%</td>
<td>1.5%</td>
</tr>
<tr>
<td><strong>Federal Savings ($ millions)</strong></td>
<td>$1.87</td>
<td>$2.14</td>
<td>$2.31</td>
<td>$2.46</td>
<td>$2.80</td>
</tr>
</tbody>
</table>
Waiver Impact – Notice of Forthcoming Updates Based on Recent Federal Activity

• When modeling the waiver impact, the actuarial analysis must reflect current law.

• Under current law, enhanced federal subsidies available under the American Rescue Plan (ARP) will expire at the end of 2022. The waiver application includes some initial projections of how state subsidy amounts, and the resulting projected waiver impact, would change in 2023 and 2024 if federal action is taken to extend the ARP subsidies beyond 2022. The 2024-2028 modeling assumes ARP subsidies end (current law) and will need to be updated if current law is changed.

• On April 5, a proposed federal regulation was released that, if finalized, would fix the ‘family glitch’ (amends exiting federal tax credit regulations to provide that affordability of employer-sponsored minimum essential coverage (employer coverage) for family members of an employee is determined based on the employee’s share of the cost of covering the employee and those family members, not the cost of covering only the employee). This will increase the number of Washington residents who qualify for federal subsidies.
  • Modeling in the current waiver application will need to be updated to reflect this change.
  • Reducing the number of non-federally subsidized Exchange customers under 250% will increase the amount of state subsidy those customers receive.
  • Expected waiver impacts (guardrails) include: more gains in coverage and further affordability improvements (no expected changes to comprehensiveness and deficit neutrality).
Waiver Impact - Health Equity

- Disproportionate share of Washingtonians of color are more likely to be uninsured
- Highest uninsured rates in Washington are among the Hispanic population (16.8%, approximately four times higher than the uninsured rate of 4.5% for the non-Hispanic population)
Next Steps: Section 1332 Waiver Approval Process

- Public comment period open through **May 2, 2022**

- Planned submission of final 1332 Waiver in **May 2022**
  - Will reflect any updates needed based on recent federal activity
  - Will undergo federal completeness review, followed by 30-day federal public comment period

- Federal government has up to 180 days to approve
  - Washington requesting federal response by **August 2022**
Next Steps: Section 1332 Waiver Implementation

• If Washington’s Section 1332 Waiver is approved, the Exchange will:

  • Begin community-led engagement activities to inform outreach and implementation efforts
    • The Exchange received funds in the 2022 Legislative Session to work with community partners on education and outreach prior to coverage solution launch

  • Make needed *Washington Healthplanfinder* updates
    • The Exchange received funds in the 2022 Legislative Session to complete necessary updates to systems before Open Enrollment for Plan Year 2024

  • Provide Cascade Care Savings program to newly eligible
    • The Exchange received additional funds in the 2022 Legislative Session, contingent on waiver approval, to provide state-funded premium assistance (through the Cascade Care Savings program) to the newly-eligible Cascade Care enrollees up to 250% FPL with the waiver
Public Comment
Public Comment Directions

- When providing verbal or written comment, please include:
  - Your full name
  - Your organizational affiliation (if applicable)

- If you would like to provide public comment today, please
  1. Use the “Raise Hand” function in Teams (unmute yourself when called on by the facilitator to speak) –
     • Spoken comments will be summarized and included in the Waiver Application
  2. Send an email to: WA1332@wahbexchange.org (include “Public Comment” in subject)
     • Written comments will be included in full in the Waiver Application
You can submit written public comments until noon (PST) on May 2, 2022

If you would like to provide written public comment, please
• Send an email to: WA1332@wahbexchange.org
  • Please include “Public Comment” in subject line
  • Please include first and last name, and organizational affiliation (if applicable)
  • Written comments will be included in full in the Waiver Application

To learn more about Washington’s Section 1332 Waiver Application and sign up to receive email notifications about waiver related activities, please visit:
https://www.wahbexchange.org/about-the-exchange/what-is-the-exchange/legislation/1332-waiver-information/
Appendix
Cascade Care Overview

Goal: Increase the availability of quality, affordable health coverage in the individual market.

• **Address costs** through lower premiums, lower deductibles, and providing access to services before having to pay the deductible. This includes leveraging federal and state-based financial assistance, state purchasing power, and provider reimbursement expectations.

• Encourage more informed consumer choice with **products of better value and like benefits** across all participating carriers.

• **Grow enrollment** by attracting new enrollees and retaining current customers.

• Ensure **continued market stability** through carrier participation, competitive product offerings, and a larger and more diverse risk pool.
## Cascade Care Components

### 2019 and 2021 Legislative Directives

<table>
<thead>
<tr>
<th>Standard Plans</th>
<th>Public Option</th>
<th>State-based Consumer Subsidies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requires HBE to design and implement standard QHPs starting in the 2021 plan year.</td>
<td>Requires HCA to contract with health carriers to offer state-procured standard QHPs starting in the 2021 plan year that have provider reimbursement rate caps and must include quality and value requirements.</td>
<td><strong>Subsidy Study</strong>&lt;br&gt;Required HBE to develop and submit a plan for implementing premium subsidies through Exchange for individuals up to 500% FPL (submitted to Legislature in November 2020).&lt;br&gt;&lt;br&gt;<strong>State Premium Assistance</strong>&lt;br&gt;Requires HBE to implement new partial state premium assistance for individuals up to 250% FPL in Cascade Care plans, supported by $50 million in general fund state for plan year 2023.</td>
</tr>
</tbody>
</table>

In 2021, the Legislature also directed HBE to implement a coverage solution for people without federally recognized immigration status by plan year 2024 and provided additional state funding to do so in 2022.
¡Bienvenidos! Algunas instrucciones para aprovechar al máximo la reunión de hoy...

• Función de chat
  • Utilice la función de chat para presentarse al grupo
    • Nombre
    • Organización
  • Utilice la función de chat para enviar preguntas sobre la presentación de hoy
  • Por favor no use el chat para enviar comentarios del público, puede exponer sus opiniones verbalmente durante el período para comentarios del público levantando su mano, o puede enviar comentarios por escrito en un correo electrónico a: WA1332@wahbexchange.org
¡Bienvenidos! Algunas instrucciones para aprovechar al máximo la reunión de hoy... (continuación)

• Modo silencioso
  • Recuerde permanecer en modo silencioso hasta que le den la palabra

• Función para levantar la mano
  • Use esta función durante el período de comentarios del público para que podamos llamarle
¡Bienvenidos! Algunas instrucciones para aprovechar al máximo la reunión de hoy... (continuación)

- Video
  - Siéntase en libertad de activar su cámara a menos que haya problemas con el ancho de banda durante la reunión; en ese caso, por favor apague su cámara y enciéndala cuando vaya a hablar

- Cámara apagada

- Cámara encendida (oprima el ícono)
¡Bienvenidos! Instrucciones para aprovechar al máximo la reunión de hoy... (continuado)

Subtítulos ocultos y elección de su idioma preferido

• Haga clic en el ícono de 3 puntos en la parte superior de su pantalla
• Elige la opción “Turn on Live Captions”

• Haga clic en el ícono de 3 puntos en la parte inferior de su pantalla
• Seleccione su idioma preferido de la lista desplegable
Reunión publica sobre la solicitud estatal de exención de la sección 1332 de Washington

12 y 13 de abril de 2022

Estas diapositivas y la solicitud de exención están disponibles en:
https://www.wahbexchange.org/about-the-exchange/what-is-the-exchange/legislation/1332-waiver-information/
Comentarios iniciales y presentaciones

- Presentaciones del personal del Exchange
- Presentaciones de los asistentes
- Pam MacEwan, directora, Washington Health Benefit Exchange - Comentarios iniciales
Orden del día de hoy

• Antecedentes
  • Washington Health Benefit Exchange
  • Iniciativas de acceso y asequibilidad de coberturas de salud en Washington
  • Población de personas no aseguradas en Washington

• Solicitud de exención federal a la sección 1332
  • Propósito
  • Proceso
  • Requisitos
  • Efectos
  • Siguientes pasos
Antecedentes
Comprendamos al Exchange

• Washington Health Benefit Exchange, o "Exchange", fue establecido por la Legislatura en 2011 como una asociación público-privada que opera a Washington Healthplanfinder

• El portal de elegibilidad e inscripción en línea es utilizado por 1 de cada 4 residentes de Washington para obtener cobertura médica y dental

• Permite que los clientes encuentren, comparen y se inscriban en una cobertura de seguro médico y obtengan acceso a créditos fiscales federales, participación en gastos reducidos y elegibilidad e inscripción en Washington Apple Health (programa de Medicaid)
  • Más de 1.8 millones de clientes de Washington Apple Health (programa de Medicaid)
  • Más de 200,000 clientes de planes médicos calificados (QHP, por sus siglas en inglés)
Comprendamos al Exchange

• Regido por un consejo bipartidista de 11 miembros, compuesto de un presidente y ocho miembros con derecho a voto, nombrados por el gobernador.

• Los miembros del consejo son nominados por las conferencias democrática y republicana de la Cámara de Representantes y el Senado Estatal del Estado de Washington.

• El director de la Autoridad de Servicios de Salud y el comisionado de salud del estado son miembros ex officio y sin derecho a voto del consejo.

• Numerosos comités y grupos de trabajo externos, incluyendo a un Comité Asesor, un Comité Asesor Técnico de Equidad de Salud, un Grupo de Trabajo Asesor Tribal y un Grupo de Trabajo de Consumidores, que también asesoran al consejo en áreas esenciales del programa.
Comprendamos al Exchange

Declaración de misión

El Mercado de Beneficios de Salud de Washington trata de redefinir la experiencia de las personas con los servicios de salud. Nuestra misión es mejorar radicalmente la forma en que los residentes de Washington contratan seguros de salud, usando soluciones innovadoras y prácticas, una experiencia con gran facilidad de uso para el cliente, nuestros valores de integridad, respeto, equidad y transparencia, y al ofrecer un valor innegable a la comunidad de los servicios de salud.

Declaración de equidad de salud

La equidad es un pilar fundamental de la sociedad que queremos construir. El proceso de avanzar hacia la equidad causará perturbaciones y demanda vigilancia, al desmantelar sistemas profundamente enraizados de privilegio y opresión. Debemos concentrar nuestros esfuerzos en las personas y los lugares donde las necesidades son mayores, especialmente en las comunidades de color, e ir más allá de remediar una desigualdad en particular para abordar todos los factores determinantes de la salud.

Nuestro objetivo es que todos los habitantes de Washington tengan acceso completo y equitativo a las oportunidades, las facultades y los recursos para alcanzar su pleno potencial.
Aumentar el acceso a cobertura asequible mediante *Washington Healthplanfinder* es una prioridad legislativa.

Cascade Care es la principal iniciativa de asequibilidad del Exchange y busca aumentar la disponibilidad de cobertura de salud asequible y de alta calidad en el mercado individual.

- **Ene ’21**
  - Planes Cascade Care

- **Ene ’23**
  - Programa Cascade Care Savings

- **Ene ’24**
  - Ampliar las poblaciones que pueden comparar y contratar cobertura mediante una exención de la sección 1332
Quiénes no tienen seguro en Washington

Casi el 41% de las personas que no tienen una situación migratoria reconocida a nivel federal no cuentan con seguro en Washington (una probabilidad 11 veces mayor de no tener seguro que los ciudadanos nacidos en EE. UU.)

Cómo atiende actualmente el Exchange a la población de inmigrantes

• Las leyes federales actualmente prohíben que los residentes que no tienen una situación migratoria reconocida a nivel federal comparen y compran planes de salud calificados (QHP) en el Exchange. Esta es la disposición de la que buscamos quedar exentos con esta solicitud

• A los residentes sin una situación reconocida a nivel federal actualmente se les ofrecen solamente programas estatales a través de Washington Healthplanfinder
  • Los menores (hasta los 19 años de edad) y las personas embarazadas pueden ser elegibles para Washington Apple Health
  • Programa de emergencias médicas disponible para quienes tienen trastornos médicos habilitantes
  • Cobertura ampliada de Medicaid posparto (próximamente)

• Los inmigrantes "legalmente presentes" pueden inscribirse en un QHP con asistencia financiera federal
  • Incluye a quienes están en los "5 años de prohibición" y que son elegibles para recibir programas de Apple Health con financiamiento federal después de cumplir el periodo de espera federal de cinco años, y mientras tanto pueden acceder a la cantidad máxima de subsidios federales en un QHP

• Apoya a la asistencia en la comunidad para inscribirse
  • Los centros de salud comunitarios y los orientadores son socios esenciales en la inscripción y tienen experiencia trabajando con las poblaciones de inmigrantes
  • Se ofrecen servicios de acceso lingüístico en más de 200 idiomas
A futuro: Poblaciones en crecimiento que pueden comparar y comprar cobertura

• La Legislatura del Estado de Washington autorizó al Exchange para solicitar una exención federal a la sección 1332 con el fin de establecer una nueva ruta para obtener cobertura, para 2024, que tendría los siguientes fines:

  • Habilitar a los residentes de Washington que no son elegibles para Medicaid para casos que no son emergencias ni para programas federales de asequibilidad para obtener cobertura de Washington Healthplanfinder

  • Habilitar a los residentes de bajos ingresos que no tengan una situación migratoria reconocida a nivel federal para acceder a Cascade Care Savings (programa estatal de asistencia para primas del seguro)
Solicitud de exención federal a la sección 1332
Propósito de las exenciones federales a la sección 1332

• Los estados pueden desarrollar estrategias innovadoras para ofrecer acceso a seguros de salud asequibles y de alta calidad al cambiar o exentarse de partes de la Affordable Care Act (ACA, por sus siglas en inglés)

• Si un estado puede reducir el costo del seguro de salud de sus residentes, y al hacerlo ahorrarle dinero al gobierno federal, una exención a la sección 1332 permite que el estado reciba esos ahorros federales en forma de "fondos federales para transferencia"

• Las exenciones a la sección 1332 se aprueban en períodos de 5 años, y el estado debe presentar anualmente informes para solicitar la transferencia y declarar el cumplimiento del estado con las restricciones federales (límites)
Solicitud de exención a la sección 1332 de Washington

Objetivos de la exención a la sección 1332 de Washington:

• Habilita a todos los habitantes de Washington para comparar coberturas de salud en Washington Healthplanfinder

• Habilita a todos los habitantes de Washington para contratar un QHP en Washington Healthplanfinder, incluyendo planes Cascade Care de valor más alto

• Habilita a los habitantes de Washington que son elegibles para Cascade Care Savings para beneficiarse del programa estatal de asistencia para primas del seguro, sin importar su situación migratoria

• Permite que familias cuyos miembros tengan distintas situaciones migratorias contraten un seguro juntas

• Maximiza los procesos y procedimientos existentes que protegen la información de los consumidores

• Fortalece al sector de servicios de salud de Washington para beneficio de todos sus clientes actuales

• Habilita al estado para beneficiarse de todos los ahorros federales (que servirían para apoyar al programa Cascade Care Savings)
Solicitud de exención a la sección 1332 de Washington

Disposición de la que Washington busca exentarse:

Sección 1312(f)(3) de la ACA (42 USC §18032 (f)(3))

- Esta disposición define quiénes pueden contratar un QHP de conformidad con la ACA
- Exentarse de esta disposición permitirá que todas las personas, sin importar su situación migratoria, obtengan un QHP, lo que incluye a los QDP, por medio de Washington Healthplanfinder

Nota: también podría ser necesario obtener una exención de la disposiciones técnicas de la sección 36B del Código de Impuestos Internos a fin de garantizar que los contribuyentes y el IRS puedan seguir los procedimientos existentes.
Cronograma estimado de solicitud de exención a 1332 (primavera 2022) e implementación (para el año del plan 2024)

Marzo de 2022:
Borrador de exención completo

Abril de 2022:
Reuniones para recibir comentarios del público y consultas con tribus

Abril - Mayo de 2022:
Revisión e incorporación de comentarios del público

Mayo de 2022:
Inicia el proceso de aprobación federal, incluye un período federal de comentarios de 30 días

Mayo de 2022:
Se entrega la exención a CMS

Enero de 2024:
Inicia la cobertura para la nueva población con la exención

Noviembre de 2023:
Inicia la inscripción abierta, incluyendo para la nueva población por la exención

Enero de 2024:
Inicia la cobertura para la nueva población con la exención
Solicitud de exención a la sección 1332 de Washington

• Proceso de solicitud:
  • Solicitud y comentarios públicos concluidos por el Exchange
  • Análisis actuarial y económico concluido por Wakely
  • La solicitud será enviada por la Washington State Health Care Authority
  • La implementación de la exención será dirigida por el Exchange

• Componentes de la solicitud:
  • Dirección y autorización de la exención
  • Explicación y propósito de la solicitud de exención
  • Plan de implementación de la exención
  • Análisis actuarial y económico de la exención
  • Materiales de comentarios públicos de la exención
Límites/Estándares estatutarios de la exención a la sección 1332

Antecedentes
Si bien la ACA ofrece a los estados la flexibilidad para alterar ciertas disposiciones usando las facultades de la exención a la sección 1332, establece límites al alcance de los cambios que pueden hacer los estados. El análisis actuarial y económico de los límites debe incluirse en la exención.

Límites
1. **Completitud**: Ofrece una cobertura por lo menos tan completa como la provista en ausencia de la exención
2. **Asequibilidad**: Ofrece protecciones a los costos compartidos contra los gastos excesivos por cuenta del cliente que lo hagan por lo menos tan asequible como en ausencia de la exención
3. **Cobertura**: Ofrece cobertura de servicios de salud a una cantidad de residentes comparable a la que se ofrecería en ausencia de la exención
4. **Neutralidad en el déficit**: No debe aumentar el déficit federal
## Resumen de los efectos de la exención – Límites

<table>
<thead>
<tr>
<th>Límite</th>
<th>Efecto de la exención</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cobertura</td>
<td>Aumentos en la cobertura en cada año de la exención</td>
</tr>
<tr>
<td>Asequibilidad</td>
<td>Aumento de la asequibilidad</td>
</tr>
<tr>
<td>Completitud</td>
<td>No hay cambios en los beneficios esenciales de salud (EHB, por sus siglas en inglés), excepto en la medida en que aumentar la cobertura aumenta la cantidad de personas con una cobertura que les brinda los EHB.</td>
</tr>
<tr>
<td>Neutralidad en el déficit</td>
<td>Ahorros federales en cada año de la exención y durante los cinco años de la exención.</td>
</tr>
</tbody>
</table>
Efectos de la exención - Cobertura, asequibilidad y neutralidad en el déficit

Tabla 2: Efectos de la exención sobre las primas, las inscripciones y el déficit federal

<table>
<thead>
<tr>
<th></th>
<th>2024</th>
<th>2025</th>
<th>2026</th>
<th>2027</th>
<th>2028</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primas</strong></td>
<td>-1.4%</td>
<td>-1.5%</td>
<td>-1.5%</td>
<td>-1.5%</td>
<td>-1.6%</td>
</tr>
<tr>
<td><strong>Inscripciones individuales en el mercado</strong></td>
<td>1.1%</td>
<td>1.2%</td>
<td>1.3%</td>
<td>1.3%</td>
<td>1.5%</td>
</tr>
<tr>
<td><strong>Ahorros federales (en millones de dólares)</strong></td>
<td>$1.87</td>
<td>$2.14</td>
<td>$2.31</td>
<td>$2.46</td>
<td>$2.80</td>
</tr>
</tbody>
</table>
Efectos de la exención – Aviso de actualizaciones próximas con base en actividades federales recientes

- Al modelar los efectos de la exención, el análisis actuarial debe reflejar las leyes vigentes

- Según las leyes vigentes, los subsidios federales mejorados disponibles según el Plan de Rescate Estadounidense (ARP, por sus siglas en inglés) vencerán a finales de 2022. La solicitud de exención incluye algunas proyecciones iniciales de cómo cambiarían en 2023 y 2024 los importes de los subsidios estatales, así como sus efectos proyectados sobre la exención, si se toman medidas federales para extender los subsidios del ARP después de 2022. El modelo 2024-2028 asume que los subsidios del ARP terminan (ley vigente) y deberán actualizarse si las leyes vigentes cambian.

- El 5 de abril se publicó una reglamentación federal propuesta que, de aprobarse, arreglaría el ‘error para familias’ (enmienda las reglamentaciones vigentes de los créditos fiscales federales para permitir que la asequibilidad de la cobertura mínima esencial patrocinada por el empleador (cobertura del empleador) para los familiares de un empleado se determine con base en la parte correspondiente al empleado del costo de cubrir al empleado y a dichos familiares, y no con base en el costo de cubrir solo al empleado). Eso aumentará la cantidad de residentes de Washington que son elegibles para subsidios federales.
  - Los modelos de la solicitud de exención actual deberán actualizarse para reflejar este cambio
  - Reducir la cantidad de clientes del Exchange sin subsidios federales por debajo del 250% aumentará el importe del subsidio estatal que reciben esos clientes
  - Los efectos esperados de la exención (límites) incluyen: más aumentos en la cobertura y más mejoras en la asequibilidad (no se prevén cambios en la completitud y la neutralidad en el déficit)
Efectos de la exención – Equidad en la salud

• Una parte desproporcionada de los habitantes de color de Washington tienen más probabilidades de no tener seguro

• Las tasas más altas de personas sin seguro en Washington se dan entre la población hispana (16.8%, aproximadamente cuatro veces más alta que la tasa de personas no aseguradas de 4.5% en la población no hispana)
Siguientes pasos: Proceso de aprobación de la exención a la sección 1332

• El período de comentarios del público está abierto hasta el 2 de mayo de 2022

• Entrega planeada de la exención a la sección 1332 definitiva en mayo de 2022
  • Reflejará las actualizaciones necesarias sobre la base de las actividades federales recientes
  • Se someterá a una revisión federal de completitud, seguida por un período federal de 30 días de comentarios del público

• El gobierno federal tiene hasta 180 días para aprobarla
  • Washington solicitará una respuesta federal a más tardar en agosto de 2022
Siguientes pasos: Implementación de la exención a la sección 1332

• Si la exención a la sección 1332 de Washington se aprueba, el Exchange:

  • Iniciará actividades de participación de la comunidad para influir sobre sus esfuerzos de alcance comunitario e implementación
    • El Exchange recibió fondos durante el período legislativo de 2022 para colaborar con aliados de la comunidad en actividades de educación y acercamiento antes del lanzamiento de las soluciones de cobertura

  • Hará las actualizaciones necesarias a Washington Healthplanfinder
    • El Exchange recibió fondos durante el período legislativo de 2022 para concluir las actualizaciones necesarias a los sistemas antes de la inscripción abierta para el año del plan 2024

• Ofrecerá el programa Cascade Care Savings a quienes se vuelvan elegibles
  • El Exchange recibió fondos adicionales durante el período legislativo de 2022, condicionados a la aprobación de la exención, para ofrecer asistencia para primas financiada por el estado (por medio del programa Cascade Care Savings) a los afiliados recién elegibles para Cascade Care que ganen hasta el 250% del FPL con la exención
Comentarios del público
**Instrucciones para los comentarios del público**

- Al hacer comentarios verbales o escritos, incluya:
  - **Su nombre completo**
  - **La organización a la que está afiliado (de haberla)**

- Si desea ofrecer comentarios del público hoy, por favor
  1. Use la función "Levantar mano" de Teams (active su micrófono cuando el moderador le indique que hable) –
     - **Los comentarios orales se resumirán y se incluirán en la solicitud de exención**
  2. Envíe un correo electrónico a: **WA1332@wahbexchange.org** (incluya las palabras "Public Comment" en el asunto)
     - **Los comentarios escritos se incluirán íntegros en la solicitud de exención**
Información adicional

Puede enviar comentarios del público por escrito hasta el mediodía (hora del Pacífico) del 2 de mayo de 2022

Si desea enviar comentarios del público por escrito
- Envíe un correo electrónico a: WA1332@wahbexchange.org
- Incluya las palabras "Public Comment" en el asunto
- Incluya su nombre y apellido y la organización a la que está afiliado (de haberla)
- Los comentarios escritos se incluirán íntegros en la solicitud de exención

Para obtener más información acerca de la solicitud de exención a la sección 1332 de Washington y para suscribirse para recibir notificaciones por correo electrónico de actividades relacionadas con la exención, visite:

https://www.wahbexchange.org/about-the-exchange/what-is-the-exchange/legislation/1332-waiver-information/
Apéndice
Información general de Cascade Care

Objetivo: aumentar la disponibilidad de cobertura de salud asequible y de alta calidad en el mercado individual.

• **Aborda los costos** con primas más bajas, deducibles más bajos y la oferta de acceso a servicios antes de tener que pagar el deducible. Esto incluye el uso de asistencia financiera federal y estatal, el poder de compra del estado y las expectativas de reembolso de los proveedores.

• Promueve decisiones más informadas de los consumidores con **productos con mayor valor** y **beneficios similares** en todas las aseguradoras participantes.

• **Aumenta las afiliaciones** al atraer a nuevos afiliados y retener a los clientes actuales.

• Garantiza la **estabilidad constante del mercado** mediante la participación de las compañías de seguros, la oferta de productos competitivos y una mezcla de riesgos más diversa.
## Componentes de Cascade Care

### Directivas legislativas 2019 y 2021

<table>
<thead>
<tr>
<th>Planes estándar</th>
<th>Opción pública</th>
<th>Subsidios estatales para consumidores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exige que el HBE diseñe e implemente QHP estándar a partir del año del plan 2021.</td>
<td><strong>Ordena a la HCA firmar contratos con aseguradoras para ofrecer QHP estándar procurados por el estado a partir del año del plan 2021, que tengan límites a las tarifas de reembolso a proveedores y deben incluir requisitos de calidad y valor.</strong></td>
<td><strong>Estudio de subsidios</strong>&lt;br&gt;Ordenó que el HBE desarrolle y presente un plan para implementar subsidios para primas a través del Exchange para personas con ingresos hasta el 50% del FPL (entregado a la Legislatura en noviembre de 2020).&lt;br&gt;&lt;br&gt;<strong>Asistencia estatal para primas</strong>&lt;br&gt;Ordena que el HBE implemente una nueva asistencia estatal parcial para primas para las personas que ganen hasta el 250% del FPL en planes Cascade Care, sustentada con $50 millones en fondos generales del estado para el año del plan 2023.</td>
</tr>
</tbody>
</table>

En 2021, la Legislatura también ordenó al HBE que implementara una solución de cobertura para personas sin una situación migratoria reconocida a nivel federal para el año del plan 2024 y asignó fondos estatales adicionales para hacerlo en 2022.
March 15, 2022

Dear Tribal Leader:

SUBJECT: Tribal Consultation and Public Comment Period for Section 1332 State Innovation Waiver Application

This correspondence is to notify you of the Washington Health Benefit Exchange’s pursuit of a federal Section 1332 State Innovation waiver, as authorized by the Washington State Legislature, and the tribal consultation and public comment period required with this effort. The purpose of the waiver is to gain approval for policy innovations that will increase access to health insurance coverage opportunities for state residents who are low income and do not currently qualify for existing federal and state affordability programs.

About Washington Health Benefit Exchange

The Washington Health Benefit Exchange operates Washington Healthplanfinder – an online portal, and WAPlanfinder mobile app; from which one in four Washington residents get their health coverage. Washington Healthplanfinder is a single portal for Individuals to access multiple health care affordability services: Washington Apple Health (Medicaid), federal premium tax credits and cost-sharing subsidies for individual market health plans, known as Qualified Health Plans, and dental plans.

The Washington Health Benefit Exchange’s primary focus is connecting individuals to high-quality and affordable health coverage. As of March 1, 2022, 44,336 tribal members, and 27,781 members of the 29 Federally Recognized Tribes with boundaries within the state get coverage from Washington Healthplanfinder.

State Innovation Waivers

Section 1332 of the Patient Protection and Affordable Care Act (ACA) allows states to pursue waiver of certain health reform provisions in order to implement policy innovations that increase coverage access and reduce federal expenditures. Washington State enacted Engrossed Substitute Senate Bill 5092 (Ch. 334, 2021), which directs the Exchange to increase coverage access for residents that do not qualify for non-emergency Medicaid or federal affordability programs no later than January 1, 2024. The legislation provides authority for the Exchange to develop and submit a Section 1332 State Innovation Waiver.

Washington’s 1332 Waiver Application

Washington is seeking a waiver of Section 1312(f)(3) of the Patient Protection and Affordable Care Act (42 USC §18032 (f)(3)). This section prohibits persons that are not United States citizens, United States nationals, or aliens lawfully present in the United State from purchasing a qualified health plan with Washington Healthplanfinder. If approved, the 1332 Waiver will newly allow individuals without a federally recognized immigration status to purchase qualified health plans in the individual health insurance market at Washington State’s online insurance marketplace Washington Healthplanfinder.
Dear Tribal Leaders – Section 1332 State Innovation Waiver Application
March 15, 2022

Low Income Affordability and Access for Uninsured
Affordability continues to be a primary barrier to health care access. To address affordability for low income residents ineligible for Medicaid, Washington State Engrossed Second Substitute Senate Bill 5377 (Ch. 246, 2021), directs the Exchange to implement a state-based health insurance premium subsidy in 2023 for individuals up to 250% of the federal poverty level.

Complementary to the efforts that address affordability, the 1332 Waiver seeks to newly allow individuals without a federal immigration status to purchase a qualified health plan; and if low income, to receive the state-based health insurance premium subsidy. The 1332 Waiver closes the barrier to access the federal rules on Exchange participation for certain immigration statuses, as this policy adversely impacts coverage options for these vulnerable and under-represented residents.

Figure A: Individuals impacted by the state-based health insurance premium subsidies and 1332 Waiver

<table>
<thead>
<tr>
<th>Family Income Level of Washington State’s Uninsured Population, 2019</th>
<th>Family Income as Percent of Federal Poverty Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income unknown</td>
<td>0-138%</td>
</tr>
<tr>
<td>Total (%)</td>
<td>3.2%</td>
</tr>
<tr>
<td>Undocumented (%)</td>
<td>1.3%</td>
</tr>
</tbody>
</table>

OFM Source: American Community Survey 2019 1-year PUMS with OFM adjustment for Medicaid enrollment

Tribal Implications
The 1332 Waiver, if approved, will not change the federal funding appropriation or health care services delivered to tribal members in Washington State. The waiver approval will not impact state Medicaid services to tribal members, nor the tribal member coverage protections and provisions under the ACA.

The fifteen Federally Recognized Tribes that currently purchase qualified health plans for their members with Washington Healthplanfinder will not see premium costs rise as a result of the 1332 Waiver application.

Tribal Consultation
Federal rules require Tribal Consultation by states for State Innovation Waiver applications1. This letter is to provide Tribal Leaders notice of the development of the 1332 waiver application and upcoming opportunity for Tribal Leaders to provide comment or ask questions. The Tribal Consultation will be held virtually, due to the on-going public health emergency.

1 Federal Code of Regulations, 31 CFR 33.112(a)(2) and 45 CFR 155.1312(a)(2)
Dear Tribal Leaders – Section 1332 State Innovation Waiver Application
March 15, 2022

Date: April 11, 2022

Time: 1 pm – 2:30 pm

Location: Virtually – To receive the link and dial-in information for this meeting please RSVP by sending the name and email of those who will be attending to James Manuel, Exchange Tribal Liaison at james.manuel@wahbexchange.org

*RSVP requested by April 4

For those unable to attend, this meeting will be recorded, and will made available afterwards to interested Tribal Leaders. Written feedback on the 1332 waiver application can also be provided at any time during the 30-day state public comment period, and subsequent 30-day federal comment period, on Washington’s 1332 waiver application.

To submit written comments, RSVP to request a consultation meeting, and for questions, please contact James Manuel, Tribal Liaison for the Washington Health Benefit Exchange, at James.Manuel@wahbexchange.org

Sincerely,

Pam MacEwan
Chief Executive Officer

CC:  Sue Birch, Director – Health Care Authority
     Jessie Dean, Tribal Administrator – Health Care Authority
     American Indian Health Commission
     Northwest Portland Area Indian Health Board
     NATIVE Project
     Seattle Indian Health Board
     Leah Hole-Marshall, General Counsel and Chief Strategist
     Michael Marchand, Chief Marketing Officer
     Joan Altman, Director of Government Affairs
     James Manuel, Tribal Liaison
Tribal Consultation on Draft Washington Section 1332 Waiver Application

April 11, 2022
Opening Remarks and Introductions

- Introductions of Tribal Leaders and Roundtable
- Pam MacEwan, CEO, Health Benefits Exchange - Opening Remarks
- How the Exchange Serves Tribal Members
- Tribal Implications of the Section 1332 Waiver
Tribal Relations and the Exchange

• Tribal Advisory Workgroup: members include tribal leaders and public health officials that
  1. Assist in the identification of any proposed policy or action that have tribal implications; and
  2. Satisfy the requirement for the Exchange to collaborate with the 29 federally-recognized tribes, urban Indian health programs, and the American Indian Health Commission in Washington state

• Tribal Consultation: process of formal engagement between the state and tribes
  1. 2014 Exchange Tribal Consultation for implementation of Affordable Care Act tribal provisions and coverage protections

• Tribal Liaison position: full-time position dedicated to serving tribes and tribal members
  1. Maintains partnerships with tribes and American Indian Health Commission
How the Exchange Serves Tribal Members

Covered Individuals

• **27,781** Tribal members from the Tribes in Washington State that receive coverage through Washington Healthplanfinder

• **16,555** out-of-state Tribal members that receive coverage through Washington Healthplanfinder

Tribal Assisters

• **81** Active Tribal Assisters

• In all 29 local communities
Implications of the Section 1332 Waiver for Tribes

• Will not impact federal appropriate for Indian Health Services or direct federal appropriations
• Will not impact state Medicaid delivery to tribal members or Medicaid payment initiatives underway with tribes and the Washington Health Care Authority
• Will not change or eliminate the tribal member protections and provisions within the Affordable Care Act
Today’s Agenda

• Background
  • Washington Health Benefit Exchange (Exchange)
  • Washington’s Health Coverage Access and Affordability Initiatives
  • Washington’s Uninsured Population

• Federal Section 1332 Waiver Application
  • Purpose
  • Process
  • Requirements
  • Impacts
  • Next Steps
Background
Understanding the Exchange

• The Washington Health Benefit Exchange was established by the Legislature in 2011 as a public-private partnership that operates Washington Healthplanfinder

• Online eligibility and enrollment portal used by 1 in 4 Washington residents to obtain health and dental coverage

• Allows customers to find, compare and enroll in health insurance coverage and gain access to federal tax credits, reduced cost sharing, and eligibility and enrollment into Washington Apple Health (Medicaid program)
  • 1.8+ million Washington Apple Health (Medicaid program) customers
  • 200k+ Qualified Health Plan (QHP) customers
Understanding the Exchange

• Governed by an 11-member bipartisan board comprised of a chair and eight voting members, appointed by the Governor

• Board members are nominated by the Washington State House of Representatives and State Senate Democratic and Republican caucuses

• The Director of the Health Care Authority and the state’s Insurance Commissioner are ex-officio, non-voting board members

• Numerous external committees and workgroups – including an Advisory Committee, Health Equity Technical Advisory Committee, Tribal Advisory Workgroup, and Consumer Workgroup – also advise the Board on key program areas
Understanding the Exchange

Mission Statement
The Washington Health Benefit Exchange seeks to redefine people’s experience with health care. Our mission is to radically improve how Washington residents secure health insurance through innovative and practical solutions, an easy-to-use customer experience, our values of integrity, respect, equity, and transparency, and by providing undeniable value to the health care community.

Health Equity Statement
Equity is a fundamental pillar to the society we seek to build. The process of advancing toward equity will be disruptive and demands vigilance, dismantling deeply entrenched systems of privilege and oppression. We must focus our efforts on people and places where needs are greatest, especially communities of color, and go beyond remedying a particular inequity to address all determinants of health.

Our goal is that all Washingtonians have full and equal access to opportunities, power and resources to achieve their full potential.
Increasing Access to Affordable Coverage Through Washington Healthplanfinder is a Legislative Priority

Cascade Care is the Exchange’s primary affordability initiative, and aims to increase the availability of quality, affordable health coverage on the individual market.

- Jan. ‘21: Cascade Care Plans
- Jan. ‘23: Cascade Care Savings Program
- Jan. ‘24: Expand populations who can shop and buy coverage via Section 1332 Waiver
Who is Uninsured in Washington

Nearly 41% of individuals who lack a federally recognized immigration status are uninsured in Washington (11 times as likely to be uninsured as US-born citizens).

How Exchange Currently Serves Immigrant Populations

• Residents without a federally recognized immigration status are currently prohibited by federal law from shopping for and purchasing Qualified Health Plans (QHP) on the Exchange. This is the provision we are seeking to waive with this application

• Residents without a federally recognized status are currently facilitated into state-only programs through Washington Healthplanfinder
  • Children (up to age 19) and pregnant individuals may qualify for Washington Apple Health
  • Emergency medical program available to those with qualifying medical condition
  • Expanded Medicaid post-partum coverage (coming soon)

• “Lawfully present” immigrants can enroll in a QHP with federal financial assistance
  • Includes those in the “5-year bar” who qualify for federally-funded Apple Health programs after meeting the five-year federal waiting period, and in the meantime can access maximum federal subsidies in a QHP

• Support community-based enrollment assistance
  • Community health centers and Navigators are key enrollment partners, and have experience working with immigrant populations
  • Language access services provided in 200+ languages
Moving Forward: Expanding Populations Who Can Shop For and Buy Coverage

• Washington State Legislature authorized the Exchange to seek a federal Section 1332 Waiver to establish a new coverage pathway by 2024 that would:
  
  • Enable Washington residents who do not qualify for non-emergency Medicaid or federal affordability programs to get covered through Washington Healthplanfinder
  
  • Enable low-income residents without a federally recognized immigration status to access Cascade Care Savings (state premium assistance program)
Federal Section 1332 Waiver Application
Purpose of Section 1332 Waivers

- States can pursue innovative strategies to provide access to high-quality, affordable health insurance by changing or waiving parts of the Affordable Care Act (ACA)

- If a state can reduce the cost of health insurance for its residents, and by doing so, save the federal government money, a Section 1332 Waiver allows a state to receive those federal savings in the form of “federal pass-through funding”

- Section 1332 Waivers are approved in 5-year increments, and the state must annually submit reporting to request pass-through and affirm state adherence to federal restrictions (guardrails)
Washington’s Section 1332 Waiver Application

Goals of Washington’s Section 1332 Waiver:

• Enable all Washingtonians to shop for health coverage through Washington Healthplanfinder

• Enable all Washingtonians to purchase a QHP through Washington Healthplanfinder, including higher value Cascade Care Plans

• Enable Washingtonians who qualify for Cascade Care Savings to benefit from the state premium assistance program, regardless of immigration status

• Allow mixed-status families to purchase coverage together

• Maximize existing processes and procedures that keep consumer data secure

• Strengthen Washington’s health care sector, to the benefit of all current customers

• Enable the state to benefit from any federal savings (which would further support the Cascade Care Savings program)
Washington’s Section 1332 Waiver Application

Provision Washington Seeks to Waive:

Section 1312(f)(3) of the ACA (42 USC §18032 (f)(3))

• This provision defines who can purchase a QHP under the ACA
• Waiving this provision will allow any individual, regardless of immigration status, to get a QHP, including QDPs, offered through Washington Healthplanfinder

Note: technical provisions under section 36B of the Internal Revenue Code may also need to be waived, to ensure that taxpayers and IRS can follow existing procedures.
Estimated 1332 Waiver Submission Timeline (Spring 2022) & Implementation (for PY 2024)

March 2022: Draft waiver complete

April 2022: Public Comment meetings and Tribal consultation

April – May 2022: Review and incorporate public feedback

May 2022: Federal approval process begins, includes; 30-day federal comment period

May 2022: Waiver submitted to CMS

November 2023: Open-enrollment begins, including for new waiver population

January 2024: Coverage for the new waiver population starts
Washington’s Section 1332 Waiver Application

• Application Process:
  • Application and public comment completed by the Exchange
  • Actuarial and economic analysis completed by Wakely
  • Application will be submitted by the Health Care Authority
  • Waiver implementation will be led by the Exchange

• Application Components:
  • Waiver direction and authorization
  • Waiver request explanation and purpose
  • Waiver implementation plan
  • Waiver actuarial and economic analysis
  • Waiver public comment materials
Section 1332 Waiver Statutory Guardrails/Standards

Background
While the ACA provides states with flexibility to alter certain provisions using 1332 waiver authority, it establishes guardrails that limit the extent of the changes states may make. Actuarial and economic analysis of the guardrails must be included in the waiver.

Guardrails
1. **Comprehensiveness:** Provide coverage at least as comprehensive as provided absent the waiver
2. **Affordability:** Provide cost-sharing protections against excessive out of pocket spending at least as affordable as absent the waiver
3. **Coverage:** Offer healthcare coverage to a comparable number of residents as absent the waiver
4. **Deficit Neutrality:** Must not increase the federal deficit
### Summary of Waiver Impact - Guardrails

<table>
<thead>
<tr>
<th>Guardrail</th>
<th>Effect of Waiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage</td>
<td>Gains in coverage in each year of the waiver</td>
</tr>
<tr>
<td>Affordability</td>
<td>Improved affordability</td>
</tr>
<tr>
<td>Comprehensiveness</td>
<td>No change to EHBs (except insofar as increasing coverage increases the number of individuals with coverage providing EHBs).</td>
</tr>
<tr>
<td>Deficit Neutrality (5-year)</td>
<td>Federal savings in each year of the waiver and over the five-year waiver.</td>
</tr>
</tbody>
</table>
### Waiver Impact - Coverage, Affordability & Deficit Neutrality

Table 2: Impact of Waiver on Premium, Enrollment, and Federal Deficit

<table>
<thead>
<tr>
<th></th>
<th>2024</th>
<th>2025</th>
<th>2026</th>
<th>2027</th>
<th>2028</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Premiums</strong></td>
<td>-1.4%</td>
<td>-1.5%</td>
<td>-1.5%</td>
<td>-1.5%</td>
<td>-1.6%</td>
</tr>
<tr>
<td><strong>Individual Market</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Enrollment</strong></td>
<td>1.1%</td>
<td>1.2%</td>
<td>1.3%</td>
<td>1.3%</td>
<td>1.5%</td>
</tr>
<tr>
<td><strong>Federal Savings ($ millions)</strong></td>
<td>$1.87</td>
<td>$2.14</td>
<td>$2.31</td>
<td>$2.46</td>
<td>$2.80</td>
</tr>
</tbody>
</table>
Waiver Impact – Notice of Forthcoming Updates Based on Recent Federal Activity

• When modeling the waiver impact, the actuarial analysis must reflect current law

• Under current law, enhanced federal subsidies available under the American Rescue Plan (ARP) will expire at the end of 2022. The waiver application includes some initial projections of how state subsidy amounts, and the resulting projected waiver impact, would change in 2023 and 2024 if federal action is taken to extend the ARP subsidies beyond 2022. The 2024-2028 modeling assumes ARP subsidies end (current law) and will need to be updated if current law is changed.

• On April 5, a proposed federal regulation was released that, if finalized, would fix the ‘family glitch’ (amends exiting federal tax credit regulations to provide that affordability of employer-sponsored minimum essential coverage (employer coverage) for family members of an employee is determined based on the employee’s share of the cost of covering the employee and those family members, not the cost of covering only the employee). This will increase the number of Washington residents who qualify for federal subsidies.
  • Modeling in the current waiver application will need to be updated to reflect this change
  • Reducing the number of non-federally subsidized Exchange customers under 250% will increase the amount of state subsidy those customers receive
  • Expected waiver impacts (guardrails) include: more gains in coverage and further affordability improvements (no expected changes to comprehensiveness and deficit neutrality)
Waiver Impact - Health Equity

- Disproportionate share of Washingtonians of color are more likely to be uninsured
- Highest uninsured rates in Washington are among the Hispanic population (16.8%, approximately four times higher than the uninsured rate of 4.5% for the non-Hispanic population)
Next Steps: Section 1332 Waiver Approval Process

• Public comment period open through May 2, 2022

• Planned submission of final 1332 Waiver in May 2022
  • Will reflect any updates needed based on recent federal activity
  • Will undergo federal completeness review, followed by 30-day federal public comment period

• Federal government has up to 180 days to approve
  • Washington requesting federal response by August 2022
Next Steps: Section 1332 Waiver Implementation

- If Washington’s Section 1332 Waiver is approved, the Exchange will:

  - Begin community-led engagement activities to inform outreach and implementation efforts
    - The Exchange received funds in the 2022 Legislative Session to work with community partners on education and outreach prior to coverage solution launch

  - Make needed *Washington Healthplanfinder* updates
    - The Exchange received funds in the 2022 Legislative Session to complete necessary updates to systems before Open Enrollment for Plan Year 2024

  - Provide Cascade Care Savings program to newly eligible
    - The Exchange received additional funds in the 2022 Legislative Session, contingent on waiver approval, to provide state-funded premium assistance (through the Cascade Care Savings program) to the newly-eligible Cascade Care enrollees up to 250% FPL with the waiver
Tribal Consultation

Opportunity for tribal leaders to voice support, raise concerns, or provide any other feedback
You can submit written public comments until noon (PST) on May 2, 2022

If you would like to provide written public comment, please
  • Send an email to: WA1332@wahbexchange.org
  • Please include “Public Comment” in subject line
  • Please include first and last name, and organizational affiliation (if applicable)
  • Written comments will be included in full in the Waiver Application

To learn more about Washington’s Section 1332 Waiver Application and sign up to receive email notifications about waiver related activities, please visit:

https://www.wahbexchange.org/about-the-exchange/what-is-the-exchange/legislation/1332-waiver-information/
Tribal Liaison Contact Information

- James Manuel, Tribal Liaison
  Washington Health Benefit Exchange
  810 Jefferson Street SE
  Olympia, WA 98501

Phone: 360-688-7737
E-mail: james.manuel@wahbexchange.org
Cascade Care Overview

Goal: Increase the availability of quality, affordable health coverage in the individual market.

- **Address costs** through lower premiums, lower deductibles, and providing access to services before having to pay the deductible. This includes leveraging federal and state-based financial assistance, state purchasing power, and provider reimbursement expectations.

- Encourage more informed consumer choice with **products of better value and like benefits** across all participating carriers.

- **Grow enrollment** by attracting new enrollees and retaining current customers.

- Ensure **continued market stability** through carrier participation, competitive product offerings, and a larger and more diverse risk pool.
In 2021, the Legislature also directed HBE to implement a coverage solution for people without federally recognized immigration status by plan year 2024 and provided additional state funding to do so in 2022.
May 2, 2022

Washington Health Benefit Exchange
810 Jefferson St. SE
Olympia, WA 98501
Submitted via email: WA1332@wahbexchange.org

Re: United Food and Commercial Workers 3000 Support for 1332 Waiver Application

Dear Chief Executive MacEwan and Director Altman:

UFCW 3000 appreciates the opportunity to provide comments on Washington State’s draft Section 1332 Waiver Application (waiver). We write in strong support of the waiver as one of the most promising opportunities to expand health coverage for Washington residents since the passage of the Affordable Care Act.

Our union represents over 50,000 workers in the Healthcare, Grocery, Cleaning, Food, and Cannabis industries. Many of whom identify as immigrants and have been locked out of health care and affordable coverage. Our members have been on the front lines of carrying us through this pandemic. Whether it's being a checker at a Grocery store or an EVS worker in our overflooded Hospitals, they are there. But many go to work every day fearful of becoming sick, mainly because they may not have healthcare to get the care to recover.

Health care is a human right that all people, no matter their immigration status, should have access to. The recent pandemic of COVID-19 has shed light on how broken and inequitable our systems are. Our healthcare system being the most prevalent. These essential workers, who have kept our nation moving forward, have been overlooked and shut out of the systems for too long. We are calling on our government to do what is right and create a true “Land of opportunity for ALL” by allowing equitable access to healthcare for immigrant residents.

In Washington today, many immigrants go without critical health care because they are structurally excluded from affordable health coverage. Over 100,000 of Washington’s immigrant residents lack insurance today due to this systemic inequity. Left with no recourse, many of these community members currently forego needed care until it becomes an emergency. As you know, without insurance, people are more likely to have poor health status, be hospitalized for preventable conditions and acute illnesses, and die prematurely.

We strongly support Washington’s proposed waiver because it offers a pathway to a healthier future:

- The waiver would allow our state to remove federal barriers to health coverage, offering all Washington residents the same opportunity to purchase Qualified Health Plans and Qualified Dental Plans.
• The waiver would also permit our state to invest state funds toward more affordable coverage for low-income residents, with no impact to the federal deficit.
• The waiver would improve health equity, addressing one of the root causes of the disproportionate uninsured rates and poorer health outcomes many of Washington’s communities of color face today.
• The waiver would improve the broader individual insurance market by lowering premiums and reducing application barriers that prevent families from applying for coverage together.

We commend your effort to secure the waiver rapidly. Washington’s waiver aligns with the stated goal of Affordable Care Act Section 1332, “to pursue innovative strategies for providing residents with access to high quality, affordable health insurance while retaining the basic protections of the ACA.” As demonstrated in the application, the waiver satisfies Section 1332’s guardrails while proposing an innovative state solution to expand coverage. This is particularly crucial now, as long-standing inequities have been exacerbated by the pandemic. Immigrants and communities of color are disproportionately contracting, hospitalized for, and dying from COVID-19. Washington residents cannot wait for coverage any longer.

We applaud the waiver’s privacy assurances. The waiver application recognizes the importance of privacy to Washington residents who may seek coverage under the waiver. The waiver proposes to maintain state program integrity standards while safeguarding the privacy of individual Washington residents. The waiver appropriately specifies that individual information about applicants and enrollees covered via the waiver will not be shared with the federal government. We look forward to federal confirmation of this assurance.

Through the waiver and other state policy solutions, Washington will make significant progress toward meeting the basic health care needs of all Washingtonians, which will make every community healthier and our economy stronger. We strongly support the Health Benefit Exchange in its effort to secure the federal flexibility needed to achieve this goal.

Sincerely,

Faye Guenther
President- UFCW 3000

Joe Mizrahi
Secretary-Treasurer - UFCW 3000
May 2, 2022

Washington Health Benefit Exchange  
810 Jefferson St. SE  
Olympia, WA 98501  
Submitted via email: WA1332@wahbexchange.org

Re: Washington State Labor Council Support for 1332 Waiver Application

Dear Chief Executive MacEwan and Director Altman:

The Washington State Labor Council, AFL-CIO (WSLC) appreciates the opportunity to provide comments on Washington State’s draft Section 1332 Waiver Application (waiver). We write in strong support of the waiver as one of the most promising opportunities to expand health coverage for Washington residents since the passage of the Affordable Care Act.

WSLC is an organization representing some 500,000 workers across Washington state through affiliated labor organizations in Washington state. We also raise the concerns of workers who do not yet have the opportunity to be organized. As healthcare prices have gone up and employers have shifted healthcare costs onto workers and their families, many people struggle to access high-quality, affordable coverage. We know that healthcare is not only an issue of life-and-death, of quality of life, but also a financial issue that can put monetary strain on families in their moments of deepest crisis. This is particularly a challenge among immigrant workers. WSLC has been a strong advocate for healthcare policy efforts to expand affordability, coverage and equity – we are proud to support this 1332 waiver application.

In Washington today, many immigrants go without critical health care because they are structurally excluded from affordable health coverage. Over 100,000 of Washington’s immigrant residents lack insurance today due to this systemic inequity. Left with no recourse, many of these community members currently forego needed care until it becomes an emergency. As you know, without insurance, people are more likely to have poor health status, be hospitalized for preventable conditions and acute illnesses, and die prematurely.
We strongly support Washington’s proposed waiver because it offers a pathway to a healthier future:

- The waiver would allow our state to remove federal barriers to health coverage, offering all Washington residents the same opportunity to purchase Qualified Health Plans and Qualified Dental Plans.
- The waiver would also permit our state to invest state funds toward more affordable coverage for low-income residents, with no impact to the federal deficit.
- The waiver would improve health equity, addressing one of the root causes of the disproportionate uninsurance rates and poorer health outcomes many of Washington’s communities of color face today.
- The waiver would improve the broader individual insurance market by lowering premiums and reducing application barriers that prevent families from applying for coverage together.

We commend your effort to secure the waiver rapidly. Washington’s waiver aligns with the stated goal of Affordable Care Act Section 1332, “to pursue innovative strategies for providing residents with access to high quality, affordable health insurance while retaining the basic protections of the ACA.” As demonstrated in the application, the waiver satisfies Section 1332’s guardrails while proposing an innovative state solution to expand coverage. This is particularly crucial now, as long-standing inequities have been exacerbated by the pandemic. Immigrants and communities of color are disproportionately contracting, hospitalized for, and dying from COVID-19. Washington residents cannot wait for coverage any longer.

We applaud the waiver’s privacy assurances. The waiver application recognizes the importance of privacy to Washington residents who may seek coverage under the waiver. The waiver proposes to maintain state program integrity standards while safeguarding the privacy of individual Washington residents. The waiver appropriately specifies that individual information about applicants and enrollees covered via the waiver will not be shared with the federal government. We look forward to federal confirmation of this assurance.

Through the waiver and other state policy solutions, Washington will make significant progress toward meeting the basic health care needs of all Washingtonians, which will make every community healthier and our economy stronger. We strongly support the Health Benefit Exchange in its effort to secure the federal flexibility needed to achieve this goal.

Please contact me at shyppolite@wslc.org with any questions.

Sincerely,

Sybill Hyppolite
Legislative Director
Washington State Labor Council, AFL-CIO
April 27, 2022

To: Washington Health Benefit Exchange (HBE)

Re: Section 1332 Waiver Application

Premera Blue Cross and LifeWise Health Plan of Washington (LifeWise) appreciates the opportunity to comment in strong support of HBE’s Section 1332 Waiver application draft. LifeWise supports the goal of the Section 1332 Waiver of allowing all Washingtonians, regardless of income and immigration status, to purchase Qualified Health Plans and Qualified Dental Plans through Washington Healthplanfinder. We believe this waiver will help address persistent health disparities by improving access for this population and will make it possible for families with mixed immigration statuses to enroll together in the same health plan. Additionally, it will enable all eligible low-income residents, regardless of immigration status, to access the new premium assistance program established by the Washington State Legislature. We also appreciate that the state is requesting federal approval by August 2022. Expeditious federal approval of the Section 1332 Waiver application is needed to ensure that system updates and comprehensive community engagement and outreach efforts can be completed in advance of plan year 2024 open enrollment. Thank you again and we look forward to working with you to ensure successful execution of this important endeavor.

Sincerely,

Skyler Mahjoubian, J.D.
Senior Regulatory Policy Specialist
(425) 918-3042
skyler.mahjoubian@premera.com
May 2, 2022

Washington Health Benefit Exchange
810 Jefferson St SE
Olympia, WA 98501

Re: Public Comment

We, the undersigned members of the Washington State Legislature, appreciate this opportunity to express our strong support of Washington’s Section 1332 Waiver Application, and urge your approval of it as soon as possible so that we may continue our work to improve access to affordable health coverage for more Washington residents.

Over 100,000 uninsured Washington residents are unable to purchase coverage through the state-based marketplace, Washington Healthplanfinder, due to federal restrictions. Washington’s waiver will eliminate this restriction, an action which is broadly supported at the state level and will advance efforts the Legislature has taken to help ensure all Washingtonians can obtain high-quality health coverage. By decreasing the number of uninsured, addressing health disparities, strengthening the individual market, and improving health care affordability, this waiver also takes an important step forward in addressing health equity.

Washington state has been a leader in exploring innovative ways to increase access, improve quality, and reduce the number of Washington residents who lack coverage. This waiver is the next step in our collective coverage and affordability efforts, having expanded eligibility for Medicaid, established a state-based marketplace, implemented Cascade Care (standard plans and the first-in-nation public option program), and funded Cascade Care Savings (state-based premium subsidies). The flexibility provided to the state in this waiver addresses a critical gap in our ability to provide health care coverage to the maximum number of Washingtonians.

We are committed to the success of this waiver, and have provided funding to both support its implementation, informed by community-based engagement, and expand Cascade Care Savings eligibility to the newly eligible population. As noted in the waiver, any additional federal savings generated as a result of the waiver will be passed through to the state and used to further improve affordability for residents who cannot benefit from federal subsidies.

We believe Washington’s Section 1332 Waiver will significantly help advance the state’s efforts to improve access to affordable coverage for more Washingtonians, and strongly encourage rapid review and approval. Please feel free to reach out to our offices with any questions.
Sincerely,

Eileen Cody
State Representative
34th Legislative District

My-Linh Thai
State Representative
41st Legislative District

Nicole Macri
State Representative
43rd Legislative District

Annette Cleveland
State Senator
49th Legislative District
2 May 2022

Washington Health Benefit Exchange
810 Jefferson St. SE
Olympia, WA 98501

Submitted via email: WA1332@wahbexchange.org

Re: Washington Community Leaders Support for 1332 Waiver Application

Dear Chief Executive MacEwan and Director Altman:

The undersigned 95 organizations appreciate the opportunity to provide comments on Washington State’s draft Section 1332 Waiver Application (waiver). We write in strong support of the waiver as one of the most promising opportunities to expand health coverage for Washington residents since the passage of the Affordable Care Act.

We are community leaders, health care providers, and advocates who aim to improve access to affordable health care and coverage for all Washington residents. We work to amplify community-identified priorities, including equitable access for individuals who are uninsured and underinsured due to immigration status restrictions.

In Washington today, many immigrants go without critical health care because they are structurally excluded from affordable health coverage. Over 100,000 of Washington’s immigrant residents lack insurance today due to this systemic inequity. Left with no recourse, many of these community members currently forego needed care until it becomes an emergency. As you know, without insurance, people are more likely to have poor health status, be hospitalized for preventable conditions and acute illnesses, and die prematurely.

We strongly support Washington’s proposed waiver because it offers a pathway to a healthier future:

• The waiver would allow our state to remove federal barriers to health coverage, offering all Washington residents the same opportunity to purchase Qualified Health Plans and Qualified Dental Plans.

• The waiver would also permit our state to invest state funds toward more affordable coverage for low-income residents, with no impact to the federal deficit.

• The waiver would improve health equity, addressing one of the root causes of the disproportionate uninsurance rates and poorer health outcomes many of Washington’s communities of color face today.

• The waiver would improve the broader individual insurance market by lowering premiums and reducing application barriers that prevent families from applying for coverage together.

We commend your effort to secure the waiver rapidly. Washington’s waiver aligns with the stated goal of Affordable Care Act Section 1332, “to pursue innovative strategies for providing residents with access to high quality, affordable health insurance while retaining the basic protections of the ACA.” As demonstrated in the application, the waiver satisfies Section
1332’s guardrails while proposing an innovative state solution to expand coverage. This is particularly crucial now, as long-standing inequities have been exacerbated by the pandemic. Immigrants and communities of color are disproportionately contracting, hospitalized for, and dying from COVID-19. Washington residents cannot wait for coverage any longer.

**We applaud the waiver’s privacy assurances.** The waiver application recognizes the importance of privacy to Washington residents who may seek coverage under the waiver. The waiver proposes to maintain state program integrity standards while safeguarding the privacy of individual Washington residents. The waiver appropriately specifies that individual information about applicants and enrollees covered via the waiver will not be shared with the federal government. We look forward to federal confirmation of this assurance.

Through the waiver and other state policy solutions, Washington will make significant progress toward meeting the basic health care needs of all Washingtonians, which will make every community healthier and our economy stronger. We strongly support the Health Benefit Exchange in its effort to secure the federal flexibility needed to achieve this goal.

Please contact Lee Che P. Leong at Lee.Che@nohla.org with any questions.

Sincerely,

Alliance for a Healthy Washington
American Civil Liberties Union of Washington (ACLU-WA)
American Federation of Teachers (AFT) Washington
Asian Counseling and Referral Service (ACRS)
Asian Pacific Islander Coalition of Washington
Asian Pacific Islander Coalition South Puget Sound
Bleeding Disorder Foundation of Washington
Building Changes
Casa Latina
Catholic Community Services of Western Washington
Cedar River Clinics
Central Washington Justice For Our Neighbors
Children's Alliance
Chinese Information and Service Center (CISC)
Columbia Legal Service
Communities In Schools of Benton-Franklin
Confluence Health
Congolese Integration Network
Economic Opportunity Institute
El Centro de la Raza
Empower Next Generations
Ethiopian Community in Seattle
Faith Action Network
Firelands Workers Action/Acción de Trabajadores
Foundation for Healthy Generations
Freedom Socialist Party
Greater Spokane Progress
Health Care for All - Washington
Health Care Is a Human Right Washington
Health Coalition for Children and Youth
Hernandez Immigration Law
Hispanic Business/Professional Association
Hispanic Disability Support SWWA (Pasitos Gigantes)
If/When/How
Iglesia Episcopal de la Resurrección
International organization for human rights protection & global peace
Iraqi/Arab health board
Jefferson County Immigrant Rights Advocates
Jewish Community Relations Council of the Jewish Federation of Greater Seattle
Kavana Cooperative
Khmer Community of Seattle/King County
Kitsap Immigrant Assistance Center (KIAC)
La Resistencia
Latino Center for Health
Latino Community Fund of Washington State
Latinos Promoting Good Health
Latinos Unidos Grant County
Legal Voice
LIFT - Local immigrant Family Treasury
Mother Africa
Mt. Baker Planned Parenthood
MultiCare Health System
Muslims for community action and support
Neighbors in Action/Mutual Aid Solidarity
Northwest Abortion Access Fund
Northwest Health Law Advocates (NoHLA)
Northwest Immigrant Rights Project
OneAmerica
OneWorld Now
Pacific County Immigrant Support
Pacific Islander Health Board
Para Los Niños de Highline
Peace and Justice Action League of Spokane (pjals)
Pioneer United Methodist Church
Planned Parenthood Alliance Advocates
Planned Parenthood of Greater Washington and North Idaho
Pro-Choice Washington
Progreso: Latino Progress
Public Health Roundtable
Puget Sound Advocates for Retirement Action (PSARA)
Refugee Women's Alliance
Sea Mar Community Health Centers
Seattle Children’s
SEIU 775
Sociedad Médica Internacional - ELAM
South Sudan Kuku Association of North America (SSKANA) Inc.
Spokane Immigrant Rights Coalition
Strengthening Sanctuary Alliance
Vashon-Maury SURJ ~ Showing Up for Racial Justice
WA Partners for Social Change
Washington Academy of Physician Assistants
Washington Association for Community Health
Washington Community Action Network
Washington Immigrant Solidarity Network (WAISN)
Washington Multicultural Services Link
Washington State Budget & Policy Center
Washington State Catholic Conference
Washington State Hospital Association
Washington State Medical Association
Washington State Nurses Association
Washington State Public Health Association
Washington State Religious Campaign Against Torture (WSRCAT)
Washington West African Center
Wenatchee for Immigrant Justice
WithinReach

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i WA Office of Financial Management analysis of American Community Survey, 2019 1-year PUMS.
iv “Section 1332: State Innovation Waivers,” CMS.gov, at https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section_1332_State_Innovation_Waivers-
May 2, 2022

Pamela MacEwan, CEO and Joan Altman, Director
Washington Health Benefit Exchange
810 Jefferson St. SE
Olympia, WA 98501

Submitted via email: WA1332@wahbexchange.org

Re: Support for 1332 Waiver Application

Dear Ms. MacEwan and Ms. Altman:

Northwest Health Law Advocates (NoHLA) appreciates the opportunity to provide comments on Washington State’s draft Section 1332 Waiver Application (waiver). We write in strong support of the waiver as one of the most promising opportunities to expand health coverage for Washington residents since the passage of the Affordable Care Act (ACA).

As a nonprofit legal organization that works to protect and expand individuals’ access to affordable quality health care, NoHLA has advocated to expand health coverage for all Washingtonians for over two decades. Together with local legislative champions, other advocates, and community partners, we have worked step-by-step through the years to secure coverage to all Washington residents, regardless of immigration status. We supported strengthening of the state’s Basic Health Plan, a pre-ACA coverage expansion for low-income Washingtonians that was available regardless of immigration status. We collaborated with the Health Coalition for Children and Youth toward Washington’s landmark “Cover All Kids” legislation of 2007, now considered a national model. NoHLA worked toward the creation of a family planning program for immigrants not eligible for Medicaid that began in 2019. Most recently, we collaborated with other advocates to expand postpartum coverage to 12 months. Throughout, we have informed the public and policymakers of the value and impact of these programs for Washington residents, and the importance of building upon them. This waiver represents one of the key remaining steps in Washington State’s journey to make coverage available to all.

NoHLA has been working in collaboration with partner organizations in a statewide Health Equity for Immigrants Campaign to improve access to affordable health care and coverage for all Washington residents. Collectively, we work to amplify community-identified priorities, including equitable access for individuals who remain uninsured and underinsured due to federal immigration status restrictions.
In Washington today, many immigrants go without critical health care because they are structurally excluded from affordable health coverage. Over 100,000 of Washington’s immigrant residents lack insurance today due to this systemic inequity. Left with no recourse, many of these community members currently forego needed care until it becomes an emergency. As you know, without insurance, people are more likely to have poor health status, be hospitalized for preventable conditions and acute illnesses, and die prematurely.

NoHLA joins in the unanimous supportive comments during the Health Benefit Exchange’s public comment sessions to strongly advocate for Washington’s proposed waiver because it offers a pathway to a healthier future:

- The waiver would allow our state to remove federal barriers to health coverage, offering all Washington residents the same opportunity to purchase Qualified Health Plans and Qualified Dental Plans.

- The waiver would also permit our state to invest state funds toward more affordable coverage for low-income residents, with no impact to the federal deficit.

- The waiver would improve health equity, addressing one of the root causes of the disproportionate uninsurance rates and poorer health outcomes many of Washington’s communities of color face today.

- The waiver would improve the broader individual insurance market by lowering premiums and reducing application barriers that prevent families from applying for coverage together.

NoHLA commends your effort to secure the waiver rapidly. Washington’s waiver aligns with the stated goal of Affordable Care Act Section 1332, “to pursue innovative strategies for providing residents with access to high quality, affordable health insurance while retaining the basic protections of the ACA.” As demonstrated in the application, the waiver satisfies Section 1332’s guardrails while proposing an innovative state solution to expand coverage. This is particularly crucial now, as long-standing inequities have been exacerbated by the pandemic.

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1 WA Office of Financial Management analysis of American Community Survey, 2019 1-year PUMS.
4 “Section 1332: State Innovation Waivers,” CMS.gov, at https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section_1332_State_Innovation_Waivers-
Immigrants and communities of color are disproportionately contracting, hospitalized for, and dying from COVID-19. Washington residents cannot wait for coverage any longer.

**NoHLA applauds the waiver’s privacy assurances.** The waiver application recognizes the importance of privacy to Washington residents who may seek coverage under the waiver. The waiver proposes to maintain state program integrity standards while safeguarding the privacy of individual Washington residents. The waiver appropriately specifies that individual information about applicants and enrollees covered via the waiver will not be shared with the federal government. We look forward to federal confirmation of this assurance.

Through the waiver and other state policy solutions, Washington will make significant progress toward meeting the basic health care needs of all Washingtonians, which will make every community healthier and our economy stronger. NoHLA supports the Health Benefit Exchange in its effort to secure the federal flexibility needed to achieve this goal.

Please contact Lee Che P. Leong at Lee.Che@nohla.org with any questions.

Sincerely,

/s/
Janet Varon
Executive Director

---

April 11, 2022

WA Health Benefits Exchange

RE: Support for 1332 Waiver

On behalf of the over 33,000 health care workers of SEIU Healthcare 1199NW, we write in strong support of WA Health Benefit Exchange’s Section 1322 Waiver Application.

Equity in healthcare is critical to the health of our communities, which is why our union is committed to rooting out systemic racism in healthcare delivery. That includes racial inequities created by barriers to accessing affordable health insurance, and we see the impacts firsthand. When our patients lack coverage, they put off preventative care, decompensate and ultimately enter our health care system sicker with preventable conditions. The costs to our State and our healthcare system are immense, and the costs to patients and families is immeasurable.

Inequitable access to affordable healthcare is preventing a significant number of Washingtonians from accessing coverage and care. In a survey of 5,700 WA immigrants, the 2020 WA State Health Equity for Immigrants report found 87% lacked health insurance. Immigration status (67%) and high cost (47%) were cited as the top two barriers. A significant number also reported foregoing care for fear of existing federal “public charge” rules. Today, many in Washington’s immigrant population are living in fear of seeking healthcare or are denied access to affordable care due to immigration status. This kind of exclusion is a continuation of systemic racism in health care delivery, imposing medical vulnerability on tens of thousands of Washingtonians. Our union supports this Waiver as it will help undo this racially unjust dynamic.

The proposed Waiver will significantly lower barriers to Washingtonians’ affordable healthcare access by removing the immigration-status exemption to Qualified Health Plan (QHP) coverage. Per the Draft Waiver Application, 22% of uninsured Washingtonians are barred from QHP coverage on the State Exchange due to federal citizenship limitations. By securing the Section 1322 waiver, our State can finally address this major health inequity.

Section 1322 Waivers exist to address exactly these kinds of systemic exclusions that put patients’ and communities’ health at risk by allowing States to “pursue innovative strategies for providing residents with access to high
quality care and affordable health insurance while retaining the basic protections of the ACA.” The Waiver is good for payers, good for patients and good for our healthcare system.

The urgency of expanding affordable healthcare access has only increased during the COVID-19 pandemic. Every uninsured Washingtonian is left doubly vulnerable when they fear the cost or repercussions of seeking care and the risk to the health of our communities’ increases with each uninsured individual. This Waiver puts our State one step further along rooting out racism in healthcare delivery and thus we strongly support this Application.

Sincerely,

Jane Hopkins, RN
Executive Vice President
April 29, 2022

Washington Health Benefit Exchange
810 Jefferson St. SE
Olympia, WA 98501
Submitted via email: WA1332@wahbexchange.org

**Firelands Workers Action’s Support for 1332 Waiver Application**

Dear Chief Executive MacEwan and Director Altman:

Firelands Workers Action appreciates the opportunity to provide comments on Washington State’s draft Section 1332 Waiver Application (waiver). **We write in strong support of the waiver** as one of the most promising opportunities to expand health coverage for Washington residents since the passage of the Affordable Care Act.
Firelands is a community-based organization made up of low-wage workers in the natural resource and care sectors. Our members experience poverty or precarity, from unemployment to 12-hour shift seasonal work, to substandard housing, and lack of health care. The impacts of poverty, precarity and crisis are not only physical illness but also mental health challenges including stress, anxiety and depression. Our base and leaders are majority Latina/o and Indigenous immigrants from Mexico and Central America, the majority women and undocumented.

**Our members are directly harmed by lack of access to the Exchange.** One Firelands member has only visited the doctor once in twelve years because of her fear of medical bills. Another member must have medically-necessary surgery but is delaying it and considering not getting it because of her fear of the bill. Neither has the protection that insured people have with negotiated costs for medical procedures. Many of our members have diabetes and have to pay out of pocket for their medical costs; they are often forced to skip their medication or choose between medication, food, or rent, due to lack of health insurance. Many people without insurance try to self-medicate rather than get a doctor’s advice due to high bills for the uninsured.

**In Washington today, many immigrants go without critical health care** because they are structurally excluded from affordable health coverage. Over 100,000 Washington immigrant residents lack insurance today due to this systemic inequity.¹ Left with no recourse, many of these community members currently forego needed care until it becomes an emergency. As you know, without insurance, people are more likely to have poor health status, be hospitalized for preventable conditions and acute illnesses, and die prematurely.²

**We strongly support Washington’s proposed waiver because it offers a pathway to a healthier future:**

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¹ WA Office of Financial Management analysis of American Community Survey, 2019 1-year PUMS.
The waiver would allow our state to remove federal barriers to health coverage, offering all Washington residents the same opportunity to purchase Qualified Health Plans and Qualified Dental Plans.

The waiver would also permit our state to invest state funds toward more affordable coverage for low-income residents, with no impact to the federal deficit.

The waiver would improve health equity, addressing one of the root causes of the disproportionate uninsurance rates and poorer health outcomes many of Washington’s communities of color face today.³

The waiver would improve the broader individual insurance market by lowering premiums and reducing application barriers that prevent families from applying for coverage together.

**We commend your effort to secure the waiver rapidly.** Washington’s waiver aligns with the stated goal of Affordable Care Act Section 1332, “to pursue innovative strategies for providing residents with access to high quality, affordable health insurance while retaining the basic protections of the ACA.”⁴

As demonstrated in the application, the waiver satisfies Section 1332’s guardrails while proposing an innovative state solution to expand coverage. This is particularly crucial now, as long-standing inequities have been exacerbated by the pandemic. Immigrants and communities of color are disproportionately contracting, hospitalized for, and dying from COVID-19.⁵ Washington residents cannot wait for coverage any longer.

**We applaud the waiver’s privacy assurances.** The waiver application recognizes the importance of privacy to Washington residents who may seek coverage under the waiver. The waiver proposes to maintain state program

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integrity standards while safeguarding the privacy of individual Washington residents. The waiver appropriately specifies that individual information about applicants and enrollees covered via the waiver will not be shared with the federal government. We look forward to federal confirmation of this assurance.

Through the waiver and other state policy solutions, Washington will make significant progress toward meeting the basic health care needs of all Washingtonians, which will make every community healthier and our economy stronger. We strongly support the Health Benefit Exchange in its effort to secure the federal flexibility needed to achieve this goal.

Respectfully,

Stina Janssen  
Executive Director  
Stina@FirelandsWA.org  
(360) 301-3340

Lindsey Schromen-Wawrin  
Policy and Partnerships Manager  
Lindsey@FirelandsWA.org  
(360) 406-4321
May 2, 2022

Washington Health Benefit Exchange
810 Jefferson St SE
Olympia, WA 98501

Re: Public Comment

The Washington State Nurses Association (WSNA) appreciates this opportunity to comment in strong support of Washington’s Section 1332 Waiver Application draft to improve access to affordable health coverage for more Washington residents. WSNA supports the goals of the Section 1332 Waiver application to allow all Washingtonians, regardless of income and immigration status, to purchase Qualified Health Plans (QHPs) and Qualified Dental Plans (QDPs) through the state-based marketplace, Washington Healthplanfinder.

As nurses, we see every day the impact that our broken health care system has on our communities. WSNA is a strong supporter of improving equity in our health care system. We believe that this waiver is an important step towards that goal. WSNA appreciates the thorough analysis included in the waiver application that demonstrates compliance with federal guardrails. We are pleased the waiver is projected to increase coverage among the uninsured, improve the individual market risk pool, lower premiums, and draw down additional federal funding to support the state’s premium assistance program—all without impacting affecting the federal deficit.

Importantly, the waiver will also help address persistent health disparities. Improving access for this population is a critical step to improving health equity in Washington.

In addition to improving access to coverage, Washington’s Section 1332 waiver will make it possible for families with mixed immigration statuses to enroll together in the same health plans, and enable all eligible low-income residents, regardless of immigration status, to access the new premium assistance program established by the Washington State Legislature, launching in 2023.

We also appreciate the state is requesting federal approval by August 2022. Expeditious federal approval of this Section 1332 Waiver application is needed to ensure system updates and comprehensive community engagement and outreach efforts can be completed in advance of Plan Year 2024 Open Enrollment, beginning Nov. 1, 2023.

Thank you for providing the opportunity to comment WSNA believes Washington’s Section 1332 waiver will significantly help advance the state’s efforts to improve access to affordable coverage for more Washingtonians and we are pleased to strongly support the state in this effort.

Sincerely,

David Keepnews, PhD, JD, RN, FAAN
Executive Director
Washington State Nurses Association
WASHINGTON HEALTH BENEFIT EXCHANGE
810 JEFFERSON ST. SE
OLYMPIA, WA 98501
SUBMITTED VIA EMAIL: WA1332@WAHBEXCHANGE.ORG

APRIL 17, 2022

RE: ACOG SUPPORT FOR 1332 WAIVER APPLICATION

DEAR CHIEF EXECUTIVE MACEWAN AND DIRECTOR ALTMAN:

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS (ACOG) APPRECIATES THE OPPORTUNITY TO PROVIDE COMMENTS ON WASHINGTON STATE’S DRAFT SECTION 1332 WAIVER APPLICATION (WAIVER). WE WRITE IN STRONG SUPPORT OF THE WAIVER AS ONE OF THE MOST PROMISING OPPORTUNITIES TO EXPAND HEALTH COVERAGE FOR WASHINGTON RESIDENTS SINCE THE PASSAGE OF THE AFFORDABLE CARE ACT.

WE ARE A MEMBERSHIP ORGANIZATION THAT SUPPORTS THE MAJORITY OF OBGYNs IN THE COUNTRY. THROUGH EDUCATIONAL DOCUMENTS AND POLICY, WE AIM TO IMPROVE THE HEALTHCARE FOR OUR PATIENTS EVERYWHERE, AND ACOG HAS LONG SUPPORTED ACCESS TO HEALTHCARE TO ALL REGARDLESS OF CITIZENSHIP OR DOCUMENTATION STATUS (ACOG COMMITTEE OPINION #627 ON HEALTHCARE FOR UNAUTHORIZED IMMIGRANTS).

IN WASHINGTON TODAY, MANY IMMIGRANTS GO WITHOUT CRITICAL HEALTH CARE BECAUSE THEY ARE STRUCTURALLY EXCLUDED FROM AFFORDABLE HEALTH COVERAGE. OVER 100,000 OF WASHINGTON’S IMMIGRANT RESIDENTS LACK INSURANCE TODAY DUE TO THIS SYSTEMIC INEQUITY.¹ LEFT WITH NO RECOURSE, MANY OF THESE COMMUNITY MEMBERS CURRENTLY FOREGO NEEDED CARE UNTIL IT BECOMES AN EMERGENCY. AS YOU KNOW, WITHOUT INSURANCE,

¹ WA OFFICE OF FINANCIAL MANAGEMENT ANALYSIS OF AMERICAN COMMUNITY SURVEY, 2019 1-YEAR PUMS.
people are more likely to have poor health status, be hospitalized for preventable conditions and acute illnesses, and die prematurely.\(^2\)

We strongly support Washington’s proposed waiver because it offers a pathway to a healthier future:

- The waiver would allow our state to remove federal barriers to health coverage, offering all Washington residents the same opportunity to purchase Qualified Health Plans and Qualified Dental Plans.
- The waiver would also permit our state to invest state funds toward more affordable coverage for low-income residents, with no impact to the federal deficit.
- The waiver would improve health equity, addressing one of the root causes of the disproportionate uninsurance rates and poorer health outcomes many of Washington’s communities of color face today.\(^3\)
- The waiver would improve the broader individual insurance market by lowering premiums and reducing application barriers that prevent families from applying for coverage together.

We commend your effort to secure the waiver rapidly. Washington’s waiver aligns with the stated goal of Affordable Care Act Section 1332, “to pursue innovative strategies for providing residents with access to high quality, affordable health insurance while retaining the basic protections of the ACA.”\(^4\)

As demonstrated in the application, the waiver satisfies Section 1332’s guardrails while proposing an innovative state solution to expand coverage. This is particularly crucial now, as long-standing inequities have been exacerbated by the pandemic. Immigrants and communities of color are disproportionately contracting, hospitalized for, and dying from COVID-19.\(^5\) Washington residents cannot wait for coverage any longer.

We applaud the waiver’s privacy assurances. The waiver application recognizes the importance of privacy to Washington residents who may seek coverage under the waiver. The waiver proposes to maintain state program integrity standards while safeguarding the privacy of individual Washington residents. The waiver appropriately specifies that individual information about applicants and enrollees covered via the waiver will not be shared with the federal government. We look forward to federal confirmation of this assurance.

Through the waiver and other state policy solutions, Washington will make significant progress toward meeting the basic health care needs of all Washingtonians, which will make every community healthier.

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and our economy stronger. We strongly support the Health Benefit Exchange in its effort to secure the federal flexibility needed to achieve this goal.

Please contact Dr. Kate McLean at kmclean@gmail.com with any questions.

Sincerely,

Dr. Kate McLean MD, MPH, FACOG

ACOG – WA State Section Chair
COMMITTEE OPINION

Number 627 • March 2015
Reaffirmed 2017

(Replaces Committee Opinion Number 425, January 2009)

Committee on Health Care for Underserved Women

This information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

Health Care for Unauthorized Immigrants

**ABSTRACT:** Unauthorized (undocumented) immigrants are less likely than other residents of the United States to have health insurance. The American College of Obstetricians and Gynecologists has long supported a basic health care package for all women living within the United States without regard to their country of origin or documentation. Providing access to quality health care for unauthorized immigrants and their children, who often were born in the United States and have U.S. citizenship, is essential to improving the nation’s public health.

**Recommendations**

Health professionals can play an important role in improving access to needed health care for unauthorized immigrants by

- helping society understand the importance and widespread benefit of universal health care access for all U.S. residents, regardless of immigration status.
- advocating for local, state, and national policy and legislation to secure quality, affordable coverage for all.
- advocating for programs that serve unauthorized immigrants, such as increasing funding for the Title X family planning program and encouraging states to accept the Medicaid expansion or extend meaningful insurance coverage to low-income and vulnerable populations.
- supporting the safety-net system and provision of care in the inpatient and outpatient setting for the uninsured.
- providing a culturally-diverse office atmosphere with interpreters and materials available in languages appropriate for the patient population.
- becoming involved in the American Congress of Obstetricians and Gynecologists’ Government Affairs Department activities.

**Background**

The United States has been called a nation of immigrants. As of 2011, approximately 13% of the U.S. population, 40 million people, was born outside the United States (1). Approximately 11.3 million individuals living in the United States are unauthorized (i.e., they either entered the country illegally or have expired visas) (2). Most immigrants (53%) come from Latin America and the Caribbean, one half of whom were born in Mexico (3). In addition, approximately 28% are from Asia, 12% from Europe, 4% from Africa, 2% from North America, and less than 1% from Oceania (3).

The unauthorized immigrant population is spread throughout the United States, with one half concentrated in California, Texas, Florida, and New York (3). Women account for nearly 47% of this population and children account for 10% (4). Because children born in the United States are granted citizenship by the 14th Amendment to the U.S. Constitution, many children living in families headed by unauthorized immigrants are U.S. citizens. Children who are U.S.-born citizens, although eligible for public health insurance by virtue of this citizenship status, are more likely to be uninsured when their parents have unauthorized status (5). Unauthorized immigrants frequently remain in the United States for many years, with an estimated 18% having resided in the United States since the 1980s, 41% since the 1990s, and 42% since 2000 (4). Most unauthorized immigrants live in poverty and have low rates of health insurance coverage (6–8).

**Health Status of Unauthorized Immigrant Women**

Unauthorized immigrants are less likely than other residents of the United States to have health insurance. Their access to publicly funded health programs has become increasingly limited since the passage of welfare reform...
in 1996 and varies from state to state. Unauthorized immigrants are excluded from benefits provided under the Patient Protection and Affordable Care Act (ACA). These barriers to access result in these individuals receiving fewer preventive health care services, including prenatal care, and reporting poorer reproductive health outcomes (6, 9, 10).

In addition, the ACA cuts federal payments to Disproportionate Share Hospitals, which makes it more difficult for safety-net hospitals to take care of these individuals. If every state were to accept the Medicaid expansion offered under the ACA, however, the impact of Disproportionate Share Hospital cuts would be effectively mitigated. To date, only 27 states and the District of Columbia have adopted the Medicaid expansion.

Unauthorized Latino immigrants are less likely to visit a physician in an outpatient setting than the general U.S. population. Conversely, their rate of childbirth-related hospitalization is significantly higher (6). Birth complications are more common among unauthorized women, as is neonatal morbidity, including fetal alcohol syndrome, respiratory distress syndrome, and seizures (10). Studies in several areas of the country have found that unauthorized immigrant women begin prenatal care later and have fewer prenatal visits than the general population (9, 10). This disparity appears to be related to health care coverage. When publicly funded prenatal programs are available, the use of prenatal care increases (9).

Some evidence indicates that immigrants have less access to preventive services. For example, although the incidence and mortality from cervical cancer is decreasing among women born in the United States, it is increasing among immigrant women (11, 12). A 1998 survey showed that U.S. and foreign-born Latinas were less likely than non-Latina whites to have had a recent mammogram, and more likely to have never had a mammogram or Pap test (13). A retrospective study of patients with cervical cancer in Chicago found recent immigrant status to be a risk factor for never having had a Pap test (14). Lack of health insurance was the strongest predictor of no recent mammogram, clinical breast examination, or Pap test (13).

Immigrant status also is associated with some positive health outcomes. Investigators have found that first-generation Latina immigrants have lower rates of premature births and low birth weight infants than the general U.S. population (10, 15–17). These maternity outcomes have been described as the “healthy migrant effect,” resulting from a bias toward younger individuals coming to the United States with healthier lifestyle practices attributable to their native cultures. This tendency toward better birth outcomes appears to last only one generation.

**Health Programs and Unauthorized Immigrants**

In 2011, only 29% of unauthorized immigrants had either employer-sponsored or private health insurance, whereas 71% reported no health insurance coverage (18). In the same year, 47% of unauthorized immigrant children were uninsured (18). Although some health care services are available to uninsured immigrants, the complexity and fear of accessing care in the face of ever-changing and complicated laws may inhibit many legal and unauthorized immigrants from seeking care.

Unauthorized immigrants and temporary immigrants in the United States generally are ineligible for Medicaid (19). The 1996 Welfare Reform Act made unauthorized immigrants ineligible for benefits previously provided by state and local governments unless new state legislation was enacted (20). A number of states have passed legislation to continue use of state funds to provide care, especially prenatal care, to unauthorized immigrants based on residence and financial need (9, 21).

Some public health programs serve unauthorized immigrants, such as Title V Maternal and Child Health Services and Title X Family Planning programs. In addition, federally qualified health centers, health care for the homeless, and immigrant health clinics provide comprehensive primary care, including prenatal care, without regard to income, insurance, or immigration status. State grantees in the National Breast and Cervical Cancer Early Detection Program may elect to offer screening without regard to immigration status. If cancer or pre-malignant conditions are diagnosed through this program, however, unauthorized patients may not receive care through its companion law, the Breast and Cervical Cancer Prevention and Treatment Act because unauthorized immigrants cannot receive Medicaid benefits (22).

The Children’s Health Insurance Program (CHIP, formally the State Children’s Health Insurance Program), which provides health coverage for children in families with incomes too high for Medicaid but too low to afford private coverage, contains similar restrictions on care for immigrant children. In 2002, the Centers for Medicare & Medicaid Services permitted states to use CHIP funds to provide coverage for fetuses (23). Some states have used this option as a way to finance coverage for legal and unauthorized pregnant women (23). Although an unauthorized pregnant woman is ineligible for health insurance, her fetus qualifies her for pregnancy-related medical care (23). However, conferring eligibility on the fetus, rather than the pregnant woman herself, leads to the exclusion of essential perinatal services, including postpartum care (23).

Unauthorized immigrants who meet Medicaid financial and categorial eligibility requirements but who are not eligible for Medicaid because of their immigration status can receive Emergency Medicaid to cover emergency care, including labor and delivery (24). In addition, federal law requires provision of emergency care to any individual regardless of insurance or ability to pay, citizenship, or immigration status (25). Under the Emergency Medical Treatment and Active Labor Act (EMTALA), passed in 1986, Medicare-participating hospitals that
offer emergency services must provide an appropriate medical screening examination to any patient requesting examination or treatment for an emergency medical condition. If the hospital determines that the patient is experiencing an emergency medical condition, the hospital must provide treatment until the patient is stabilized or the patient is transferred in accordance with specific procedures (25). The Emergency Medical Treatment and Active Labor Act was enacted to ensure that indigent and uninsured patients receive necessary emergency medical care, and the law specifically addresses emergency medical conditions and considerations for pregnant women. However, although EMTALA requires hospitals to provide necessary treatment, it does not require the federal government to reimburse hospitals for the cost of this care. Funding for this care was addressed for the first time when Congress passed Section 1011 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (P.L. 108-173), which provided $250 million each year for fiscal years 2005-2008 to reimburse hospitals, physicians, and ambulance companies for emergency care provided to unauthorized immigrants under EMTALA (26). No funds have been allocated to Section 1011 since 2008, and most states have exhausted their allotments. There are no plans to pass legislation to add additional funding (27).

Immigration Detention

Many unauthorized immigrants, at some point, will be detained by U.S. Immigration and Customs Enforcement (ICE) in prisons, jails, or ICE detention centers. In 2012, ICE detained approximately 478,000 foreign nationals, the highest number ever detained (28). It has been documented that women, especially pregnant women, held in immigration detention facilities have poor access to medical care (29). They are also highly vulnerable to sexual assault (29). As with incarcerated women in general in the United States, the gender-specific health care needs of women in immigration detention often are neglected (30).

Standards have been published by ICE in an attempt to improve a variety of aspects of immigration detention (31). A special section on women’s health outlined requirements for reproductive health care, including prenatal care, access to abortion, nonuse of restraints for pregnant women and women in labor, and preventive services such as sexually transmitted infection and cancer screenings and contraception provision. Facility adherence to these standards is unknown.

The Affordable Care Act of 2010

The ACA specifically excludes unauthorized immigrants from coverage by Medicare, Medicaid, and CHIP, or from purchasing health insurance through state marketplaces. Citizen or lawfully present children of unauthorized parents, however, are eligible to purchase coverage through state marketplaces, for premium tax credits and lower copayments, and for Medicaid or CHIP.

In July 2012, the Obama administration announced a new policy, called Deferred Action for Childhood Arrivals, which allows unauthorized youth who meet certain criteria to apply for a 2-year deferral from deportation (32). Immigrants granted Deferred Action for Childhood Arrivals status are considered “lawfully present.” However, in August 2012, the Obama administration released an Interim Final Rule specifying that Deferred Action for Childhood Arrivals-eligible individuals, despite their “lawfully present” status, are excluded from expanded coverage under the ACA, Medicaid, and CHIP. According to recent estimates, 48% of the 1.76 million immigrants anticipated to be eligible for Deferred Action for Childhood Arrivals status are women and 72% are 15 years and older—a key demographic in need of the full range of preventive reproductive and sexual health services (33). Similarly, those who will qualify for deportation deferral under the recent Immigration Accountability Executive Actions will not be eligible for Medicaid, CHIP, or ACA subsidies (34).

Unauthorized immigrants will continue to rely on EMTALA and Emergency Medicaid for emergency care and safety-net providers such as community and migrant health centers, public health clinics, and hospital emergency departments. Although it is difficult at this time to predict how the law exactly will affect unauthorized immigrants, it appears that access to care may not improve.

Conclusion

The ACA does not extend health care coverage for unauthorized immigrants. Because Disproportionate Share Hospital payments will decrease under the ACA, it is imperative that states accept the Medicaid expansion option, otherwise health care resources available to care for these individuals will be even further compromised. The American College of Obstetricians and Gynecologists supports a basic health care package for all women, without regard to immigration status, and helps achieve this by promoting universal access to health insurance for all individuals in the United States and advocating for the elimination of barriers to existing federal programs, including Medicaid (35).

References


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ISSN 1074-861X  
April 28, 2022

Washington Health Benefit Exchange
810 Jefferson St. SE
Olympia, WA 98501
Submitted via email: WA1332@wahbexchange.org

RE: AFT Washington Support for 1332 Waiver Application

Dear Chief Executive MacEwan and Director Altman:

AFT Washington appreciates the opportunity to provide comments on Washington State’s draft Section 1332 Waiver Application (waiver). We write in dedicated support of the waiver as one of the most promising opportunities to expand health coverage for Washington residents since the passage of the Affordable Care Act.

AFT Washington represents about 6,500 members, who are education workers from early learning through higher education. AFT Washington has a long history of fighting to protect undocumented students, refugees, individuals with temporary protective status, and their families, and it is a value we hold closely. Health care is a human right, and this is why AFT staunchly supports the 1332 Waiver Application.

In Washington today, many immigrants go without critical health care because they are structurally excluded from affordable health coverage. Over 100,000 of Washington's immigrant residents lack insurance today due to this systemic inequity. Left with no recourse, many of these community members currently forego needed care until it becomes an emergency. As you know, without insurance, people are more likely to have poor health status, be hospitalized for preventable conditions and acute illnesses, and die prematurely.

We strongly support Washington’s proposed waiver because it offers a pathway to a healthier future:

- The waiver would allow our state to remove federal barriers to health coverage, offering all Washington residents the same opportunity to purchase Qualified Health Plans and Qualified Dental Plans.
- The waiver would also permit our state to invest state funds toward more affordable coverage for low-income residents, with no impact to the federal deficit.
The waiver would improve health equity, addressing one of the root causes of the disproportionate uninsurance rates and poorer health outcomes many of Washington’s communities of color face today.

The waiver would improve the broader individual insurance market by lowering premiums and reducing application barriers that prevent families from applying for coverage together.

**We commend your effort to secure the waiver rapidly.** Washington’s waiver aligns with the stated goal of Affordable Care Act Section 1332, “to pursue innovative strategies for providing residents with access to high quality, affordable health insurance while retaining the basic protections of the ACA.” As demonstrated in the application, the waiver satisfies Section 1332’s guardrails while proposing an innovative state solution to expand coverage. This is particularly crucial now, as long-standing inequities have been exacerbated by the pandemic. Immigrants and communities of color are disproportionately contracting, hospitalized for, and dying from COVID-19. Washington residents cannot wait for coverage any longer.

**We applaud the waiver’s privacy assurances.** The waiver application recognizes the importance of privacy to Washington residents who may seek coverage under the waiver. The waiver proposes to maintain state program integrity standards while safeguarding the privacy of individual Washington residents. The waiver appropriately specifies that individual information about applicants and enrollees covered via the waiver will not be shared with the federal government. We look forward to federal confirmation of this assurance.

AFT Washington believes in the essential work of comprehensive immigration reform, and we support a plan that makes the waiver’s proposed changes part of a common sense, compassionate, and comprehensive immigration reform plan. Washington state must take the lead in ensuring all residents of the Evergreen State have access to affordable, accessible, and culturally competent health care.

Through the waiver and other state policy solutions, Washington will make considerable progress toward meeting the basic health care needs of all Washingtonians, which will make every community healthier and our economy stronger. We strongly support the Health Benefit Exchange in its effort to secure the federal flexibility needed to achieve this goal.

Please contact our Government Relations Specialist, HyeEun Park, at hpark@aftwa.org with any questions.

Sincerely,

Karen Strickland
President, AFT Washington, AFL-CIO
May 2, 2022

Washington Health Benefit Exchange
810 Jefferson St SE
Olympia, WA 98501

Re: Washington Health Benefit Exchange Draft 1332 Waiver

To Whom It May Concern:

Thank you for the opportunity to provide comments on the Washington Health Benefit Exchange’s Draft Section 1332 Waiver Application. America’s Health Insurance Plans (AHIP) writes today to express support for Washington’s waiver to allow all Washington residents to purchase qualified health and dental plans (QHPs and QDPs) through the Exchange, regardless of immigration status.

Everyone who buys their own coverage deserves a marketplace that provides them with many affordable, high-quality choices. AHIP and our member health insurance providers share Washington’s goals of ensuring that the Exchange continues to provide affordable choices for comprehensive health care coverage for all Washingtonians. AHIP strongly supports this expansion, which will improve the sustainability and affordability for all members of the individual market.

Individual coverage delivers important financial protections. We also strongly support the waiver’s objectives of using the Exchange as a pathway to provide financial protections, promote health equity, and reduce health disparities in underserved communities.

We look forward to working together to continue to improve the individual market, so we can deliver lower costs, effective coverage, and better health outcomes for everyone. Please do not hesitate to contact me with any questions at sberry@ahip.org or 202.807.9984.

Sincerely,

Stephanie Berry
Regional Director

AHIP is the national association whose members provide health care coverage, services, and solutions to hundreds of millions of Americans every day. We are committed to market-based solutions and public-private partnerships that make health care better and coverage more affordable and accessible for everyone. Visit www.ahip.org to learn how working together, we are Guiding Greater Health.
April 26, 2022

Washington Health Benefit Exchange
810 Jefferson St SE
Olympia, WA 98501

RE: Section 1332 Waiver Application - Public Comment

On behalf of the Association of Washington Healthcare Plans (AWHP), representing 13 companies offering health insurance coverage to over 7 million Washington residents, we are writing to offer our enthusiastic support for Washington State’s request to the U.S. Department of the Treasury and the Centers for Medicare & Medicaid Services for a Section 1332 waiver to expand state residents’ access to Qualified Health Plans (QHP).

AWHP members support the Washington State Legislature’s directives and the Washington Health Benefit Exchange’s (WAHBE) efforts to improve access to health care coverage for Washington residents. A Section 1332 waiver will increase coverage among the uninsured, improve the sustainability and affordability of the individual market, and draw down additional federal funding to support the state’s premium assistance program.

The waiver will reduce the amount of uncompensated care in Washington by allowing those without a coverage pathway to enroll in a QHP. We expect this will have a positive impact on Washington’s economy and health care sector by reducing uncompensated care, including charity care and medical debt.

Additionally, a waiver of Section 1312(f)(3) of the ACA (42 USC §18032 (f)(3)), will bolster efforts to promote health equity and access to health insurance for non-citizens and individuals lawfully present in the United States. Providing all Washington residents access to affordable health coverage is an essential component for promoting health equity among underserved populations in Washington.

AWHP members appreciate the state requesting federal approval by August 2022. Expeditious federal approval of this Section 1332 Waiver application is needed to ensure system updates and community engagement and outreach efforts can be completed in advance of Plan Year 2024 Open Enrollment, beginning Nov. 1, 2023.

Washington State has been at the forefront of new and innovative ideas for reducing inequalities and increasing access and affordability to essential services and care. AWHP appreciates WAHBE’s efforts to expand on our success by increasing the programs and tools needed to continue to make health coverage affordable.

Thank you for the opportunity to be partners in this effort.

Chris Randoli
Executive Director
April 29, 2022

Washington Health Benefit Exchange
810 Jefferson St SE
Olympia, WA 98501

Subject: Section 1332 Waiver Application – Public Comment

On behalf of Regence BlueShield, please accept this letter of support for Washington’s request to the U.S. Department of the Treasury and the Centers for Medicare & Medicaid Services for a Section 1332 waiver. We support the goals outlined in the state’s Section 1332 waiver application to allow all Washingtonians, regardless of immigration status, to purchase Qualified Health Plans (QHPs), Qualified Dental Plans (QDPs), and to access state-funded affordability programs through the state-based marketplace, Washington Healthplanfinder.

Washington state has a long history of innovation, and we are pleased to support this first-of-its-kind waiver to extend health insurance options to more of our community members. We appreciate the thorough analysis included in the waiver application that demonstrates compliance with federal guardrails. Approval of this waiver will further health equity goals both by opening a door for coverage and by allowing the lowest-income Washington residents to access the state affordability programs – an important step toward providing broader access to coverage in our state.

As the effort to cover more Washington residents intersects with efforts to curb health care cost growth, we recommend that potential market impacts be monitored as the Section 1332 waiver is implemented. Specifically, impacts to enrollment, emergency room use, and overall health care services utilization.

We also appreciate that the state is requesting federal approval by August 2022. Expeditious federal approval of this Section 1332 waiver application is needed to ensure system updates and comprehensive community engagement. This will allow outreach efforts to be completed in advance of Plan Year 2024 Open Enrollment, beginning November 1, 2023.

Washington state is a long-time national leader in new and innovative ways to reduce health inequities and to increase access and affordability to health care services – this Section 1332 waiver provides one more tool to help more Washington residents access the care they need.

Thank you for the opportunity to comment in support of Washington state’s Section 1332 waiver application.

Sincerely,

Claire A. Verity
President
Colectivo Sin Fronteras de Seattle appreciates the opportunity to provide comments on Washington State’s draft Section 1332 Waiver Application (waiver). We write in strong support of the waiver as one of the most promising opportunities to expand health coverage for Washington residents since the passage of the Affordable Care Act.

Colectivo Sin Fronteras de Seattle is an international solidarity group located in Seattle, Washington that focuses on solidarity with the original peoples of Abya Yala, and the defense of mother earth. Our goal is to collectively weave networks with related groups internationally, organize joint activities, and community education in defense of natural resources our communities depend on. We work primarily with the undocumented immigrant and indigenous community in Seattle, that does not have access to a dignified health coverage in Washington state. Because millions of Mexican agricultural workers have lost their land and means to work in Mexico due to external politics, and are forced to immigrate here with the promise of a better life.

Even though the US depends on this immigrant workforce, undocumented farmworkers and essential workers are denied access to healthcare, and many people in the immigrant communities fear going to the doctor even when special charitable programs offer it. Not just because they cannot afford it, but the cultural ineptitude of a lot of US doctors makes it difficult to create a connection needed to address their personal healthcare needs. Millions of immigrants in the United States have no health insurance, and our solidarity group fully supports the 1332 waiver.

In Washington today, many immigrants go without critical health care because they are structurally excluded from affordable health coverage. Over 100,000 of Washington’s immigrant residents lack insurance today due to this systemic inequity. Left with no recourse, many of these community members currently forego needed care until it becomes an emergency. As you know, without insurance, people are more likely to have poor health status, be hospitalized for preventable conditions and acute illnesses, and die prematurely.

We strongly support Washington’s proposed waiver because it offers a pathway to a healthier future:

- The waiver would allow our state to remove federal barriers to health coverage, offering all Washington residents the same opportunity to purchase Qualified Health Plans and Qualified Dental Plans.
- The waiver would also permit our state to invest state funds toward more affordable coverage for low-income residents, with no impact to the federal deficit.
- The waiver would improve health equity, addressing one of the root causes of the disproportionate uninsurance rates and poorer health outcomes many of Washington’s communities of color face today.
The waiver would improve the broader individual insurance market by lowering premiums and reducing application barriers that prevent families from applying for coverage together.

**We commend your effort to secure the waiver rapidly.** Washington’s waiver aligns with the stated goal of Affordable Care Act Section 1332, “to pursue innovative strategies for providing residents with access to high quality, affordable health insurance while retaining the basic protections of the ACA.” As demonstrated in the application, the waiver satisfies Section 1332’s guardrails while proposing an innovative state solution to expand coverage. This is particularly crucial now, as long-standing inequities have been exacerbated by the pandemic. Immigrants and communities of color are disproportionately contracting, hospitalized for, and dying from COVID-19. Washington residents cannot wait for coverage any longer.

**We applaud the waiver’s privacy assurances.** The waiver application recognizes the importance of privacy to Washington residents who may seek coverage under the waiver. The waiver proposes to maintain state program integrity standards while safeguarding the privacy of individual Washington residents. The waiver appropriately specifies that individual information about applicants and enrollees covered via the waiver will not be shared with the federal government. We look forward to federal confirmation of this assurance.

Through the waiver and other state policy solutions, Washington will make significant progress toward meeting the basic health care needs of all Washingtonians, which will make every community healthier and our economy stronger. We strongly support the Health Benefit Exchange in its effort to secure the federal flexibility needed to achieve this goal.

Please contact Gloria Santiago/Xóchitl García at sinfronterasdeseattle@gmail.com with any questions.

Sincerely,

Colectivo Sin Fronteras de Seattle

sinfronterasdeseattle@gmail.com
April 27, 2022
Washington Health Benefit Exchange
810 Jefferson St. SE
Olympia, WA 98501
Submitted via email: WA1332@wahbexchange.org

Re: Economic Opportunity Institute Support for 1332 Waiver Application

Dear Chief Executive MacEwan and Director Altman:

The Economic Opportunity Institute appreciates the opportunity to provide comments on Washington State’s draft Section 1332 Waiver Application (waiver). We write in strong support of the waiver as one of the most promising opportunities to expand health coverage for Washington residents since the passage of the Affordable Care Act.

The Economic Opportunity Institute is a non-profit, non-partisan think tank that has been advocating for family economic security and affordable health coverage for over 20 years. Expanding immigrant health coverage through pathways such as this waiver is one of our top priorities because we understand that affordable access to health care is a vital component of a well-functioning health care system and a strong economy.

In Washington today, many immigrants go without critical health care because they are structurally excluded from affordable health coverage. Over 100,000 of Washington’s immigrant residents lack insurance today due to this systemic inequity. Left with no recourse, many of these community members currently forego needed care until it becomes an emergency, causing significant and detrimental financial and health impacts to individuals and families, and high costs to our health care system. As you know, without insurance, people are more likely to have poor health status, be hospitalized for preventable conditions and acute illnesses, and die prematurely.

We strongly support Washington’s proposed waiver because it offers a pathway to a healthier future:

• The waiver would allow our state to remove federal barriers to health coverage, offering all Washington residents the same opportunity to purchase Qualified Health Plans and Qualified Dental Plans.
• The waiver would also permit our state to invest state funds toward more affordable coverage for low-income residents, with no impact to the federal deficit.
• The waiver would improve health equity, addressing one of the root causes of the disproportionate uninsurance rates and poorer health outcomes many of Washington’s communities of color face today.
• The waiver would improve the broader individual insurance market by lowering premiums and reducing application barriers that prevent families from applying for coverage together.

We commend your effort to secure the waiver rapidly. Washington’s waiver aligns with the stated goal of Affordable Care Act Section 1332, “to pursue innovative strategies for providing residents with access to high quality, affordable health insurance while retaining the basic protections of the ACA.” As demonstrated in the application, the waiver satisfies Section 1332’s guardrails while proposing an
innovative state solution to expand coverage. This is particularly crucial now, as long-standing inequities have been exacerbated by the pandemic. Immigrants and communities of color are disproportionately contracting, hospitalized for, and dying from COVID-19. Washington residents cannot wait for coverage any longer.

We applaud the waiver’s privacy assurances. The waiver application recognizes the importance of privacy to Washington residents who may seek coverage under the waiver. The waiver proposes to maintain state program integrity standards while safeguarding the privacy of individual Washington residents. The waiver appropriately specifies that individual information about applicants and enrollees covered via the waiver will not be shared with the federal government. We look forward to federal confirmation of this assurance.

Through the waiver and other state policy solutions, Washington will make significant progress toward meeting the basic health care needs of all Washingtonians, which will make every community healthier and our economy stronger. We strongly support the Health Benefit Exchange in its effort to secure the federal flexibility needed to achieve this goal.

Please contact Sam Hatzenbeler at sam@opportunityinstitute.org with any questions.

Sincerely,

Sam Hatzenbeler
Senior Policy Associate
Economic Opportunity Institute
Health Equity for Immigrants Campaign  
Ways to support the 1332 waiver request

Washington Health Benefit Exchange  
810 Jefferson St. SE  
Olympia, WA 98501  
Submitted via email: WA1332@wahbexchange.org

Re: Hispanic Business/Professional Association HBPA for 1332 Waiver Application

Dear Chief Executive MacEwan and Director Altman:

HBPA appreciates the opportunity to provide comments on Washington State’s draft Section 1332 Waiver Application (waiver). We write in strong support of the waiver as one of the most promising opportunities to expand health coverage for Washington residents since the passage of the Affordable Care Act. Many of our families have an undocumented person in the household and are afraid to be treated in a US hospital due to the historical treatment of our people and continued perception. This has placed the past generations as undocumented as they were born on their ranch land with no birth certificate. These stories are passed from generation to generation and the fears are also perpetuated in these accounts.

In Washington today, many immigrants go without critical health care because they are structurally excluded from affordable health coverage. Over 100,000 of Washington’s immigrant residents lack insurance today due to this systemic inequity. Left with no recourse, many of these community members currently forego needed care until it becomes an emergency. As you know, without insurance, people are more likely to have poor health status, be hospitalized for preventable conditions and acute illnesses, and die prematurely.

We strongly support Washington’s proposed waiver because it offers a pathway to a healthier future:

- The waiver would allow our state to remove federal barriers to health coverage, offering all Washington residents the same opportunity to purchase Qualified Health Plans and Qualified Dental Plans.
- The waiver would also permit our state to invest state funds toward more affordable coverage for low-income residents, with no impact to the federal deficit.
- The waiver would improve health equity, addressing one of the root causes of the disproportionate uninsurance rates and poorer health outcomes many of Washington’s communities of color face today.
- The waiver would improve the broader individual insurance market by lowering premiums and reducing application barriers that prevent families from applying for coverage together.

We commend your effort to secure the waiver rapidly. Washington’s waiver aligns with the stated goal of Affordable Care Act Section 1332, “to pursue innovative strategies for providing residents with access to high quality, affordable health insurance while retaining the basic protections of the ACA.” As demonstrated in the application, the waiver satisfies Section 1332’s guardrails while proposing an
innovative state solution to expand coverage. This is particularly crucial now, as long-standing inequities have been exacerbated by the pandemic. Immigrants and communities of color are disproportionately contracting, hospitalized for, and dying from COVID-19. Washington residents cannot wait for coverage any longer.

We applaud the waiver’s privacy assurances. The waiver application recognizes the importance of privacy to Washington residents who may seek coverage under the waiver. The waiver proposes to maintain state program integrity standards while safeguarding the privacy of individual Washington residents. The waiver appropriately specifies that individual information about applicants and enrollees covered via the waiver will not be shared with the federal government. We look forward to federal confirmation of this assurance.

Through the waiver and other state policy solutions, Washington will make significant progress toward meeting the basic health care needs of all Washingtonians, which will make every community healthier and our economy stronger. We strongly support the Health Benefit Exchange in its effort to secure the federal flexibility needed to achieve this goal.

Sincerely,

Fernanda Mazcot
She/Her/Ella
Executive Director
The Hispanic Business/Professional Association HBPA
Office: 509.557.0566
Direct Line/text: 509.416.5468
Hbpaofspokane.org
May 2, 2022

Pam MacEwan
Chief Executive Officer
Washington Health Benefit Exchange
810 Jefferson St SE
Olympia, WA 98501

Re: Washington Section 1332 Waiver Application

Dear Chief Executive Officer MacEwan:

Thank you for the opportunity to submit comments on Washington’s section 1332 waiver application.

The undersigned organizations represent millions of individuals facing serious, acute and chronic health conditions in Washington. We have a unique perspective on what individuals and families need to prevent disease, cure illness and manage chronic health conditions. The diversity of our organizations and the populations we serve enable us to draw upon a wealth of knowledge and expertise that is an invaluable resource as we work to find solutions to expand access to high-quality coverage.

Our organizations are committed to ensuring that any changes to the healthcare system achieve coverage that is adequate, affordable and accessible for patients and consumers. We support Washington’s proposal to improve coverage for consumers via the Cascade Care program.

Our organizations are pleased to see that Washington’s waiver would moderately expand the number of people with coverage in the state as well as improve the affordability of that coverage. The state estimates that individual market enrollment would increase by 1.5% and individual market premiums would decrease by more than 1.6% by 2028. These changes will benefit many patients and consumers directly, while fulfilling the statutory guardrails for scope of coverage and affordability.

Our organizations strongly support Washington’s efforts to improve health equity by making affordable coverage available to all Washingtonians, regardless of immigration status. Waiving Section 1312(f)(c) of the Affordable Care Act removes a crucial barrier to coverage and allows more Washingtonians to access the care they need. This will enable more families with mixed immigration status to enroll in coverage together, and for uninsured individuals with no other options for health coverage to enroll in coverage as well. The state estimates these groups currently make up 29% of the uninsured population in Washington under 250% of the federal poverty level (FPL), meaning that this policy change has the
potential to significantly improve access to coverage. The uninsured rate in Washington is higher for people of color, with Hispanic and Black residents disproportionately represented compared to white, non-Hispanic Washingtonians. By increasing enrollment in coverage among these underserved populations, the state expects to improve health equity and reduce racial disparities in coverage.

Our organizations support the use of pass-through funding to support Cascade Care Savings, the state subsidy program. The implementation of the Cascade Care Savings program is expected to expand financial assistance for Cascade Care plans for individuals with income below 250% of the FPL. This program will improve the affordability of coverage for individuals who already receive federal financial assistance as well as those newly eligible for coverage due to the eligibility changes discussed above who meet this income criteria. Individuals in the family glitch, who cannot afford the employer-sponsored coverage offered to them but do not qualify for subsidies, could also be able to get assistance through the subsidy program. Our organizations support Washington’s plans to expand financial assistance through the Cascade Care Savings program.

Our organizations support Washington’s waiver application to expand access to quality, affordable coverage and urge the state to approve this proposal. Thank you for the opportunity to provide comments.

Sincerely,

American Lung Association
Arthritis Foundation
Epilepsy Foundation
Hemophilia Federation of America
National Multiple Sclerosis Society
The AIDS Institute
The Leukemia & Lymphoma Society
April 28, 2022

Washington Health Benefit Exchange
810 Jefferson St. SE
Olympia, WA 98501
Submitted via email: WA1332@wahbexchange.org

Re: Jewish Community Relations Council Support for 1332 Waiver Application

Dear Chief Executive MacEwan and Director Altman,

The Jewish Community Relations Council of the Jewish Federation of Greater Seattle appreciates the opportunity to provide comments on Washington State’s draft Section 1332 Waiver Application (waiver). We write in strong support of the waiver as one of the most promising opportunities to expand health coverage for Washington residents since the passage of the Affordable Care Act.

Judaism is clear about our responsibility to ensure health care for all people. Jewish tradition teaches that human life has infinite value and that the preservation of life supersedes almost all other considerations. As Maimonides, a revered Jewish scholar, teaches, “it is obligatory from the Torah for the physician to heal the sick” (Commentary on Mishnah Nedarim 4:4).

Jewish tradition is also clear on the treatment of immigrants and refugees. Leviticus (19:33-34) commands, “When strangers sojourn with you in your land, you shall not do them wrong. The strangers who sojourn with you shall be to you as the natives among you, and you shall love them as yourself; for you were strangers in the land of Egypt.” This principle permeates Jewish tradition and is echoed 36 times in the Torah – the most repeated of any commandment. Zekhariah (7:10) states, “Do not oppress the widow or the fatherless, the stranger or the poor, and do not plot evil in your hearts against one another.”

Our own people’s history as “strangers” reminds us of the many struggles faced by immigrants and refugees today, and we affirm our commitment to create the same opportunities for today’s immigrants and refugees that were so valuable to our own community not so many years ago.

In Washington today, many immigrants go without critical health care because they are structurally excluded from affordable health coverage. Over 100,000 of Washington’s immigrant residents lack insurance today due to this systemic inequity.¹ Left with no recourse, many of these community members currently forego needed care until it becomes an emergency. As you know, without insurance,

¹ WA Office of Financial Management analysis of American Community Survey, 2019 1-year PUMS.
people are more likely to have poor health status, be hospitalized for preventable conditions and acute illnesses, and die prematurely.²

We strongly support Washington's proposed waiver because it offers a pathway to a healthier future:

- The waiver would allow our state to remove federal barriers to health coverage, offering all Washington residents the same opportunity to purchase Qualified Health Plans and Qualified Dental Plans.
- The waiver would also permit our state to invest state funds toward more affordable coverage for low-income residents, with no impact to the federal deficit.
- The waiver would improve health equity, addressing one of the root causes of the disproportionate uninsurance rates and poorer health outcomes many of Washington's communities of color face today.³
- The waiver would improve the broader individual insurance market by lowering premiums and reducing application barriers that prevent families from applying for coverage together.

We commend your effort to secure the waiver rapidly. Washington’s waiver aligns with the stated goal of Affordable Care Act Section 1332, “to pursue innovative strategies for providing residents with access to high quality, affordable health insurance while retaining the basic protections of the ACA.”⁴ As demonstrated in the application, the waiver satisfies Section 1332’s guardrails while proposing an innovative state solution to expand coverage. This is particularly crucial now, as long-standing inequities have been exacerbated by the pandemic. Immigrants and communities of color are disproportionately contracting, hospitalized for, and dying from COVID-19.⁵ Washington residents cannot wait for coverage any longer.

We applaud the waiver’s privacy assurances. The waiver application recognizes the importance of privacy to Washington residents who may seek coverage under the waiver. The waiver proposes to maintain state program integrity standards while safeguarding the privacy of individual Washington residents. The waiver appropriately specifies that individual information about applicants and enrollees covered via the waiver will not be shared with the federal government. We look forward to federal confirmation of this assurance.

⁴ See “Section 1332: State Innovation Waivers,” CMS.gov, at https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section_1332_State_Innovation_Waivers-
Through the waiver and other state policy solutions, Washington will make significant progress toward meeting the basic health care needs of all Washingtonians, which will make every community healthier and our economy stronger. We strongly support the Health Benefit Exchange in its effort to secure the federal flexibility needed to achieve this goal.

Please contact us at jcrc@jewishinseattle.org with any questions.

Sincerely,

Maxima Patashnik
Director of JCRC & Government Affairs
Jewish Federation of Greater Seattle
April 28, 2022

Washington Health Benefit Exchange
810 Jefferson St. SE
Olympia, WA 98501
Submitted via email: WA1332@wahbexchange.org

Re: Jefferson County Immigrant Rights Advocates (JCIRA) Support for 1332 Waiver Application

Dear Chief Executive MacEwan and Director Altman:

JCIRA appreciates the opportunity to provide comments on Washington State’s draft Section 1332 Waiver Application (waiver). We write in strong support of the waiver as one of the most promising opportunities to expand health coverage for Washington residents since the passage of the Affordable Care Act.

JCIRA’s mission is to support the rights of immigrants and their families, giving priority to those who live or work on the Olympic Peninsula and immigrant detainees within Washington State, through access to legal services, family support, asylum sponsorship, community education and advocacy for local, state, and national immigration issues. Our membership with WAISN has greatly facilitated our capacity to carry out this mission. The support and leadership WAISN provided through their coordinated campaign for the Washington Immigrant Relief Fund was absolutely essential in our ability to promote and provide funding to immigrant families in need during this long drawn out Covid pandemic. We applaud their continued efforts to provide healthcare to all in Washington State and support this application for the Section 1332 Waiver.

In Washington today, many immigrants go without critical health care because they are structurally excluded from affordable health coverage. Over 100,000 of Washington’s immigrant residents lack insurance today due to this systemic inequity. Left with no recourse, many of these community members currently forego needed care until it becomes an emergency. As you know, without insurance, people are more likely to have poor health status, be hospitalized for preventable conditions and acute illnesses, and die prematurely.

We strongly support Washington’s proposed waiver because it offers a pathway to a healthier future:

- The waiver would allow our state to remove federal barriers to health coverage, offering all Washington residents the same opportunity to purchase Qualified Health Plans and Qualified Dental Plans.
- The waiver would also permit our state to invest state funds toward more affordable coverage for low-income residents, with no impact to the federal deficit.
- The waiver would improve health equity, addressing one of the root causes of the disproportionate uninsurance rates and poorer health outcomes many of Washington’s communities of color face today.
- The waiver would improve the broader individual insurance market by lowering premiums and reducing application barriers that prevent families from applying for coverage together.
We commend your effort to secure the waiver rapidly. Washington’s waiver aligns with the stated goal of Affordable Care Act Section 1332, “to pursue innovative strategies for providing residents with access to high quality, affordable health insurance while retaining the basic protections of the ACA.” As demonstrated in the application, the waiver satisfies Section 1332’s guardrails while proposing an innovative state solution to expand coverage. This is particularly crucial now, as long-standing inequities have been exacerbated by the pandemic. Immigrants and communities of color are disproportionately contracting, hospitalized for, and dying from COVID-19. Washington residents cannot wait for coverage any longer.

We applaud the waiver’s privacy assurances. The waiver application recognizes the importance of privacy to Washington residents who may seek coverage under the waiver. The waiver proposes to maintain state program integrity standards while safeguarding the privacy of individual Washington residents. The waiver appropriately specifies that individual information about applicants and enrollees covered via the waiver will not be shared with the federal government. We look forward to federal confirmation of this assurance.

Through the waiver and other state policy solutions, Washington will make significant progress toward meeting the basic health care needs of all Washingtonians, which will make every community healthier and our economy stronger. We strongly support the Health Benefit Exchange in its effort to secure the federal flexibility needed to achieve this goal.

Please contact Roberta Lindeman at JCIRAw@gmail.com or call 360-232-6070 with any questions.

Sincerely,

Roberta Lindeman, JCIRA Board Member
May 2, 2022

Washington Health Benefit Exchange
810 Jefferson St. SE
Olympia, WA 98501
Submitted via email: WA1332@wahbexchange.org

Re: Kitsap Immigrant Assistance Center Support for 1332 Waiver Application

Dear Chief Executive MacEwan and Director Altman:

Kitsap Immigrant Assistance Center (KIAC) appreciates the opportunity to provide comments on Washington State’s draft Section 1332 Waiver Application (waiver). We write in strong support of the waiver as one of the most promising opportunities to expand health coverage for Washington residents since the passage of the Affordable Care Act.

We are a non-profit in Bremerton serving immigrants in Kitsap and Mason counties and throughout the west sound region. We provide numerous direct, needed services through our Immigration Legal Services and Family Services programs. A substantial part of our work is dedicated to coordinating and providing healthcare for uninsured immigrant adults — members of our community who have no way of purchasing or qualifying for medical insurance. These adults sometimes utilize our local hospital’s emergency room as their primary source of care, only going when absolutely necessary. Often people suffer pain and uncertainty at home for hours, days, or weeks out of fear of the cost of the emergency room. Our local community health clinic has a sliding scale that many adults benefit from; this sliding scale policy means that many adults are able to seek care who would otherwise have their conditions worsen and likely would die sooner.

However, this sliding-scale model is not enough. This clinic cannot provide all necessary services, and their sliding scale still involves cost to a patient that may be beyond their means. Our free medical clinic, staffed by qualified volunteer Providers, helps fill this gap. We are able to offer consultations and prescribe some medication. We are also connected to Project Access NW, the Lions Club Charity Vision Care program, and local dentist who all offer services for free to uninsured, low-income adults. This combination of partners eating the cost of the care they provide saves lives. But it is piecemeal and not enough. People are still living with undiagnosed and untreated diabetes, eye diseases, gynecological issues, and other chronic and acute conditions. These are the parents of our elementary school students, the entrepreneurs providing essential services to our economy, and our neighbors. We need a health insurance option for all members of our communities, regardless of immigration status.
In Washington today, over 100,000 immigrants go without critical health care because they are structurally excluded from affordable health coverage. As you know, without insurance, people are more likely to have poor health status, be hospitalized for preventable conditions and acute illnesses, and die prematurely.

We strongly support Washington’s proposed waiver because it offers a pathway to a healthier future:

- The waiver would allow our state to remove federal barriers to health coverage, offering all Washington residents the same opportunity to purchase Qualified Health Plans and Qualified Dental Plans.
- The waiver would also permit our state to invest state funds toward more affordable coverage for low-income residents, with no impact to the federal deficit.
- The waiver would improve health equity, addressing one of the root causes of the disproportionate uninsurance rates and poorer health outcomes many of Washington’s communities of color face today.
- The waiver would improve the broader individual insurance market by lowering premiums and reducing application barriers that prevent families from applying for coverage together.

We commend your effort to secure the waiver rapidly. Washington’s waiver aligns with the stated goal of Affordable Care Act Section 1332, “to pursue innovative strategies for providing residents with access to high quality, affordable health insurance while retaining the basic protections of the ACA.” As demonstrated in the application, the waiver satisfies Section 1332’s guardrails while proposing an innovative state solution to expand coverage. This is particularly crucial now, as long-standing inequities have been exacerbated by the pandemic. Immigrants and communities of color are disproportionately contracting, hospitalized for, and dying from COVID-19. Washington residents cannot wait for coverage any longer.

We applaud the waiver’s privacy assurances. The waiver application recognizes the importance of privacy to Washington residents who may seek coverage under the waiver. The waiver proposes to maintain state program integrity standards while safeguarding the privacy of individual Washington residents. The waiver appropriately specifies that individual information about applicants and enrollees covered via the waiver will not be shared with the federal government. We look forward to federal confirmation of this assurance.

Through the waiver and other state policy solutions, Washington will make significant progress toward meeting the basic health care needs of all Washingtonians, which will make every community healthier and our economy stronger. We strongly support the Health Benefit Exchange in its effort to secure the federal flexibility needed to achieve this goal.

Please contact Thangam Chandrasekaran at executivedirector@kitsapiac.org with any questions.

Sincerely,

Thangam Chandrasekaran
KIAC Executive Director
May 2, 2022

Pam MacEwan, Chief Executive Officer
Washington Health Benefit Exchange
810 Jefferson St. SE
Olympia, WA 98501

Submitted electronically to: WA1332@wahbexchange.org

Re: Washington Section 1332 Waiver Application (Draft Released 3/31/22)

Dear Pam:

Kaiser Permanente appreciates the opportunity to provide comments to the Washington Health Benefit Exchange (WAHBE) in response to the draft Affordable Care Act (ACA) Section 1332 waiver application released on March 31, 2022.1 Kaiser Permanente is the largest private integrated health care delivery system in the United States, delivering health care to over 12.5 million members in eight states and the District of Columbia.2 Kaiser Permanente Washington and Kaiser Permanente Northwest collectively serve more than 760,000 members in Washington State. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

We support WAHBE’s goal of expanding access to affordable, comprehensive, and high-quality health care coverage for all Washingtonians regardless of their immigration status. According to the Migration Policy Institute, it is estimated that there are over 100,000 Washingtonians that lack access to health coverage due to their immigration status.3 Lack of comprehensive health coverage is associated with poorer health outcomes, increased health disparities and higher costs when accessing care.4

WAHBE’s 1332 Waiver Application proposes to allow all Washingtonians, regardless of income and immigration status, to purchase Qualified Health Plans and Qualified Dental Plans through the state-based marketplace. This program would also allow families with mixed immigration statuses to enroll together in the same health plans and enable all low-income residents to access state premium assistance. The state’s actuarial and economic analyses project that the Waiver Application would increase coverage among the uninsured, improve the individual market risk pool, lower premiums, and obtain federal funding for a state premium assistance program. In addition to increasing access to affordable coverage, the Waiver Application would also promote health equity by providing all eligible low-income residents, regardless of immigration status, access to health coverage and state affordability programs.

We appreciate the state is requesting federal approval by August 2022. This timeline ensures system updates and outreach efforts can be completed in advance of 2024 open enrollment.

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1 [https://www.wahbexchange.org/content/dam/wahbe-assets/legislation/DRAFT%20WA%20Section%201332%20Waiver%20Application%2031-22.pdf](https://www.wahbexchange.org/content/dam/wahbe-assets/legislation/DRAFT%20WA%20Section%201332%20Waiver%20Application%2031-22.pdf)
2 Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., one of the nation’s largest not-for-profit health plans, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 39 hospitals and over 650 other clinical facilities; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan and its health plan subsidiaries to meet the health needs of Kaiser Permanente’s members.
3 [https://www.migrationpolicy.org/data/unauthorized-immigrant-population/state/WA](https://www.migrationpolicy.org/data/unauthorized-immigrant-population/state/WA)
Kaiser Permanente appreciates the opportunity to comment on this draft application and we look forward to continued collaboration. Please feel free to contact me at Bill.S.Wehrle@kp.org with questions.

Sincerely,

Bill Wehrle
Vice President, Health Insurance Exchanges
May 5, 2022

Washington Health Benefit Exchange
810 Jefferson St SE
Olympia, WA 98501

Re: Public Comment on WA 1332 Waiver Application

Molina Healthcare of Washington appreciates this opportunity to comment in strong support of Washington’s Section 1332 Waiver Application draft to improve access to affordable health coverage for more Washington residents. Molina supports the goals of the Section 1332 Waiver application to allow all Washingtonians, regardless of income and immigration status, to purchase Qualified Health Plans (QHPs) and Qualified Dental Plans (QDPs) through the state-based marketplace, Washington Healthplanfinder.

Molina Healthcare of Washington is the largest insurance carrier on the exchange and the largest Medicaid Managed Care plan in the state. Our mission is to improve the health and lives of our members by delivering high-quality health care. We believe that all individuals in Washington should be able to access insurance coverage and we have worked very hard to reduce the number of uninsured individuals in our state.

Molina appreciates the thorough analysis included in the waiver application that demonstrates compliance with federal guardrails. We are pleased the waiver is projected to increase coverage among the uninsured, improve the individual market risk pool, lower premiums, and draw down additional federal funding to support the state’s premium assistance program – all without impacting affecting the federal deficit.

Importantly, the waiver will also help address persistent health disparities. Improving access for this population is a critical step to improving health equity in Washington.

In addition to improving access to coverage, Washington’s Section 1332 waiver will make it possible for families with mixed immigration statuses to enroll together in the same health plans, and enable all eligible low-income residents, regardless of immigration status, to access the new premium assistance program established by the Washington State Legislature, launching in 2023.

We are particularly pleased that this waiver will reduce the number of uninsured in our state and address the health inequities many Washingtonians, especially many in communities of color, face:
The waiver will increase access to health care, particularly among those who have been historically unable to access care given their lack of coverage options. We support the goal of increasing coverage to improve health outcomes for all Washingtonians.

- The waiver creates a new enrollment pathway for 22% of currently uninsured Washington residents
- The waiver builds on iterative state-specific steps Washington has taken to reduce the uninsured rate among its residents (including efforts to expand coverage to children, and other underinsured populations)

This waiver furthers health equity goals by both opening a door for coverage and by allowing the lowest-income Washington residents access to state affordability programs.

- A disproportionate share of Washingtonians of color are more likely to be uninsured
- The highest uninsured rates in Washington are among the Hispanic population (16.8%, approximately four times higher than the uninsured rate of 4.5% for the non-Hispanic population)

We also appreciate the state is requesting federal approval by August 2022. Expeditious federal approval of this Section 1332 Waiver application is needed to ensure system updates and comprehensive community engagement and outreach efforts can be completed in advance of Plan Year 2024 Open Enrollment, beginning Nov. 1, 2023.

Thank you for providing the opportunity to comment. Molina believes Washington’s Section 1332 waiver will significantly help advance the state’s efforts to improve access to affordable coverage for more Washingtonians and we are pleased to [strongly] support the state in this effort.

Sincerely,

Jay Fathi, MD
President & CEO
Molina Healthcare of Washington, Inc.
Sincerely,

Jay Fathi, MD, President & CEO
Molina Healthcare of Washington, Inc.

CC:
April 30, 2022

Washington Health Benefit Exchange
810 Jefferson St. SE
Olympia, WA 98501
Submitted via email: WA1332@wahbexchange.org

Re: Northwest Immigrant Rights Project’s Support for 1332 Waiver Application

Dear Chief Executive MacEwan and Director Altman:

Northwest Immigrant Rights Project appreciates the opportunity to provide comments on Washington State’s draft Section 1332 Waiver Application (waiver). We write in strong support of the waiver as one of the most promising opportunities to expand health coverage for Washington residents since the passage of the Affordable Care Act.

Northwest Immigrant Rights Project (NWIRP) is a nationally-recognized legal services organization founded in 1984. Each year, NWIRP provides free direct legal assistance in immigration matters to over 10,000 low-income people from over 130 countries, speaking over 60 different languages. NWIRP also strives to achieve systemic change to policies and practices affecting immigrants through impact litigation, public policy work, and community education. NWIRP serves the community from four offices in Washington State located in Seattle, Granger, Tacoma, and Wenatchee.

In Washington today, many immigrants go without critical health care because they are structurally excluded from affordable health coverage. Over 100,000 of Washington’s immigrant residents lack insurance today due to this systemic inequity. Left with no recourse, many of these community members currently forego needed care until it becomes an emergency. As you know, without insurance, people are more likely to have poor health status, be hospitalized for preventable conditions and acute illnesses, and die prematurely.

We strongly support Washington’s proposed waiver because it offers a pathway to a healthier future:

- The waiver would allow our state to remove federal barriers to health coverage, offering all Washington residents the same opportunity to purchase Qualified Health Plans and Qualified Dental Plans.
- The waiver would also permit our state to invest state funds toward more affordable coverage for low-income residents, with no impact to the federal deficit.
- The waiver would improve health equity, addressing one of the root causes of the disproportionate uninsurance rates and poorer health outcomes many of Washington’s communities of color face today.
• The waiver would improve the broader individual insurance market by lowering premiums and reducing application barriers that prevent families from applying for coverage together.

We commend your effort to secure the waiver rapidly. Washington’s waiver aligns with the stated goal of Section 1332 of the Affordable Care Act, “to pursue innovative strategies for providing residents with access to high quality, affordable health insurance while retaining the basic protections of the ACA.” As demonstrated in the application, the waiver satisfies Section 1332’s guardrails while proposing an innovative state solution to expand coverage. This is particularly crucial now, as long-standing inequities have been exacerbated by the pandemic. Immigrants and communities of color are disproportionately contracting, hospitalized for, and dying from COVID-19. Washington residents cannot wait for coverage any longer.

We applaud the waiver’s privacy assurances. The waiver application recognizes the importance of privacy to Washington residents who may seek coverage under the waiver. The waiver proposes to maintain state program integrity standards while safeguarding the privacy of individual Washington residents. The waiver appropriately specifies that individual information about applicants and enrollees covered via the waiver will not be shared with the federal government. We look forward to federal confirmation of this assurance.

As we have carried our work of providing legal assistance to thousands of immigrants residing in our State, we have seen far too often the impact that lack of access to health care has had on our client communities. We commend this effort to broaden access and mitigate existing inequities.

Through the waiver and other state policy solutions, Washington will make significant progress toward meeting the basic health care needs of all Washingtonians, which will make every community healthier and our economy stronger. We strongly support the Health Benefit Exchange in its effort to secure the federal flexibility needed to achieve this goal.

Thank you for the opportunity to submit comments. Please do not hesitate to contact me at jorge@nwirp.org or 206-957-8609 if I may help answer any questions or provide further information.

Sincerely,

Jorge L. Barón
Executive Director
Northwest Immigrant Rights Project
April 11th, 2022

Washington Health Benefit Exchange
810 Jefferson St. SE
Olympia, WA 98501
Submitted via email: WA1332@wahbexchange.org

Re: Pacific Islander Health Board Support for 1332 Waiver Application

Dear Chief Executive MacEwan and Director Altman:

The Pacific Islander Health Board of Washington appreciates the opportunity to provide comments on Washington State’s draft Section 1332 Waiver Application (waiver). We write in strong support of the waiver as one of the most promising opportunities to expand health coverage for Washington residents since the passage of the Affordable Care Act.

The Pacific Islander Health Board of Washington (PIHBWA) is a proud advocate for the Pacific Islander Community in Washington State. As an organization, the Pacific Islander Health Board is committed to establishing positive, enduring change for our communities by addressing health from a holistic perspective that also advances and celebrates the strengths of our communities, such as language, culture, food, the arts, and strong family ties. We believe that our daily work is advancing our mission and vision, as each activity brings our community closer to wellness through a deepened connection to our roots.

In Washington today, many immigrants go without critical health care because they are structurally excluded from affordable health coverage. Over 100,000 of Washington’s immigrant residents lack insurance today due to this systemic inequity. Left with no recourse, many of these community members currently forego needed care until it becomes an emergency. As you know, without insurance, people are more likely to have poor health status, be hospitalized for preventable conditions and acute illnesses, and die prematurely.

We strongly support Washington’s proposed waiver because it offers a pathway to a healthier future:

- The waiver would allow our state to remove federal barriers to health coverage, offering all Washington residents the same opportunity to purchase Qualified Health Plans and Qualified Dental Plans.
- The waiver would also permit our state to invest state funds toward more affordable coverage for low-income residents, with no impact to the federal deficit.
- The waiver would improve health equity, addressing one of the root causes of the disproportionate uninsurance rates and poorer health outcomes many of Washington’s communities of color face today.
- The waiver would improve the broader individual insurance market by lowering premiums and reducing application barriers that prevent families from applying for coverage together.

We commend your effort to secure the waiver rapidly. Washington’s waiver aligns with the stated goal of Affordable Care Act Section 1332, “to pursue innovative strategies for providing residents with access to high quality, affordable
health insurance while retaining the basic protections of the ACA.” As demonstrated in the application, the waiver satisfies Section 1332’s guardrails while proposing an innovative state solution to expand coverage. This is particularly crucial now, as long-standing inequities have been exacerbated by the pandemic. Immigrants and communities of color are disproportionately contracting, hospitalized for, and dying from COVID-19. Washington residents cannot wait for coverage any longer.

**We applaud the waiver’s privacy assurances.** The waiver application recognizes the importance of privacy to Washington residents who may seek coverage under the waiver. The waiver proposes to maintain state program integrity standards while safeguarding the privacy of individual Washington residents. The waiver appropriately specifies that individual information about applicants and enrollees covered via the waiver will not be shared with the federal government. We look forward to federal confirmation of this assurance.

Bridging generational gaps to access, bringing vital resources to the attention of our people, and being a trustworthy source of information, as well as entrusted to safeguard our community’s information, are reasons we appreciate the waivers privacy assurances.

Through the waiver and other state policy solutions, Washington will make significant progress toward meeting the basic health care needs of all Washingtonians, which will make every community healthier and our economy stronger. We strongly support the Health Benefit Exchange in its effort to secure the federal flexibility needed to achieve this goal.

Please contact Lika Smith at likasmith@pihealthboard.org or 206-853-5056 with any questions.

Sincerely,

Lika Smith
Director, PI Health Board of Washington
206-853-5056 | likasmith@pihealthboard.org
Re: Planned Parenthood’s Support for 1332 Waiver Application

Dear Chief Executive MacEwan and Director Altman,

Planned Parenthood is pleased to submit the following comments in strong support of the Washington Health Benefit Exchange’s draft Section 1332 waiver application. This waiver is an exciting opportunity to improve health care access and outcomes for people in Washington, including our patients.

As Washington’s largest provider of sexual and reproductive health care services, Planned Parenthood health centers in Washington are proud to offer the full range of sexual and reproductive health care to patients across the state. We are committed to ensuring that everybody in our state can access affordable, high-quality health care services, and we serve both uninsured patients and patients with a range of insurance types. We also provide patients with insurance education and enrollment assistance to help them access the best and most comprehensive health care coverage they are eligible for. Based on our experience helping patients navigate the health coverage landscape, we believe that the proposed waiver would directly benefit our patients – particularly those who experience barriers to insurance coverage due solely to their citizenship status.

In Washington today, many immigrants go without critical health care because they are structurally excluded from affordable health coverage. Over 100,000 of Washington’s immigrant residents lack insurance today due to this systemic inequity. Left with no recourse, many of these community members currently forego needed care until it becomes an emergency. Without insurance, people are more likely to have poor health status, be hospitalized for preventable conditions and acute illnesses, and die prematurely.

We strongly support Washington’s proposed waiver because it offers a pathway to a healthier future:

- The waiver would allow our state to remove federal barriers to health coverage, offering all Washington residents the same opportunity to purchase Qualified Health Plans and Qualified Dental Plans.
- The waiver would also permit our state to invest state funds toward more affordable coverage for low-income residents, with no impact to the federal deficit.
- The waiver would improve health equity, addressing one of the root causes of the disproportionate uninsurance rates and poorer health outcomes many of Washington’s communities of color face today.
- The waiver would improve the broader individual insurance market by lowering premiums and reducing application barriers that prevent families from applying for coverage together.
We commend your effort to secure the waiver rapidly. Washington’s waiver aligns with the stated goal of Affordable Care Act Section 1332, “to pursue innovative strategies for providing residents with access to high quality, affordable health insurance while retaining the basic protections of the ACA.” As demonstrated in the application, the waiver satisfies Section 1332’s guardrails while proposing an innovative state solution to expand coverage. This is particularly crucial now, as long-standing inequities have been exacerbated by the pandemic. Immigrants and communities of color are disproportionately contracting, hospitalized for, and dying from COVID-19. Washington residents cannot wait for coverage any longer.

We applaud the waiver’s privacy assurances. The waiver application recognizes the importance of privacy to Washington residents who may seek coverage under the waiver. The waiver proposes to maintain state program integrity standards while safeguarding the privacy of individual Washington residents. The waiver appropriately specifies that individual information about applicants and enrollees covered via the waiver will not be shared with the federal government. We look forward to federal confirmation of this assurance.

Through the waiver and other state policy solutions, Washington will make significant progress toward meeting the basic health care needs of all Washingtonians, which will make every community healthier and our economy stronger. We strongly support the Health Benefit Exchange in its effort to secure the federal flexibility needed to achieve this goal.

Sincerely,

Courtney Normand
Washington State Director
Planned Parenthood Alliance Advocates – Washington
April 28, 2022

Washington Health Benefit Exchange
810 Jefferson St SE
Olympia, WA 98501

Re: Section 1332 Waiver Request - Public Comment

Community Health Plan of Washington (CHPW) and Community Health Network of Washington (CHNW) strongly support Washington’s Section 1332 Waiver Application draft. Since the Health Benefit Exchange began in 2014, undocumented immigrants have had few opportunities for insurance coverage in our state. We eagerly await a time when they can have the same access to affordable insurance coverage that is available to individuals purchasing coverage through the Washington Health Benefit Exchange today.

Community Health Plan of Washington was formed by Washington’s community health centers 30 years ago, specifically to serve individuals who were traditionally denied access to quality health coverage. In addition to being a long-standing Medicaid managed care plan, CHPW served Basic Health Plan enrollees and partnered with the state through Washington Health Plan to provide health coverage to individuals across our state, regardless of immigration status. CHNW, a network of 21 federally qualified health centers with over 190 clinics, serves as the primary care network for approximately 80 percent of CHPW’s enrollees and is the governing body for CHPW. It is also a licensed insurance plan for Cascade Select, the public option, and one of the strongest advocates for the public option in our State. Community health centers serve everyone regardless of ability to pay and provide care regardless of immigration status. Providing an affordable path to comprehensive insurance coverage for individuals regardless of their immigration status will best enable their patients to receive the comprehensive care they may need, including specialty and other services not available in the CHC clinics.

We support the State’s 1332 Waiver application for several reasons, but primarily because it creates equity for our state’s residents and helps reduce health disparities across communities. Undocumented immigrants struggle to access health coverage and, as a result, are denied needed care. Most undocumented immigrants face additional social barriers impacting their health. While community health centers provide affordable access to primary medical, dental, and behavioral health care, it is challenging for their uninsured patients to access needed specialty or hospital care. Allowing purchase of comprehensive coverage with the help of premium subsidies will allow for a more equitable system for all Washington residents. Mixed-status families will also be able to enroll in the same plans, allowing for more integrated and holistic delivery of care, and reducing administrative confusion and complexity.

Extending affordable coverage to this population benefits the broader population by improving the health of the communities, improving the risk pool, and lowering premiums. We appreciate the attention to privacy safeguards that will help this population feel more comfortable in sharing identifying information needed to purchase coverage on the Exchange. Ensuring that people feel safe in the enrollment process and are trusting of the state’s role in this program is a necessary condition to optimizing enrollment, increasing affordability, and improving population health. The CHCs are trusted community organizations that are well-suited to communicate with and support their patients in this process.
Community Health Network of Washington currently offers coverage in 18 counties through Cascade Select. We hope the state will leverage the unique value of Cascade Select as a vehicle to facilitate statewide coverage and improve affordability for this population and others.

Thank you for providing the opportunity to comment. CHPW and CHNW strongly support a Section 1332 Waiver as a means to advance access to affordable coverage for all Washingtonians.

Sincerely,

Leanne Berge  
Chief Executive Officer  
Community Health Plan of Washington  
Community Health Network of Washington
May 2, 2022

Pam MacEwan, Chief Executive Officer
Washington Health Benefit Exchange
810 Jefferson St SE
Olympia, WA 98501

Re: Public Comment on 1332 waiver application

Dear Ms. MacEwan;

I write today as chief insurance regulator for the State of Washington. The Office of the Insurance Commissioner is responsible for review and approval of Qualified Health Plans sold on our state-based marketplace. My office and the Health Benefit Exchange partner in our mission to strengthen individual health insurance market stability, break down barriers to achieving health equity and improve access to and affordability of health insurance for individuals purchasing coverage in our state. Our organizations have worked in close partnership over the past decade to build and maintain meaningful coverage gains for Washingtonians.

I submit this comment to express my strong support for Washington state’s Section 1332 Waiver Application to improve access to affordable health coverage for more Washington state residents. All Washingtonians, regardless of income and immigration status, should be able to purchase Qualified Health Plans (QHPs) and Qualified Dental Plans (QDPs) through the state-based marketplace, Washington Healthplanfinder.

This waiver application is the next logical step in Washington state’s efforts to increase access to care for people who are not lawfully present. It builds on our state’s coverage of maternity care services and comprehensive coverage for low-income children, regardless of immigration status. With the Washington state Legislature’s commitment to funding a state-based premium assistance program that is available to individuals who are not APTC-eligible, this section 1332 waiver application provides a critical opportunity for adults who are not lawfully present to access health insurance coverage.

The COVID pandemic has laid bare its disproportionate impact on communities of color in Washington state. Data from our state Department of Health show that during the first half of 2020, the rate of COVID cases among the Hispanic population was 11 times that of the white population; for Black Washingtonians, the rate was twice that for whites. During the Omicron
surge in January 2022, the rate of COVID cases for our Hispanic residents was 20% higher than for the white population, and for Black Washingtonians it remained at twice the rate for whites.

As the waiver application indicates, the highest rates of uninsurance in Washington state are among the Hispanic population (16.8%), American Indians and Alaska Natives (11.2%) and Black residents (7.9%). Twenty-nine percent of the uninsured population with income under 250% FPL in Washington state cannot purchase coverage through our state-based marketplace due to their immigration status.

This section 1332 waiver application provides a doorway to more affordable coverage for people of color in Washington state who are not lawfully present, while meeting all the section 1332 waiver guardrails established by the federal government. It is projected to increase coverage among the uninsured, improve the individual market risk pool, lower premiums, and draw down additional federal funding to support the state’s premium assistance program – all without impacting affecting the federal deficit.

Thank you for this opportunity to comment. I am pleased to strongly support and partner with the Health Benefit Exchange and Health Care Authority in this effort.

Sincerely,

Mike Kreidler
Insurance Commissioner
State of Washington
WA Partners for Social Change is strongly in favor of our state submitting a request to HHS & the Dept. of Treasury for the 1332 waiver to give our state the needed flexibility (because of current federal immigration law) that would then allow our undocumented immigrant households and individuals to apply for health insurance via our state's health benefit exchange healthplan finder.

Why? We have too many uninsured immigrants in our state - over 10,000. This results in decreasing our health outcomes, increases medical debt for households and medical providers, and results in a workforce that is not as healthy & productive as it could be. We all know that the healthier ALL of our households and individuals are in our state, that the results are always a stronger and more productive economy. This also results in a more equitable and livable state - which is what we all desire.

Thank you for applying for the 1332 waiver so that everyone in our state will be insured!
Paul Benz
director

--
Paul Benz
Partners for Social Change
paul@wapartnersforsocialchange.org
(206) 390-4133
Dear Chief Executive MacEwan and Director Altman:

The Tri-Cities Immigrant Coalition (TCIC) appreciates the opportunity to provide comments on Washington State’s draft Section 1332 Waiver Application (waiver). Health care is an emergency situation for so many of our immigrants. The Tri-Cities Immigrant Coalition (TCIC) is a non-partisan community-based group working to build trust and understanding within our community about the issues facing our Tri-Cities immigrants. We focus on community education, engagement, advocacy, and immigrant support services. Health care continues to be a paramount need for our immigrants. **We write in strong support of the waiver as one of the most promising opportunities to expand health coverage for Washington residents since the passage of the Affordable Care Act.**

Many in our community are structurally excluded from affordable health coverage. Left with no recourse, many of these community members currently forego needed care until it becomes an emergency. As you know, without insurance, people are more likely to have poor health status, be hospitalized for preventable conditions and acute illnesses, and die prematurely.

**We strongly support Washington’s proposed waiver because it offers a pathway to a healthier future:**

- The waiver would allow our state to remove federal barriers to health coverage, offering all Washington residents the same opportunity to purchase Qualified Health Plans and Qualified Dental Plans.
- The waiver would also permit our state to invest state funds toward more affordable coverage for low-income residents, with no impact to the federal deficit.
- The waiver would improve health equity, addressing one of the root causes of the disproportionate uninsured rates and poorer health outcomes many of Washington’s communities of color face today.
- The waiver would improve the broader individual insurance market by lowering premiums and reducing application barriers that prevent families from applying for coverage together.

We commend your effort to secure the waiver rapidly. Washington’s waiver aligns with the stated goal of Affordable Care Act Section 1332, “to pursue innovative strategies for providing residents with access to high-quality, affordable health insurance while retaining the basic protections of the ACA.” As demonstrated in the application, the waiver satisfies Section 1332’s guardrails while proposing an innovative state solution to expand coverage. This is particularly crucial now, as long-standing inequities have been exacerbated by the pandemic. Immigrants and communities of color are disproportionately contracting, hospitalized for, and dying from COVID-19. Washington residents cannot wait for coverage any longer.

We applaud the waiver’s privacy assurances. The waiver application recognizes the importance of privacy to Washington residents who may seek coverage under the waiver. The waiver proposes to maintain state program integrity standards while safeguarding the privacy of individual Washington residents. The waiver appropriately
specifies that individual information about applicants and enrollees covered via the waiver will not be shared with the federal government. We look forward to federal confirmation of this assurance.

Through the waiver and other state policy solutions, Washington will make significant progress toward meeting the basic health care needs of all Washingtonians, which will make every community healthier and our economy stronger. We strongly support the Health Benefit Exchange in its effort to secure the federal flexibility needed to achieve this goal.

Please feel free to contact us with any questions or needed information.

Sincerely,

Marsha Stipe  Chair: Tri-Cities Immigrant Coalition

Web: tricitiesimmigrantcoalition.org

Email: tricitiesimmigrantcoalition@gmail.com

Email: marshastipe@gmail.com

Phone: (H) 509-946-6168

(C) 541-720-0131

“The Tri-Cities Immigrant Coalition is a non-partisan community based group working to build trust and understanding within our community about immigration issues through community education and engagement, advocacy, and immigrant support services.”
April 25, 2022

Pam MacEwan, Chief Executive Officer
Jessica Altman, Executive Director
Washington State Health Benefit Exchange
810 Jefferson Street SE
Olympia, WA 98501

Submitted via email

RE: Community Health Center comments on Washington state’s 1332 Waiver

Dear Chief Executive MacEwan and Director Altman:

On behalf of the Washington Association for Community Health (“The Association”) and our 27-member community health centers, thank you for the opportunity to provide comments on Washington State’s draft Section 1332 Waiver Application. We write in strong support of the waiver as one of the most promising opportunities to expand health coverage for Washington residents since the passage of the Affordable Care Act.

The Association represents our state’s 27 Federally Qualified Health Centers (FQHCs) who provide healthcare innovation, access, and value to our communities. Our state’s FQHCs provide primary care, behavioral health, dental care, and additional wraparound services to 1.2 million Washingtonians, regardless of insurance status or ability to pay. We have been on the front lines of this pandemic – caring for patients with COVID-19, organizing mass testing and vaccination events in communities across our state, and providing telehealth services to address primary care needs. Community health centers and navigators are key community-based enrollment partners and have experience working with immigrant populations. We are guardians of the safety net population.

In Washington today, many immigrants go without critical health care because they are structurally excluded from affordable health coverage. Over 100,000 of Washington’s immigrant residents lack insurance today due to this systemic inequity. Left with no recourse, many of these community members currently forego needed care until it becomes an emergency. As you know, without insurance, people are more likely to have poor health status, be hospitalized for preventable conditions and acute illnesses, and die prematurely.

Our CHCs strongly support Washington’s proposed waiver because it offers a pathway to a healthier future:
• The waiver would allow our state to remove federal barriers to health coverage, offering all Washington residents the same opportunity to purchase Qualified Health Plans and Qualified Dental Plans.
• The waiver would also permit our state to invest state funds toward more affordable coverage for low-income residents, with no impact to the federal deficit.
• The waiver would improve health equity, addressing one of the root causes and poorer health outcomes many of Washington’s communities of color face today.
• The waiver would improve the broader individual insurance market by lowering premiums and reducing application barriers that prevent families from applying for coverage together.

We commend your effort to secure the waiver rapidly. Washington’s waiver aligns with the stated goal of Affordable Care Act Section 1332 “to pursue innovative strategies for providing residents with access to high quality, affordable health insurance while retaining the basic protections of the ACA.” As demonstrated in the application, the waiver satisfies Section 1332’s guardrails while proposing an innovative state solution to expand coverage. Our health centers value innovation, and it is especially crucial now as the pandemic exacerbates already existing disparities. Immigrants and communities of color are disproportionately contracting, hospitalized for, and dying from COVID-19. Our patients cannot wait for coverage any longer.

We applaud the waiver’s recognition of the importance of privacy to Washington residents who may seek coverage under the waiver. The waiver proposes to maintain state program integrity standards while safeguarding the privacy of individual Washington residents. Furthermore, the waiver appropriately specifies that individual information about applicants and enrollees covered via the waiver will not be shared with the federal government. We look forward to federal confirmation of this assurance.

Through the waiver and other state policy solutions, Washington state will make significant progress towards meeting the basic health care needs of all Washingtonians, which will make every community healthier and our economy stronger. We strongly support the Health Benefit Exchange in its effort to secure the federal section 1332 flexibility needed to achieve this goal.

Thank you for your time and consideration. Please contact me if you have any questions or if I can clarify anything: BMarsalli@WaCommunityHealth.org or (360) 786-9722 ext.224.

Sincerely,

Bob Marsalli
Chief Executive Officer
Washington Association for Community Health
May 2, 2022

Washington Health Benefit Exchange
810 Jefferson St. SE
Olympia, WA 98501
Submitted via email: WA1332@wahbexchange.org

Re: City of Seattle and King County, WA Support for 1332 Waiver Application

Dear Chief Executive MacEwan and Director Altman:

The City of Seattle and King County, Washington appreciate the opportunity to provide comments on Washington State’s draft Section 1332 Waiver Application (waiver). Our local government leadership write in strong support of the waiver as one of the most promising opportunities to expand health coverage for Washington residents since the passage of the Affordable Care Act.

The City of Seattle and King County are committed to reducing health disparities and, more importantly, to achieving health equity for all local and statewide residents. Achieving health equity means achieving highest level of health for all while reducing and eliminating the health disparities we see today. Recent data show that 5.3 percent of Seattle adults from 19 to 64 years and 7.2 percent of King County adults have no health coverage.

Many immigrants go without critical health care because they are structurally excluded from affordable health coverage. More than 100,000 of Washington’s immigrant residents lack insurance today due to this systemic inequity. Left with no recourse, many of these community members currently forego needed care until it becomes an emergency. As you know, without insurance, people are more likely to have poor health status, be hospitalized for preventable conditions and acute illnesses, and die prematurely.

We strongly support Washington’s proposed waiver because it offers a pathway to a healthier future:

- The waiver would allow our state to remove federal barriers to health coverage, offering all Washington residents the same opportunity to purchase Qualified Health Plans and Qualified Dental Plans.

- The waiver would also permit our state to invest state funds toward more affordable coverage for low-income residents, with no impact to the federal deficit.
• The waiver would improve health equity, addressing one of the root causes of the disproportionate uninsurance rates and poorer health outcomes many of Washington’s communities of color face today.

• The waiver would improve the broader individual insurance market by lowering premiums and reducing application barriers that prevent families from applying for coverage together.

We commend your effort to secure the waiver rapidly. Washington’s waiver aligns with the stated goal of Affordable Care Act Section 1332, “to pursue innovative strategies for providing residents with access to high quality, affordable health insurance while retaining the basic protections of the ACA.” As demonstrated in the application, the waiver satisfies Section 1332’s guardrails while proposing an innovative state solution to expand coverage. This is particularly crucial now, as long-standing inequities have been exacerbated by the pandemic. Immigrants and communities of color are disproportionately contracting, hospitalized for, and dying from COVID-19. Washington residents cannot wait for coverage any longer.

We applaud the waiver’s privacy assurances. The waiver application recognizes the importance of privacy to Washington residents who may seek coverage under the waiver. The waiver proposes to maintain state program integrity standards while safeguarding the privacy of individual Washington residents. The waiver appropriately specifies that individual information about applicants and enrollees covered via the waiver will not be shared with the federal government. We look forward to federal confirmation of this assurance.

Through the waiver and other state policy solutions, Washington will make significant progress toward meeting the basic health care needs of all Washingtonians, which will make every community healthier and our economy stronger. We strongly support the Health Benefit Exchange in its effort to secure the federal flexibility needed to achieve this goal.

Please contact Quinn Majeski (Quinn.Majeski@seattle.gov) at the City of Seattle or Jenny Huston (Jennifer.Huston@kingcounty.gov) at King County with questions.

Thank you for your commitment to improving health equity in Washington state.

Sincerely,

Dow Constantine
King County Executive

Bruce Harrell
Mayor, City of Seattle
Claudia Balducci  
Chair, King County Council

Debra Juarez  
Seattle City Council President

Joe McDermott  
King County Council  
Chair, King County Board of Health

Lisa Herbold  
Seattle City Council

Tammy J. Morales  
Seattle City Council

Teresa Mosqueda  
Seattle City Council
Re: Public Comment on Washington’s Section 1332 Waiver Application

Dear Chief Executive MacEwan:

The Washington State Hospital Association (WSHA) appreciates this opportunity to comment in support of Washington’s Section 1332 Waiver Application to improve access to affordable health coverage for more Washington residents. WSHA supports the goals of the Section 1332 Waiver Application to allow all Washingtonians, regardless of income and immigration status, to purchase Qualified Health Plans (QHPs) and Qualified Dental Plans (QDPs) through the state-based marketplace, Washington Healthplanfinder.

WSHA serves all hospitals in Washington. We aim to be the trusted voice and indispensable resource that leads, challenges, and assists hospitals and health systems to improve the health of the communities they serve. Equity is one of WSHA’s organizational values.

We support the waiver because it is projected to increase coverage among the uninsured, improve the individual market risk pool, lower premiums, and draw down additional federal funding to support the state’s premium assistance program – all without impacting the federal deficit. Most importantly, the waiver will also help address persistent health disparities exacerbated by lack of access to care.

This waiver will increase access to health care to those who have lacked coverage options. The waiver creates a new enrollment pathway for 22% of currently uninsured Washington residents, bringing us ever-closer to the goal of universal health insurance coverage.

Hospitals are particularly pleased that this waiver is projected to increase access to primary and preventive care, as well as treatment for chronic disease, reducing preventable hospitalizations. Coverage will also reduce the amount of uncompensated care in Washington by allowing those without another coverage pathway to enroll in a QHP or QDP. Robust health insurance coverage is a crucial component of access to high quality health care.

We also appreciate the State is requesting federal approval by August 2022. Expeditious federal approval of this Section 1332 Waiver application is needed to ensure system updates and comprehensive community engagement and outreach efforts can be completed in advance of Plan Year 2024 Open Enrollment, beginning Nov. 1, 2023.

Thank you for providing the opportunity to comment. WSHA believes Washington’s Section 1332 waiver will advance the State’s efforts to improve access to affordable coverage for more Washingtonians, and we support the State in this effort.

Sincerely,

Ashlen Strong
Senior Director, Government Affairs
ashlens@wsha.org
April 19, 2022

Pam MacEwan
Chief Executive Officer
Washington Health Benefit Exchange
810 Jefferson St SE
Olympia, WA 98501

Re: Public Comment on Section 1332 Waiver Application

Dear Ms. MacEwan,

On behalf of the Washington State Medical Association (WSMA), representing the state’s physicians and physician assistants, we appreciate the opportunity to provide comment in support of Washington state’s Section 1332 Waiver application to remove federal barriers to health care coverage and allow all Washingtonians the same opportunity to purchase Qualified Health Plans (QHPs) through the state-based marketplace, regardless of immigration status. We are grateful for the continued partnership with the Health Benefit Exchange (Exchange) as we have worked towards our shared goal of improving access to affordable health care coverage.

The Section 1332 Waiver is another step toward expanding access to care, particularly among communities who have been historically excluded from obtaining affordable and comprehensive coverage. Washington is home to over 100,000 uninsured immigrants who are integral members of our communities but who are ineligible for Medicaid or QHPs because of their immigration status. The WSMA supports access to affordable, comprehensive, high-quality health care coverage that is designed to encourage participation of physicians and practices. Without affordable health care coverage options, these Washington residents are more likely to have a poor health status from worsened health conditions and forgo care until it becomes an emergency, leading to hospitalization for preventable conditions and more acute illnesses. Increasing coverage amongst the uninsured population will also improve the stability of the individual insurance market and lower premiums for all.
Thank you again for the opportunity to provide comment in support of Washington state’s Section 1332 Waiver application. As we look forward to working with the Exchange and other stakeholders to implement the coverage options, we hope the waiver will be approved expeditiously. If you have any questions please contact Alex Wehinger, WSMA’s Associate Director of Legislative and Political Affairs, at alex@wsma.org.

Sincerely,

[Signature]

Jennifer Hanscom
CEO

cc: WSMA Executive Committee
    Alex Wehinger, WSMA Associate Director of Legislative and Political Affairs
To: Washington Health Benefit Exchange

810 Jefferson St. S.E.

Olympia, WA 98501

Dear Chief Executive MacEwan and Director Altman:

I am writing this letter to provide support for the waiver - Washington State’s draft Section1332 Waiver Application. Too many people in our state still do not have affordable health coverage. Thousands of Washington immigrants lack health insurance. These are people who work hard to provide for their families and stimulate our state economy. I ask that you pass the waiver to remove federal barriers to health coverage for these deserving Washington residents. The waiver would allow affordable coverage for low income residents with no impact on the federal deficit.

I am proud to be a resident of Washington. We are a state that cares for those less fortunate. Our legislature continues to support programs that raise all of us up. The 1332 Waiver is one of those opportunities.

Washington has the opportunity to make significant progress toward meeting the basic health care needs of all Washingtonians. This will make us all healthier and economically stronger.

I support the Health Benefit Exchange and I hope I can count on you to do the same.

Sincerely,

Marsha Stipe

marshastipe@gmail.com

cell: 541-720-0131

Address: 462 Bradley Blvd

Richland WA 99352
Dear Mister MacEwan and Altman:

I write in strong support of the waiver. Health care is a critical need of our immigrant community. Improved health benefits for this group who are excluded from health care coverage improves our economy and saves hospitals from covering emergency treatment without compensation. Aligning our states underserved with provisions of the ACA helps everyone in our state, every business that is short on workers, and every medical care provider.

Mike Stipe
Richland WA

Sent from Mail for Windows
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

Please submit and seek timely federal approval of this waiver so we can achieve a more equitable and accessible health care system for everyone in Washington State.

Sincerely,

Lee Che Leong
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

Please submit and seek timely federal approval of this waiver so we can achieve a more equitable and accessible health care system for everyone in Washington State.

Sincerely,

Luanne Pasik
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Deidre Girard
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Ellen Punyon
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Angela Bellacosa
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Adele Reynolds
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Jeanne Large
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Rachel Doyle
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Pamela Chelgren-Koterba
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Susan Eidenschink
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Nicolaas Barr
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Yeni Pajaro
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Lindsey Schromen-Wawrin
Byrd, Thea

Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Rebecca Chase-Chen
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Ruth Egger
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Nancy Snyder
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Kathryn Sharp
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Don WILLIAMS
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Sam Hatzenbeler
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Jason Martin
Dear Washington Health Benefit Exchange

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Sincerely,

lauren strenger
Dear Washington Health Benefit Exchange

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Sincerely,

Adina Parsley
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Dan DiLeva
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Diantha Weilepp
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Debbie Thorn
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Caroline Corum
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Annette Klapstein
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Sarah Prager
Dear Washington Health Benefit Exchange

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Sincerely,

Jordan Goldwarg
Dear Washington Health Benefit Exchange

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Sincerely,

Gloria Hackwith
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Lauren Frederick
Dear Washington Health Benefit Exchange

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Sincerely,

MEGHAN GRAF-PETERKA
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Robert Jensen
Dear Washington Health Benefit Exchange

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Sincerely,

Amandalynne Paullada
Dear Washington Health Benefit Exchange

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Sincerely,

Gloria Salas
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Sincerely,

Alex Madrigal
Dear Washington Health Benefit Exchange

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Sincerely,

Brenda Vazquez
Dear Washington Health Benefit Exchange

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Sincerely,

Mario Banuelos
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Maria Gutierrez
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Darcy Johnson
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Arnold Strang
Dear Washington Health Benefit Exchange

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Sincerely,

Bipasha Mukherjee
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Crystal Schaffer
Dear Washington Health Benefit Exchange

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Sincerely,

Alexandrea Rebar
Dear Washington Health Benefit Exchange

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Sincerely,

Paola Del Sol
Dear Washington Health Benefit Exchange

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Sincerely,

Christine Torres-Clara
Dear Washington Health Benefit Exchange

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Sincerely,

Kathleen Magellan
Dear Washington Health Benefit Exchange

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Sincerely,

Emma Argiroff
Dear Washington Health Benefit Exchange

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Please submit and seek timely federal approval of this waiver so we can achieve a more equitable and accessible health care system for everyone in Washington State.

Sincerely,

Michael Siptroth
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

Please submit and seek timely federal approval of this waiver so we can achieve a more equitable and accessible health care system for everyone in Washington State.

Sincerely,

Kaylin Cline
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Joslynne Davidson-Bailey
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

Please submit and seek timely federal approval of this waiver so we can achieve a more equitable and accessible health care system for everyone in Washington State.

Sincerely,

Kristin Blalack
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

Please submit and seek timely federal approval of this waiver so we can achieve a more equitable and accessible health care system for everyone in Washington State.

Sincerely,

Gary Brill
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

Please submit and seek timely federal approval of this waiver so we can achieve a more equitable and accessible health care system for everyone in Washington State.

Sincerely,

Ain Milner
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

Please submit and seek timely federal approval of this waiver so we can achieve a more equitable and accessible health care system for everyone in Washington State.

Sincerely,

Deborah Huang
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Cheyne Anderson
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Kate Butt
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Katie dodsleD
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Sue Toy
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Asiris Hernandez
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Barett McGavock
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Adrian Cerrato
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Patricia Nadolny
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Ben Wegley
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Melissa Craig
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Steve V.
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Marty Jacobs
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Clayton Jones
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Merle Hooley
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Allison Jung
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

KRISTA GILBERT
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Sasha Frisbie
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Anja Roozen
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

John Guros
Dear Washington Health Benefit Exchange

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Sincerely,

Daniel Ritchie
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

David Newman
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Molly Sutor
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Liezl Rebugio
Dear Washington Health Benefit Exchange

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Sincerely,

Deborah Panks
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Christine Parini
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

d robinson
Dear Washington Health Benefit Exchange

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Sincerely,

Taylor Martha
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Lorraine Johnson
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Karen Curry
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Sammy Low
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

lyle smith
Dear Washington Health Benefit Exchange

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Sincerely,

Thomas Brigham
Dear Washington Health Benefit Exchange

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As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Shary B
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Rich Hladky
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Jean Erickson
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Rebecca Deardorff
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Heather Beaird
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Michael Goldberg
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Stacy Strickland
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Robert Elphick
Dear Washington Health Benefit Exchange

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Sincerely,

Bonnijo Chervenock
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

Please submit and seek timely federal approval of this waiver so we can achieve a more equitable and accessible health care system for everyone in Washington State.

Sincerely,

Kristi Hunziker
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Rachel LeGault
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Deborah Kaye
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Matthew Boguske
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Linda Story
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Christa Erwin
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Tana Anderson
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Dennis Barnes
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Lynn Rabenstein
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Percy Hilo
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Susan MacKnight
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Thomas Sheehan
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Suzanne Richman
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Betsy Foley
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Gail Phares
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Paul Vandenberg
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Eileen Thomas
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Suzanne Holden
Dear Washington Health Benefit Exchange

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Sincerely,

Jody Disney
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Tim Broyan
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Paula Shafransky
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Christine Kohnert
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Marie Weis
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

John Pound
Dear Washington Health Benefit Exchange

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Sincerely,

Holger Mathews
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Louis Poncz
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Brandon Bohlen
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Rowen Kade
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Betty Montgomery
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Robyn Pape
Dear Washington Health Benefit Exchange

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Sincerely,

Felicity Devlin
Dear Washington Health Benefit Exchange

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Sincerely,

Katherine Andringa
Dear Washington Health Benefit Exchange

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Sincerely,

Hollis Higgins
Dear Washington Health Benefit Exchange

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Sincerely,

Paula Mackrow
Dear Washington Health Benefit Exchange

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Sincerely,

Lucinda Stroud
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Miranda Stoddard
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Anne Hepfer
Dear Washington Health Benefit Exchange

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Sincerely,

Jon Morgan
Dear Washington Health Benefit Exchange

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Sincerely,

Anbar Sheikh
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Dorothy Jordan
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Ande Kobek
Dear Washington Health Benefit Exchange

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Sincerely,

ANNA MCGRATH
Dear Washington Health Benefit Exchange

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Sincerely,

Karl Darvill-Coate
Dear Washington Health Benefit Exchange

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Sincerely,

Andrew Rosenthal
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Tshilaba Verite
Dear Washington Health Benefit Exchange

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Sincerely,

Ellen Kissman
Dear Washington Health Benefit Exchange

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Sincerely,

Linda Chapman
Dear Washington Health Benefit Exchange

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Sincerely,

Jane Frazer
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

Please submit and seek timely federal approval of this waiver so we can achieve a more equitable and accessible health care system for everyone in Washington State.

Sincerely,

M. Jayne Freitag
Dear Washington Health Benefit Exchange,

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Susan Lulu
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Barbara Dorf
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Desiree Nagyfy
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Shamim Ahmed
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Liz Lambert
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Linda Moore
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Samra Hamzic
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Heidi Wesley
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Mark Bradley
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Kathrin Dodds
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Brooke Hawkins
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Annette Fallin
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Sharon Anderson
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Susan Moore
Dear Washington Health Benefit Exchange

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Sincerely,

Margaret Willis
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

M. Lou Orr
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Terry Cramer
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Pr R
Dear Washington Health Benefit Exchange

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Sincerely,

Jason Smith
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Alexander McLean
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Candace Mast
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Christi Wheelock
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Elena Rumiantseva
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Gayle Janzen
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Michael Saunders
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

J K
Dear Washington Health Benefit Exchange

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Sincerely,

Michelle Bailey
Dear Washington Health Benefit Exchange

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Sincerely,

Zelda Buck
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Edna Springer
Dear Washington Health Benefit Exchange

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Sincerely,

Leeza Paredes
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Meredy Davis
Dear Washington Health Benefit Exchange

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Sincerely,

Derek Benedict
Dear Washington Health Benefit Exchange

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Sincerely,

Elle Batjer
Dear Washington Health Benefit Exchange

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Sincerely,

Kathy Partida
Dear Washington Health Benefit Exchange

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Sincerely,

Sarah Dallosto
Dear Washington Health Benefit Exchange

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Sincerely,

Spencer Selander
Dear Washington Health Benefit Exchange

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Sincerely,

Brian Robick
Dear Washington Health Benefit Exchange

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Sincerely,

Julian Zhu
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Sandra Ciske
Dear Washington Health Benefit Exchange

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Sincerely,

Patricia Woods
Dear Washington Health Benefit Exchange

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Sincerely,

Isabelle Heart
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Roger Clark
Dear Washington Health Benefit Exchange

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Sincerely,

George Summers
Dear Washington Health Benefit Exchange

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Sincerely,

Virgene Link-New
Dear Washington Health Benefit Exchange

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Sincerely,

Linda Jovanovich
Dear Washington Health Benefit Exchange

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Sincerely,

Kathryn Vinson
Dear Washington Health Benefit Exchange

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Sincerely,

Nick Barcott
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

Please submit and seek timely federal approval of this waiver so we can achieve a more equitable and accessible health care system for everyone in Washington State.

Sincerely,

Ann Smith
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

Please submit and seek timely federal approval of this waiver so we can achieve a more equitable and accessible health care system for everyone in Washington State.

Sincerely,

Hilary Emmer
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

Please submit and seek timely federal approval of this waiver so we can achieve a more equitable and accessible health care system for everyone in Washington State.

Sincerely,

Sara Bhakti
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Jody Rosenbalm
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Sharon Fetter
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Ellen Epstein
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Barbara Wight
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

L Dong
Dear Washington Health Benefit Exchange

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Sincerely,

Regina Evans
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Joanna Chesnut
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Jennifer Wah
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Jeffrey Watson
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Steven Woolpert
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Rebecca Nimmons
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Don Dorr
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Barbara Blackwood
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Christa Carpentiere
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Carol Sibley
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Dean Fanara
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Odette Kelly
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Kimberly Teraberry
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Lynn Guttmann
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Roger Schmidt
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Marcy Golde
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Elizabeth Johnson
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Jerry Kessinger
Dear Washington Health Benefit Exchange

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Sincerely,

NICOLE CARUBIA
Dear Washington Health Benefit Exchange

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Sincerely,

Hamid Zavareei
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

William Lenneman
Dear Washington Health Benefit Exchange

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Sincerely,

Elizabeth Fulton
Dear Washington Health Benefit Exchange

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Sincerely,

V Mangum
Dear Washington Health Benefit Exchange

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Sincerely,

Paula Lavalle
Dear Washington Health Benefit Exchange

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Sincerely,

John Sheehan
Dear Washington Health Benefit Exchange

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Sincerely,

Leslie Connelly
Dear Washington Health Benefit Exchange

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Sincerely,

Rich Hladky
Dear Washington Health Benefit Exchange

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Sincerely,

Sally Brawley
Dear Washington Health Benefit Exchange

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Sincerely,

Kelsey Nyland
Dear Washington Health Benefit Exchange

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Sincerely,

Sahana Sundar
Dear Washington Health Benefit Exchange

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Sincerely,

Bryan Bradac
Dear Washington Health Benefit Exchange

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Sincerely,

Heidi Colkitt
Dear Washington Health Benefit Exchange

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Sincerely,

Marisa Allyn
Dear Washington Health Benefit Exchange

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Sincerely,

Randy Smith
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Melissa Thirloway
Dear Washington Health Benefit Exchange

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Sincerely,

Barbara Keller
Dear Washington Health Benefit Exchange

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Sincerely,

Kristin Tregillus
Dear Washington Health Benefit Exchange

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Sincerely,

Eri Higashi Durnell
Dear Washington Health Benefit Exchange

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Sincerely,

Marilyn Overton
Dear Washington Health Benefit Exchange

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Sincerely,

Melissa Rees
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

Please submit and seek timely federal approval of this waiver so we can achieve a more equitable and accessible health care system for everyone in Washington State.

Sincerely,

Teree Parman
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

John Neubauer
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Tara Chase
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

Please submit and seek timely federal approval of this waiver so we can achieve a more equitable and accessible health care system for everyone in Washington State.

Sincerely,

Fouad Khoury
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Diane Ste Marie
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Lori Gudmundson
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Ken Rasmussen
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Laura McHenry
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Jean Thornsbury
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Andrea Downey-Baumert
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Robert Brown
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Cathy Wyatt
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Lola Schiefelbein
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Jacqueline Cook
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Jerry Kimball
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Allen Stiles
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Kevin Gallagher
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Joan Fay
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Miguel Ramos
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Caroline Bonner
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Brooke Krekow
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Shelley Simcox
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Kathleen Compton
Dear Washington Health Benefit Exchange,

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Alexandra Sarason
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Kathleen Bell
Dear Washington Health Benefit Exchange

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Sincerely,

Kate Gibson
Dear Washington Health Benefit Exchange

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Sincerely,

Christopher Buckley
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Mary Ann Baier
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Susan Waters
Dear Washington Health Benefit Exchange

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Sincerely,

Janet Riordan
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Joan Bowers
Dear Washington Health Benefit Exchange

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Sincerely,

Michele Manber
Dear Washington Health Benefit Exchange

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Sincerely,

Wendy Kness
Dear Washington Health Benefit Exchange

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Sincerely,

Dawn Morgan
Dear Washington Health Benefit Exchange

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Sincerely,

Walter Jorgensen
Dear Washington Health Benefit Exchange

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Sincerely,

Kendra Abernethy
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Laureen France
Dear Washington Health Benefit Exchange

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Sincerely,

Paul Franzmann
Dear Washington Health Benefit Exchange

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Sincerely,

Margaret Garlan
Dear Washington Health Benefit Exchange

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Sincerely,

Judith Buczek
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Zan McColloch-Lussier
Dear Washington Health Benefit Exchange

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Sincerely,

Shirley Thomas
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Kristin Felix
Dear Washington Health Benefit Exchange

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Sincerely,

Jo Harvey
Dear Washington Health Benefit Exchange

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Sincerely,

Yvonne Gonzalez
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Karen Sheflo
Dear Washington Health Benefit Exchange

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Sincerely,

David Arntson
Dear Washington Health Benefit Exchange

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Sincerely,

Diane Hostetler
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

Please submit and seek timely federal approval of this waiver so we can achieve a more equitable and accessible health care system for everyone in Washington State.

Sincerely,

Elizabeth Mayes
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Scott Species
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

ROBERT CHANG
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Mary Ekstrand
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

David Peha
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Paul Ferrari
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Rebecca Glass
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Sybil Kohl
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Gill Fahrenwald
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Kate Petersen
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Bryan Johns
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Carol Dukes
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Hannah Gardner
Dear Washington Health Benefit Exchange,

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Raymond Wells
Dear Washington Health Benefit Exchange

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Sincerely,

Conlan Vance
Dear Washington Health Benefit Exchange

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Sincerely,

Elizabeth Berggren
Dear Washington Health Benefit Exchange

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Sincerely,

Joe Nichols
Dear Washington Health Benefit Exchange

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Sincerely,

Julene Weaver
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Carole Henry
Dear Washington Health Benefit Exchange

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Sincerely,

Sam Coren
Dear Washington Health Benefit Exchange

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Sincerely,

Linda Rea
Dear Washington Health Benefit Exchange

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As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Bruce Beaton
Dear Washington Health Benefit Exchange

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Sincerely,

Lynn g
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Sincerely,

Kaylie Treskin
Dear Washington Health Benefit Exchange

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Sincerely,

Gail Fuhlman
Dear Washington Health Benefit Exchange

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Sincerely,

Brenda SUE Luke
Byrd, Thea

From: arscheu=comcast.net@mg.gospringboard.io on behalf of Anita Scheunemann
<arscheu@comcast.net>
Sent: Monday, April 18, 2022 6:49 PM
To: WA1332
Subject: PUBLIC COMMENT

Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

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Sincerely,

Anita Scheunemann
Dear Washington Health Benefit Exchange

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Sincerely,

Adrienne Davis1234 Garrison Avenue
Dear Washington Health Benefit Exchange

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Sincerely,

Robert E Gigliotti
Dear Washington Health Benefit Exchange

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Sincerely,

Colleen McCue
Dear Washington Health Benefit Exchange

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Sincerely,

Linda Wasserman
Dear Washington Health Benefit Exchange

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Sincerely,

Margaret Newstead
Dear Washington Health Benefit Exchange

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Sincerely,

Martin Horwitz
Dear Washington Health Benefit Exchange

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Sincerely,

Kathleen Bentley
Dear Washington Health Benefit Exchange

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Sincerely,

Meghan McCutcheon
Dear Washington Health Benefit Exchange

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Sincerely,

Eleanor Morris
Dear Washington Health Benefit Exchange

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Sincerely,

Alex Rollosson Halbhuber
Dear Washington Health Benefit Exchange

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Sincerely,

Robert W. Wood
Dear Washington Health Benefit Exchange

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Sincerely,

Jared Howe
Dear Washington Health Benefit Exchange

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Sincerely,

Jan Simon
Dear Washington Health Benefit Exchange

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Sincerely,

David Williams
Dear Washington Health Benefit Exchange

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Sincerely,

Glen Anderson
Dear Washington Health Benefit Exchange

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Sincerely,

Lynn Carlson
Dear Washington Health Benefit Exchange

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Sincerely,

C. S.
Dear Washington Health Benefit Exchange

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Sincerely,

David Ponta
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Sincerely,

Lynn Emerson
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Sincerely,

Cornelia Teed
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

As a person living in Washington state, I agree that our state should be allowed to extend health coverage to all members of our communities, regardless of their immigration status. The federal government should grant Washington state the waiver to enable us to implement strategies to make Washington a healthier place to live and work. This waiver would allow us to work toward affordable health coverage for everyone in our state, without federal barriers.

Please submit and seek timely federal approval of this waiver so we can achieve a more equitable and accessible health care system for everyone in Washington State.

Sincerely,

Julie Glover
Dear Washington Health Benefit Exchange

I write to express my strong support for Washington’s effort to expand affordable health coverage options to all residents through the Health Benefit Exchange’s “Section 1332 waiver” request.

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Sincerely,

Grace Padelford
Dear Washington Health Benefit Exchange

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Sincerely,

Ceci Flick
Dear Washington Health Benefit Exchange

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Sincerely,

John Wiley
Dear Washington Health Benefit Exchange,

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Sincerely,

Karen Fortier
Dear Washington Health Benefit Exchange

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Sincerely,

Elizabeth Standal
Dear Washington Health Benefit Exchange

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Sincerely,

Antoinette Bonsignore
Dear Washington Health Benefit Exchange

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Sincerely,

Katherine Flores
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Sincerely,

Karen Gilles
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ANISA Ralls
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James Pierson
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Janice Wilfing
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Sincerely,

Martha Cetina
Dear Washington Health Benefit Exchange

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Sincerely,

Clarizza Lopez
Byrd, Thea

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Sincerely,

Damon Haag
Dear Washington Health Benefit Exchange

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Sincerely,

Gloria McClintock
Dear Washington Health Benefit Exchange

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Sincerely,

Bill Schindler
Dear Washington Health Benefit Exchange

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Sincerely,

Shannon Markley
Dear Washington Health Benefit Exchange

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Janet Hedgepath
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David Zhang
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Sincerely,

Linda Murphy
Dear Washington Health Benefit Exchange

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Sincerely,

Andrea Speed
Dear Washington Health Benefit Exchange

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Sincerely,

Dr C
Dear Washington Health Benefit Exchange

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Sam Fleischer
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Sincerely,

Pawiter Parhar
Taxpayers should not be subsidizing any benefits for Illegal aliens.

Denny Davidson
1618 NE 112th Ave. Apt. 31
Vancouver, WA 98684-4332
Cell: (360) 213-7181
From: Anita Mitchell <avanity3@yahoo.com>
Sent: Thursday, March 31, 2022 11:48 AM
To: WA1332
Subject: Public comment

No one should be allowed to benefit from a program they have not contributed to, or are not of a legal citizen of the country the program exists in.

Anita

Sent from Yahoo Mail on Android
We need healthcare for all including dental, vision, behavioral and addiction recovery. The for-profit health insurance we have now is not working, it never did. Take the worry of catastrophic medical bills and barriers to healthcare away from us. It is too expensive.

Sincerely,
Paula Grieb, RN
Retired School Nurse
729 Yakima ST
Wenatchee, WA  98801
509-663-7554
Make it so, including dental, vision, behavioral, and addiction recovery. Insurance premiums are a tax. I would rather pay into a system that everyone can use instead of paying CEO’s and other management who provide no value what so ever.

Sincerely,
Paula Grieb, RN retired school nurse
729 Yakima St
Wenatchee, WA 98801
Make it so, including dental, vision, behavioral, and addiction recovery.

Thank you.
Paula Grieb
729 Yakima St
Wenatchee, WA 98801