
ENGROSSED SUBSTITUTE HOUSE CONCURRENT RESOLUTION 4404

State of Washington 62nd Legislature 2011 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Schmick, Cody, Hinkle, and Frockt)

READ FIRST TIME 02/16/11.

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WHEREAS, The patient protection and affordable care act became law on March 23, 2010, enacting broad changes to every element of the nation's health care system over the course of a four-year period; and

WHEREAS, Through 2014, the federal government will be adopting numerous regulations to implement the patient protection and affordable care act that state policymakers will need to actively follow so that the state can develop the most appropriate response to the changes in the health care system for the people of the state of Washington; and

WHEREAS, The patient protection and affordable care act raises many policy considerations that states will have to review prior to implementing the act, including the creation of a health benefit exchange, the expansion of medicaid, health insurance design, the development of a dynamic health care workforce, and the role of public health and prevention efforts; and

WHEREAS, The joint select committee on health reform implementation was established in 2010 to provide a forum for public comment and expert advice on the development of Washington's response to the patient protection and affordable care act; and

WHEREAS, The joint select committee on health reform implementation

p. 1 ESHCR 4404

expires on July 1, 2011, despite the need to continue to monitor changes to the health care system and the implementation activities of the executive branch;

NOW, THEREFORE, BE IT RESOLVED, By the House of Representatives of the state of Washington, the Senate concurring, That the joint select committee on health reform implementation continue its work; and

BE IT FURTHER RESOLVED, That the membership of the joint select committee on health reform implementation shall consist of the following: (1) The chairs of the health committees of the senate and the house of representatives; (2) two additional members of the senate, one each appointed by the leadership of the two largest caucuses in the senate; and (3) two additional members of the house of representatives, one each appointed by the leadership of the two largest caucuses in the house of representatives. The governor shall be invited to appoint, as a liaison to the joint select committee, a person who shall be a nonvoting member. The joint select committee shall select, from among the legislative members, one cochair from the senate and one cochair from the house of representatives who may not be from the same political caucus of the legislature; and

BE IT FURTHER RESOLVED, That the cochairs may direct the formation of advisory committees, if desired, to focus on specific topic areas, such as insurance regulation, access to and expansion of public and private programs, cost containment, and workforce issues, and may invite interested stakeholders and additional experts to advise the joint select committee on health reform implementation. The joint select committee shall establish an advisory committee to provide advice and recommendations to the department of social and health services and the health care authority in the development of its implementation plan required by chapter ... (House Bill No. 1738), Laws of 2011 to coordinate the purchase and delivery of acute care, long-term care, and behavioral health services; and

BE IT FURTHER RESOLVED, That all participation in the joint select committee on health reform implementation and any advisory committee is without compensation; and

BE IT FURTHER RESOLVED, That the joint select committee on health reform implementation expires on or before June 30, 2014.

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