

/* The WASHINGTON ADMINISTRATIVE CODE addresses health insurance and insurance discrimination; treatment; and training for school employees. */

Chapter 246-130 WAC

HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION TREATMENT

WAC

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WAC 246-130-001 Purpose. The department shall administer federal and state funds appropriated to assist a person in need of Zidovudine, or other drugs and treatments available in the future. These drugs are used for the treatment of various stages of infection with HIV.

WAC 246-130-010 Definitions. The following words and phrases have the following meaning in chapter 246-130 WAC unless the context clearly indicates otherwise:

- (1) "AIDS" means acquired immunodeficiency syndrome.
- (2) "APDP" means AIDS prescription drug program.
- (3) "Department" or "DOH" means the Washington state department of health.
- (4) "HIV" means human immunodeficiency virus.
- (5) "NPIG" means National Poverty Income Guidelines as under sections 652 and 673 (2) of the Omnibus Budget Reconciliation Act of 1981 (Public Law 9735) and as updated annually in the Federal Register on February 16.
- (6) "Patient share" means the amount of cost borne by the patient.

WAC 246-130-020 Services. To the extent federal or state funds are appropriated for the purpose of APDP approved drugs and treatments, the department shall reimburse a participating pharmacy, or health care provider, and clinic for costs of dispensing APDP approved drugs and treatments to an eligible individual suffering from infection with HIV.

WAC 246-130-030 Reimbursements. Individuals desiring reimbursement for APDP approved drugs and treatments must provide evidence of financial eligibility as established by WAC 246-130-040. The department will make reimbursement, reduced by the patient share computed in accordance with WAC 246-130-070, to eligible participants who, in the department's judgment, demonstrate the greatest need or the most likely benefit from the treatments.

WAC 246-130-040 Financial eligibility. (1) The department will consider a patient eligible if he or she:

- (a) Has resources at or below the exemptions listed under subsection (3) of this section; and
- (b) Is not eligible for any other resources providing similar benefits to meet the costs of the treatment; and
- (c) Has gross monthly income at or below three hundred seventy percent of the NPIG; and
- (d) The total cost of program covered medications is in excess of the patient's share as computed in accordance with WAC 246-130-070.

(2) The department shall consider the following in determining resources:

- (a) Savings, property, and other assets;
- (b) Government and private medical insurance programs, including Medicaid, providing partial or full coverage for drug and treatments needed in the treatment of infection with HIV; and
- (c) Local funds raised for the purpose of providing financial support for a specified patient.

(3) The following exemptions shall not be considered in determining a patient's resources to pay for treatments covered by these regulations:

- (a) A home, defined as real property owned by a patient as a principal place of residence, together with the property surrounding and contiguous thereto not to exceed five acres; and
- (b) Commercial property, or property used for the purpose of producing income, except to the extent that its value exceeds the sum of ten thousand dollars;
- (c) Household furnishings;
- (d) An automobile; and
- (e) Savings, property, or other liquid assets, to the extent the value thereof does not exceed the sum of ten thousand dollars.

WAC 246-130-050 Transfer of resources without adequate consideration. The department shall:

- (1) Consider an individual ineligible for the program if the

person knowingly and willfully assigns or transfers nonexempt resources at less than fair market value for the purpose of qualifying or continuing to qualify for the program within two years preceding the date of application.

(2) Require expiration of two years before the individual will be considered eligible between the date of transfer and reapplication.

WAC 246-130-060 Fiscal information. An individual seeking coverage shall provide fiscal information upon request of the department including:

- (1) Sources and amounts of resources to verify financial eligibility,
- (2) Evidence all other available resources were used before requests for reimbursement from the state program are submitted to the department, and
- (3) Other information when required by the department.

WAC 246-130-070 Patient participation. The patient shall be responsible for paying part of the cost of the treatment received in any month in which his or her income exceeds two hundred percent of the NPIG. The amount of the patient's share shall be one-sixth of the amount by which his or her income for the month exceeds two hundred percent of the NPIG.

Chapter 246-132 WAC
CLASS IV HIV HEALTH INSURANCE ELIGIBILITY
WAC

246-132-020 Class IV human immunodeficiency virus (HIV) insurance program.

246-132-030 Eligibility.

WAC 246-132-020 Class IV human immunodeficiency virus (HIV) insurance program. Definitions of program covered by the department of health.

(1) "Class IV HIV insurance program" means the program authorized by chapter 70.24 RCW and financed by state funds to assure health insurance coverage for an individual with Class IV HIV infection as defined by the state board of health meeting eligibility requirements established by the department.

(2) "Class IV HIV infection" means an illness characterized by the diseases and conditions defined and described by the state board of health in WAC 246-100-011(1) and 246-100-076.

WAC 246-132-030 Eligibility. (1) The department shall pay, to the extent a person is liable for group health insurance

premiums, such premiums for a person who has a diagnosis of Class IV human immunodeficiency virus (HIV) infection and:

- (a) Is terminated from employment for reasons other than gross misconduct;
 - (b) Has experienced a reduction in employment hours to the extent the applicant is liable for part or all of the health insurance premium;
 - (c) Is entitled to benefits under Title XVIII of the Social Security Act;
 - (d) Ceases to be a dependent child under the requirements of the health insurance plan; or
 - (e) Is divorced or legally separated from the covered employee and has continuation coverage rights.
- (2) An applicant's eligibility under the program shall cease when the individual:
- (a) Dies;
 - (b) Loses insurance eligibility for a reason other than the reasons noted under subsection (1) of this section; or
 - (c) Moves out of state.

Chapter 284.90 WAC RULES PERTAINING TO AIDS

WAC

284-90-010 Purpose.

284-90-020 Insuring Procedures relating to AIDS.

284-90-030 Policy Reserves - Annual Financial Statements.

WAC 284-90-010 Purpose. (1) The purpose of this chapter is to assure nondiscriminatory treatment of insureds and prospective insureds by establishing minimum standards insurers must meet with respect to acquired immune deficiency syndrome (AIDS) and its related conditions. Such related conditions include a positive testing for the Human T-Cell Lymphotropic Virus Type III (HTLV-III) antibodies and a diagnosis of AIDS related complex.

(2) The insurance code prohibits unfair discrimination between insureds having like risk and exposure factors. The practical effect of the law is to require grouping of insureds into classes of like risk and exposure and charging a premium commensurate with the risk and exposure. This assures the equitable treatment of each class of insureds in the sense that the premium charge is reasonably related to the risk assumed by the insurer and that no class of insureds supports (or is supported by) another class of insureds. For example: Insureds with a heart condition should not subsidize (or be subsidized by) insureds with AIDS or diabetes; policies issued on a standard basis should not be surcharged to

support those issued to insureds suffering from an ailment. To properly classify such prospective insureds, insurers must ask appropriate questions on application forms and may require reasonable testing of prospective insureds.

WAC 284-90-020 Insuring procedures relating to AIDS. (1) AIDS and its related conditions are diseases and must be considered as such under the insurance laws of this state. Underwriting considerations must be consistent with the underwriting considerations applied to other diseases. Prospective insureds must be accepted or rejected or rated standard or substandard on the basis of bona fide and substantiated statistical differences in risk or exposure.

(2) Questions about AIDS and related health conditions on applications for insurance must be in clear and understandable language and must lend themselves to the placement of applicants in the proper class of insureds. Questions which are ambiguous or misleading are prohibited.

(3) When used, the blood testing of insurance applicants must be administered on a nondiscriminatory basis. If a prospective insured is to be declined or rated substandard because of HTLV-III antibodies in the blood, such action must be based on a Western Blot Test or another test of equal or greater accuracy. Testing procedures of lesser accuracy may be used on a nondiscriminatory basis for underwriting purposes, but a prospective insured may not be declined or rated substandard solely on the basis of results from such test(s).

(4) There are several aspects of the disease AIDS which may create unforeseen claim settlement problems under life insurance, loss of time, and medical coverages. The likelihood of the claimant incurring medical expenses from several different symptoms of AIDS or one of its related conditions may make it difficult to determine when the disease first manifested itself. The long incubation period along with the concurrent and aggravating ailments may create problems with the application of the preexisting conditions clause and the incontestable provision, as well as the rules which determine a new spell of illness. The benefit provision, including any extended benefit provision, will determine the extent of claim payments if the disease manifested itself while the policy was in force but continued after expiration of coverage or termination of the contract. Such matters, and others unique to the disease of AIDS and its related conditions, must be resolved in a manner consistent with the settlement of claims resulting from other diseases.

WAC 284-90-030 Policy reserve-Annual financial statements. The

instructions for the annual statement of life and disability insurers, health care service contractors, and health maintenance organizations which must be filed with the insurance commissioner require an actuarial statement setting forth the actuary's opinion relating to policy reserves and other actuarial items. Effective with statements submitted after December 31, 1986, such statements shall take into account the effect on the adequacy of the insurer's reserves of AIDS and its related conditions and any other disease that does or may potentially constitute an epidemic.

Chapter 392-198 WAC TRAINING-SCHOOL EMPLOYEES-HIV/AIDS

WAC

- 392-198-005 Authority.
- 392-198-010 Purposes.
- 392-198-015 Course content requirements for HIV/AIDS inservice training-Mandatory.
- 392-198-020 Course content requirements for HIV/AIDS inservice training-Supplemental.
- 392-198-025 Continuing inservice.
- 392-198-030 New employee training.

WAC 392-198-005 Authority. The authority for this chapter is RCW 70.24.290 which authorizes the superintendent of public instruction to adopt rules that require appropriate education and training of public school employees about the transmission, prevention, and treatment of HIV/ AIDS. The superintendent of public instruction is further required to develop the course content in consultation with the department of health under RCW 70.24.250.

WAC 392-198-010 Purposes. The purpose of this chapter is to provide public school districts with the mandatory and supplemental course content requirements for training school district employees regarding the transmission, prevention, and treatment of HIV/AIDS.

WAC 392-198-015 Course content requirements for HIV/AIDS inservice training-Mandatory. Pursuant to RCW 70.24,250 and 70.24.290 the HIV/AIDS training provided by public school districts shall include:

- (1) History and epidemiology of HIV/AIDS;
- (2) Methods of transmission of HIV;
- (3) Methods of prevention of HIV including universal precautions

for handling of body fluids;

- (4) Current treatment for symptoms of HIV and prognosis of disease progression;
- (5) State and federal laws governing discrimination of persons with HIV/AIDS;
- (6) State and federal laws regulating confidentiality of a person's HIV antibody status.

WAC 392-198-020 Course content requirements for HIV/AIDS inservice training-Supplemental Pursuant to RCW 70.24.250 and 70.24.290 the HIV/AIDS training may include:

- (1) Federal, state, and local resources for HIV/AIDS;
- (2) Impact of HIV/AIDS on infected individuals and their families;
- (3) Global impact of HIV/AIDS;
- (4) .Anonymous and confidential testing for HIV antibodies.

WAC 392-198-025 Continuing inservice. Pursuant to RCW 70.24.250, all local school districts shall ensure that significant new discoveries or changes in accepted knowledge of transmission, prevention, and treatment for HIV/ AIDS are provided to all public school employees within one calendar year of the date of notification by the superintendent of public instruction as advised by the office on HIV/ AIDS, department of health, unless the department of health notifies the districts that the information is of such an emergent nature that a prompter response is required.

WAC 392-198-030 New employee training. Each school district shall ensure that newly hired school district employees shall receive the HIV/AIDS training prescribed in WAC 392-198-015 within six months from the first day of employment in the district.