HR-1 | Helping clients maintain coverage:
Losing coverage doesn't mean a client doesn't have options

September 2026 King County Board of Health

Daphne Pie, Access & Outreach Program

Public Health
Seattle & King County

Access & Outreach
Inclusive. Responsive. Equitable.

Public Health's focus

When the HR-1 changes were approved in July of 2025, we developed our Road Map in response to the changes.

* **Road Map includes three different Phases.**
* **We are now in Phase 2.**
* **Goal: Keep Washington residents covered!!**

Roadmap aligns with and supports the leadership of our state partners, including the **Health Care Authority, the Department of Social and Health Services, and the Washington Health Benefit Exchange.**

Focus on:

* **collaboration, coordination, and education** across agencies and organizations
* ensure a **consistent and effective response**

Recognize and acknowledge:

* **Many organizations have long served as champions for the individuals and families most affected by these changes.**
* **Many of these organizations will experience direct impacts themselves**

By working collectively, sharing information, and coordinating our efforts, we all have an opportunity to **build a stronger, more effective response that helps protect access to coverage for the communities we serve.**

Phase 2:
Capacity Building| Mobilization | Enrollment

Capacity

- Support organizations with resources, strengthen community coalitions, and expand the Health Insurance Navigator network across King County.

Mobilization

- Community-based organizations & partners – train and inform about alternative health insurance coverage options.
- Support state partners to implement new policies and program changes. Communicate with community partners and stakeholders.

Key Message

- “Losing your current coverage doesn’t mean you’re without options.”

Enrollment

- **For Oct. 1, 2026, changes**: Expand enrollment assistance through organizations that do not currently have Health Insurance Navigators but serve clients who may be impacted. Increase individualized access through virtual platforms (Teams/Zoom) and in-person community events.

Key Dates

- **October 31, 2026:** Phase 2 concludes.
- **November 1, 2026:** Health Insurance Open Enrollment begins (WA Health Benefits Exchange).
- **January 1, 2027:** The implementation process for Apple Health work requirements begins.

Capacity Building examples

Strengthen & Expand Navigator Capacity Internally

Health Insurance Navigators within Public Health's direct services, such as **Dental Clinics** and the **Downtown Public Health Pathway Program**.

Expanded Navigator Capacity Externally

Navigator Network organizations have increased from **38 to 42**, representing more than **390 Navigators** across the network.

Request for Proposals

The **Washington Health Benefit Exchange** provided an additional **$100,000** to support small grants for community-based organizations.

- Intended to assist organizations with **HR-1 messaging and outreach**, as well as the coordination and implementation of community enrollment events.
- PH received **46 funding proposals**, with total requests estimated at approximately **$400,000**, demonstrating significant community demand for additional outreach and enrollment resources.

Mobilization examples

Public Health External Website and Internal SharePoint/Blogs

Updated and leveraged the Public Health external website and internal SharePoint to provide resources

Community Meetings

Hosted two community meetings to train and support stakeholders, community-based organizations, Navigators re. upcoming changes and ways to assist clients.

Presenters included the WA Health Care Authority, Department of Social and Health Services, Office of the Insurance Commissioner (Statewide Advisory Board), and Social Security Administration.

Community-Based Trainings

Phase 1 of the Road Map included **43 community-based trainings**. In September alone, **51 additional trainings are scheduled**,

Ensuring community partners have information and resources to support clients effectively.

Materials Development

Developed and distributed outreach and marketing materials in **18 languages** focused on the non-citizen policy changes taking effect **October 1, 2026**.

Enrollments Events & Activities

Examples Supporting Non-Citizens Impacted by Oct. 1 Coverage Changes

Long-Term Care Agency Collaborations:

Collaborating with agencies that serve long-term care clients to identify available enrollment options and explore potential **premium sponsorship opportunities** for individuals.

Coordinating with the **City of Seattle Aging & Disability** team regarding long-term care clients who may be impacted, including exploring potential **City of Seattle premium sponsorship assistance** to enroll into a QHP.

Healthier Here Community Hub Partnership: Partnering with the **Healthier Here Community Hub** to provide enrollment assistance, technical support, and training to community partners serving individuals affected by coverage changes.

KC Department of Community and Human Services – Behavioral Health and Recovery Services Div. (BHRD): Supporting BHRD clients who have been identified by the Healthy Options plan as potentially impacted by the non-citizen eligibility changes – to connect them with coverage and enrollment resources.

State List of Impacted Clients: Received lists of impacted clients from the **Washington Health Benefit Exchange** and **Health Care Authority** who are losing their coverage as of 9/30/26. Our Health Insurance Navigators are actively working these list.

Non-citizens lose coverage 10/1/26

What's happening

- **(New)** Refugee/Asylees & other non-citizens must meet a 5-year residency requirement and income limits to enroll into Apple Health (Medicaid).
- There are exceptions
- Cancellation notices sent this summer, effective 09/30/2026.
- State estimates that 10,000 letters were sent to clients: 40% live in King County, 15% in Snohomish & 13% Spokane, 12% Clark and 11% Pierce.

How can we assist clients?

- Request **a training** from Public Health regarding health insurance options.
- Place materials at your office explaining the changes and provide materials at the time of their appointment.
- Ask for a **health insurance enrollment event** at your agency.

Example: Ask clients – do they now have a Green Card?

- Depending on answers, and their immigration status, they may be eligible for another Apple Health Program, or they may need to meet the five-year residency requirement.
- Immigration status and Green card information must be updated in their account either through Wahealthplanfinder.org or by sending the card (front/back) to the Department of Social & Health Services (DSHS).

Apple Health (Medicaid) Work Requirements & Exemptions, effective Jan. 2027

Who is impacted

HCA starts sending **advance notifications to impacted Apple Health clients on September 8th, 15th and 22nd.**

Only clients identified in HCA database (ProviderOne or OneHealthPort) with Coverage Group of "N05" will be impacted. No other Apple Health programs will be included. **Overall, estimate ~215,000 KC enrollees impacted.**

Exemptions and alternatives: Individuals do not need to complete work requirement activities if they are:

- Under age 19; enrolled in Medicare part A or part B; enrolled in another Apple Health Program; have a short-term hardship; already working.
- Work requirements can be met by enrollment in school or college at least half-time or more; or volunteer work.

Timeline and Actions

Client response needed at the **time of renewal** (HCA will inform each client if they need to meet work requirements).

Renewal date is based on client's original enrollment date.

Health-care organizations are currently identifying their N05 clients to assist in coverage renewals.

For 2027, clients can "self attest" that they meet a work exemption. If client is working income will be verified by HCA.

For 2028, Washington state will first use their available data sources to verify work requirements, exclusions and exemptions. If they are unable to verify information with the data sources, additional documentation will be requested from the client.

More direction on what is needed for exemptions will be provided soon from Health Care Authority.

Medically frail

Individuals whose disability or condition significantly impairs their ability to work do not need to meet work requirements. Individuals are considered medically frail when they have one of the following health issues.

- A substance use disorder (SUD)
- A disabling mental disorder
- A physical, intellectual, or developmental disability that significantly impairs their ability to perform one or more activities of daily living
- A serious or complex medical condition
- Blindness or disability (as defined in section 1614 of the Social Security Act)

For 2027, clients can self-attest to their medically frail status. If so, HCA will exempt the client for one year.

Challenges going forward:

New Federal guidelines prohibit States from exempting a client from work requirements based on a medical diagnosis only. States must use additional data sources or pathways to prove that individuals who meet the definition of medical frailty are not able to work.

To implement this complex rule, Washington is taking an innovative, member-and provider centered approach to implementation.

Rather than relying entirely on a process that requires clinicians to independently assess and document functional work requirements, **the state is developing an automated approach that will leverage existing claims and utilization data over a defined period** to identify individuals who meet the criteria for medical frailty.

The finalized medical codes have been released.

Questions?

Contact:
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