HOUSE BILL 1293

State of Washington 60th Legislature 2007 Regular Session

By Representatives Cody and Sommers; by request of Insurance Commissioner

Read first time 01/16/2007. Referred to Committee on Appropriations.

- 1 AN ACT Relating to insurance commissioner regulatory assessment
- 2 fees; and amending RCW 48.02.190 and 48.46.120.
- 3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 4 **Sec. 1.** RCW 48.02.190 and 2004 c 260 s 22 are each amended to read 5 as follows:
- 6 (1) As used in this section:

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- 7 (a) "Organization" means every insurer, as defined in RCW 8 48.01.050, having a certificate of authority to do business in this state ((and)), every health care service contractor, as defined in RCW 9 10 48.44.010, every health maintenance organization, as defined in RCW 48.46.020, or (([self-funded])) a self-funded multiple employer welfare 11 arrangement, as defined in RCW 48.125.010, registered to do business in 12 13 this state. "Class one" organizations shall consist of all insurers as defined in RCW 48.01.050. "Class two" organizations shall consist of 14 15 all organizations registered under provisions of chapters 48.44 and 16 48.46 RCW. "Class three" organizations shall consist of self-funded
- (b)(i) "Receipts" means (A) net direct premiums consisting of direct gross premiums, as defined in RCW 48.18.170, paid for insurance

multiple employer welfare arrangements as defined in RCW 48.125.010.

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- written or renewed upon risks or property resident, situated, or to be performed in this state, less return premiums and premiums on policies not taken, dividends paid or credited to policyholders on direct business, and premiums received from policies or contracts issued in connection with qualified plans as defined in RCW 48.14.021, and (B) prepayments to health care service contractors, as ((set forth)) defined in RCW 48.44.010(((3))), health maintenance organizations, as defined in RCW 48.46.020, or participant contributions to self-funded multiple employer welfare arrangements, as defined in RCW 48.125.010, less experience rating credits, dividends, prepayments returned to subscribers, and payments for contracts not taken.
 - (ii) Participant contributions, under chapter 48.125 RCW, used to determine the receipts in this state under this section shall be determined in the same manner as premiums taxable in this state are determined under RCW 48.14.090.
 - (2) The annual cost of operating the office of insurance commissioner shall be determined by legislative appropriation. A pro rata share of the cost shall be charged to all organizations. Each class of organization shall contribute sufficient in fees to the insurance commissioner's regulatory account to pay the reasonable costs, including overhead, of regulating that class of organization.
 - (3) Fees charged shall be calculated separately for each class of organization. The fee charged each organization shall be that portion of the cost of operating the insurance commissioner's office, for that class of organization, for the ensuing fiscal year that is represented by the organization's portion of the receipts collected or received by all organizations within that class on business in this state during the previous calendar year: PROVIDED, That the fee shall not exceed one-eighth of one percent of receipts: PROVIDED FURTHER, That the minimum fee shall be one thousand dollars.
 - (4) The commissioner shall annually, on or before June 1st, calculate and bill each organization for the amount of its fee. Fees shall be due and payable no later than June 15th of each year: PROVIDED, That if the necessary financial records are not available or if the amount of the legislative appropriation is not determined in time to carry out such calculations and bill such fees within the time specified, the commissioner may use the fee factors for the prior year as the basis for the fees and, if necessary, the commissioner may

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- impose supplemental fees to fully and properly charge the organizations. ((The penalties for failure to pay fees when due shall be the same as the penalties for failure to pay taxes pursuant to)) Any organization failing to pay the fees by June 30th shall pay the same penalties as the penalties for failure to pay taxes when due under RCW 48.14.060. The fees required by this section are in addition to all other taxes and fees now imposed or that may be subsequently imposed.
 - (5) All moneys collected shall be deposited in the insurance commissioner's regulatory account in the state treasury which is hereby created.

- 11 (6) Unexpended funds in the insurance commissioner's regulatory
 12 account at the close of a fiscal year shall be carried forward in the
 13 insurance commissioner's regulatory account to the succeeding fiscal
 14 year and shall be used to reduce future fees. ((During the 2003-2005)
 15 fiscal biennium, the legislature may transfer from the insurance
 16 commissioner's regulatory account to the state general fund such
 17 amounts as reflect excess fund balance in the account.))
 - Sec. 2. RCW 48.46.120 and 1987 c 83 s 1 are each amended to read as follows:
 - (1) The commissioner may make an examination of the operations of any health maintenance organization as often as he deems necessary in order to carry out the purposes of this chapter.
 - (2) Every health maintenance organization shall submit its books and records relating its operation for financial condition and market conduct examinations and in every way facilitate them. The quality or appropriateness of medical services or systems shall not be examined except to the extent that such items are incidental to an examination of the financial condition or the market conduct of a health maintenance organization. For the purpose of examinations, the commissioner may issue subpoenas, administer oaths, and examine the officers and principals of the health maintenance organization and the principals of such providers concerning their business.
 - (3) The commissioner may elect to accept and rely on audit reports made by an independent certified public accountant for the health maintenance organization in the course of that part of the commissioner's examination covering the same general subject matter as

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the audit. The commissioner may incorporate the audit report in his report of the examination.

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((4) Health maintenance organizations licensed in the state shall be equitably assessed to cover the cost of financial condition and market conduct examinations, the costs of promulgating rules, and the costs of enforcing the provisions of this chapter. The assessments shall be levied not less frequently than once every twelve months and shall be in an amount expected to fund the examinations, promulgation of rules, and enforcement of the provisions of this chapter, including a reasonable margin for cost variations. The assessments shall be established by rules promulgated by the commissioner but shall not exceed five and one-half cents per month per person entitled to health care services pursuant to a health maintenance agreement, excluding such persons who are not residents of this state: PROVIDED, That the minimum fee shall be one thousand dollars. Assessment receipts shall be deposited in the insurance commissioner's regulatory account in the state treasury; shall be used for the purpose of funding the examinations authorized in subsection (1) of this section, the costs of promulgating rules, and the costs of enforcing the provisions of this chapter; and shall be accounted for jointly with fees from health care service contractors but separately from insurers. Assessment receipts received from health maintenance organizations shall be used to pay a pro rata share of the costs, including overhead, of regulating health care service contractors and health maintenance organizations. Amounts remaining in the separate account at the end of a biennium shall be applied to reduce the assessments in the succeeding biennium.))

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