H-2495.3		
11 <u> </u>		

HOUSE BILL 2061

State of Washington 63rd Legislature 2013 1st Special Session

By Representatives Harris, Cody, and Hope

2

3

4

5 6

Prefiled 05/01/13. Read first time 05/13/13. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to carriers operating outside of the exchange but only relating to requiring that carriers offering health benefit plans that meet the definition of bronze level in the individual or small group market must also offer silver and gold level plans as specified in section 1302 of P.L. 111-148 of 2010 and that nongrandfathered individual and small group health plans must conform with the actuarial 7 value tiers specified in section 1302 of P.L. 111-148 of 2010; and amending RCW 48.43.700 and 48.43.705. 8

- 9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- Sec. 1. RCW 48.43.700 and 2012 c 87 s 6 are each amended to read 10 11 as follows:
- 12 (1) For plan or policy years beginning January 1, 2014, a carrier 13 ((must offer individual or small group health benefit plans that meet 14 the definition of silver and gold level plans in section 1302 of P.L. 15 111-148 of 2010, as amended, in any market outside the exchange in 16 which it offers a plan that meets the definition of bronze level in section 1302 of P.L. 111-148 of 2010, as amended)) offering a health 17 18 benefit plan that meets the definition of bronze level in section 1302 19 of P.L. 111-148 of 2010, as amended, in the individual market outside

HB 2061 p. 1

of the exchange must also offer plans that meet the definition of silver and gold level plans in section 1302 of P.L. 111-148 of 2010, as amended, in the individual market outside of the exchange.

- (2) For plan or policy years beginning January 1, 2014, a carrier offering a health benefit plan that meets the definition of bronze level in section 1302 of P.L. 111-148 of 2010, as amended, in the small group market outside of the exchange must also offer plans that meet the definition of silver and gold level plans in section 1302 of P.L. 111-148 of 2010, as amended, in the small group market outside of the exchange.
- (3) A health benefit plan meeting the definition of a catastrophic plan in RCW 48.43.005(8)(c)(i) may only be sold through the exchange.
- $((\frac{4}{3}))$ <u>(4)</u> By December 1, 2016, the exchange board, in consultation with the commissioner, must complete a review of the impact of this section on the health and viability of the markets inside and outside the exchange and submit the recommendations to the legislature on whether to maintain the market rules or let them expire.
- $((\frac{4}{1}))$ (5) The commissioner shall evaluate plans offered at each actuarial value defined in section 1302 of P.L. 111-148 of 2010, as amended, and determine whether variation in prescription drug benefit cost-sharing, both inside and outside the exchange in both the individual and small group markets results in adverse selection. If so, the commissioner may adopt rules to assure substantial equivalence of prescription drug cost-sharing.
- **Sec. 2.** RCW 48.43.705 and 2012 c 87 s 7 are each amended to read as follows:
 - All <u>nongrandfathered individual and small group</u> health plans, other than catastrophic health plans, offered outside of the exchange must conform with the actuarial value tiers specified in section 1302 of P.L. 111-148 of 2010, as amended, as bronze, silver, gold, or platinum.

--- END ---

HB 2061 p. 2