
SENATE BILL 5939

State of Washington

67th Legislature

2022 Regular Session

By Senators Muzzall, Braun, Brown, Dozier, Fortunato, Gildon, Hawkins, Holy, Honeyford, Rivers, Short, Wagoner, Warnick, J. Wilson, and L. Wilson

Read first time 01/25/22. Referred to Committee on Health & Long Term Care.

1 AN ACT Relating to replacing the long-term services and supports
2 trust program with affordable and optional long-term care insurance
3 coverage; reenacting and amending RCW 42.56.400; adding a new section
4 to chapter 82.04 RCW; adding a new chapter to Title 48 RCW; repealing
5 RCW 50B.04.010, 50B.04.020, 50B.04.030, 50B.04.040, 50B.04.050,
6 50B.04.060, 50B.04.070, 50B.04.080, 50B.04.085, 50B.04.090,
7 50B.04.095, 50B.04.100, 50B.04.110, 50B.04.120, 50B.04.130,
8 50B.04.140, 50B.04.150, 50B.04.160, and 50B.04.900; and declaring an
9 emergency.

10 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

11 NEW SECTION. **Sec. 1.** (1) The legislature finds that:

12 (a) In 2019, the legislature enacted the long-term services and
13 supports trust program, which imposed a .58 percent premium on wages
14 beginning in January 2022 to pay for long-term care benefits for
15 qualified individuals. The maximum benefits that a person may receive
16 under this program is \$36,500, which will be wholly inadequate to
17 meet the needs of most people seeking care under the program;

18 (b) In a 2019 advisory vote, a resounding 62.9 percent of
19 Washington voters recommended repealing the long-term services and
20 supports trust program. In 2020, Washington voters rejected a
21 proposed constitutional amendment to allow further investment of

1 program funds, resulting in a projected \$15,000,000,000 unfunded
2 liability (on a net present value basis) and necessitating future
3 benefit cuts or premium increases to maintain the program's solvency;
4 and

5 (c) A new approach must be considered to replace the long-term
6 services and supports trust program; one that encourages individuals
7 to responsibly plan for their long-term care needs, recognizes both
8 the long-term savings produced and the dignity preserved by allowing
9 seniors to age in their homes, ensures coverage is affordable,
10 leverages existing state funds, provides consumers with options, and
11 trusts Washingtonians to make the best decisions for themselves and
12 their loved ones.

13 (2) Therefore, it is the intent of the legislature to repeal the
14 existing long-term services and supports trust program and replace it
15 with a new program of state-financed reinsurance that will stabilize
16 the private long-term care insurance market and provide Washington
17 consumers with access to long-term care coverage that is both
18 affordable and optional.

19 NEW SECTION. **Sec. 2.** DEFINITIONS. The definitions in this
20 section apply throughout this chapter unless the context clearly
21 requires otherwise.

22 (1) "Account" means the Washington long-term care reinsurance
23 program account created in section 9 of this act.

24 (2) "Association" means the Washington long-term care reinsurance
25 association created in section 3 of this act.

26 (3) "Attachment point" means the threshold amount for claims
27 costs incurred by an eligible long-term care insurance issuer for an
28 enrolled individual's covered benefits in a benefit year, above which
29 the claims costs for benefits are eligible for reinsurance payments
30 under the program.

31 (4) "Commissioner" means the Washington state insurance
32 commissioner.

33 (5) "Program" means the Washington long-term care reinsurance
34 program established in section 4 of this act.

35 (6) "Reinsurance payment" means an amount paid by the program to
36 an eligible long-term care insurance carrier.

37 NEW SECTION. **Sec. 3.** WASHINGTON LONG-TERM CARE REINSURANCE
38 ASSOCIATION. (1) The Washington long-term care reinsurance

1 association is created as a nonprofit corporation. The association is
2 formed for the purpose of operating the Washington long-term care
3 reinsurance program. The association is comprised of all long-term
4 care insurance issuers offering long-term care insurance policies
5 under chapter 48.43 RCW on behalf of residents of Washington. The
6 association is a nonprofit corporation under chapter 24.03 RCW and
7 has the powers granted under that chapter.

8 (2) The association is governed by a board consisting of:

9 (a) Two members representing issuers of individual long-term care
10 insurance policies in Washington under chapter 48.83 RCW;

11 (b) Two members representing issuers of group long-term care
12 insurance policies in Washington under chapter 48.83 RCW;

13 (c) A member representing an organization that represents retired
14 persons;

15 (d) A member with technical expertise in reinsurance; and

16 (e) A public member representing consumers who purchase
17 individual market long-term care insurance policies.

18 (3) The association may perform the functions specified in
19 section 4 of this act.

20 (4) The commissioner shall convene the initial meeting of the
21 association board.

22 NEW SECTION. **Sec. 4.** WASHINGTON LONG-TERM CARE REINSURANCE
23 PROGRAM—CREATION, ADMINISTRATION, BOARD DUTIES. (1) The Washington
24 long-term care reinsurance program is established for the purposes of
25 stabilizing the rates and premiums for long-term care insurance,
26 expanding access to long-term care insurance, and providing assurance
27 that the long-term care insurance policies will be available into the
28 future.

29 (2) The program must be operated by the association through the
30 board in accordance with the long-term care reinsurance program plan
31 of operation approved by the commissioner under section 6 of this
32 act. The board of the association shall serve as the program
33 management board for the program.

34 (3) The board has the following powers and duties related to
35 operation of the program:

36 (a) Prepare and propose to the association amendments to the
37 articles of organization and bylaws of the association to provide for
38 operation of the program;

1 (b) Prepare and adopt a long-term care reinsurance program plan
2 of operation as provided in section 6 of this act and submit it to
3 the commissioner for approval;

4 (c) Conduct all activities in accordance with the program plan of
5 operation approved by the commissioner under section 6 of this act;

6 (d) Enter into contracts as necessary to collect and disburse the
7 assessment for reinsurance payments;

8 (e) Enter into contracts as necessary to operate and administer
9 the program;

10 (f) Sue or be sued, including taking any legal action necessary
11 or proper for the recovery of any assessment for, on behalf of, or
12 against health carriers and third-party administrators or other
13 participating persons for reinsurance payments;

14 (g) Appoint, from among members of the board, committees as
15 necessary to provide technical assistance in the operation of the
16 program;

17 (h) Hire independent consultants, including accountants,
18 actuaries, attorneys, investment advisors, and auditors, as the board
19 deems necessary for operation of the program;

20 (i) Conduct periodic audits to assure the general accuracy of the
21 financial data submitted to the program;

22 (j) Cause the program to be audited by an independent certified
23 public accountant;

24 (k) Borrow and repay such working capital, reserve, or other
25 funds as, in the judgment of the board, may be necessary for the
26 operation of the program;

27 (l) Contract with an entity for program administration. The board
28 may contract with any entity that is under contract with the board on
29 the effective date of this section as needed for operation of the
30 program for the period of the current contract. Any subsequent
31 contract for administration of the association's other duties shall
32 include duties as may be assigned by the board that are necessary for
33 operation of the program for the period during which the program will
34 be in effect; and

35 (m) Perform any other functions to carry out the program plan of
36 operation and to affect any or all of the purposes for which the
37 program is organized.

38 (4) This section does not require or authorize the adoption of
39 rules by the board under chapter 34.05 RCW.

1 NEW SECTION. **Sec. 5.** EXAMINATION, REPORT, AND ENFORCEMENT. (1)

2 The program is subject to examination by the commissioner as provided
3 under chapter 48.03 RCW.

4 (2) The board shall submit to the commissioner, by November 1st
5 of the year following the applicable benefit year or 60 calendar days
6 following the final disbursement of reinsurance payments for the
7 applicable benefit year, whichever is later, a financial report for
8 the applicable benefit year in a form approved by the commissioner.
9 The report shall include the following information for the benefit
10 year that is the subject of the report, at a minimum:

11 (a) Funds deposited in the account;

12 (b) Requests for reinsurance payments received from eligible
13 long-term care insurance issuers;

14 (c) Reinsurance payments made to eligible long-term care
15 insurance issuers; and

16 (d) Administrative and operational expenses incurred for the
17 program.

18 (3) The report must be posted on the association's website.

19 NEW SECTION. **Sec. 6.** WASHINGTON LONG-TERM CARE REINSURANCE

20 PROGRAM PLAN OF OPERATION. The Washington long-term care reinsurance
21 program plan of operation must be submitted by the board to the
22 commissioner for review by May 15, 2023, and must be approved by the
23 commissioner by June 1, 2023. The plan of operation shall:

24 (1) Provide for the operation of the program separate and apart
25 from the association's other duties;

26 (2) Establish procedures for the handling and accounting of
27 assets and moneys of the program;

28 (3) Establish regular times and places for meetings of the board
29 in connection with operation of the program;

30 (4) Establish data and information requirements for submission of
31 reinsurance payment requests by eligible long-term care insurance
32 issuers, processes for notification of eligible long-term care
33 insurance issuers regarding reinsurance payments and issuing
34 payments, and processes to resolve eligible long-term care insurance
35 issuer appeals related to the amount of reinsurance payments, as
36 provided in section 8 of this act;

37 (5) Establish procedures for the collection of assessments from
38 all long-term care insurance issuers to provide for reinsurance
39 claims paid under the program and for administrative expenses

1 incurred or estimated to be incurred during the period for which the
2 assessment is made as provided in section 8 of this act;

3 (6) Establish procedures for records to be kept of all financial
4 transactions and for an annual fiscal reporting to the commissioner
5 as provided in section 5 of this act;

6 (7) Determine the amount of contingency funding necessary to
7 ensure the continued operation of the program, not to exceed 10
8 percent of gross program assessments;

9 (8) Establish a schedule and procedures for long-term care
10 insurance issuers to submit annual statements and other reports
11 deemed necessary by the board to calculate the assessment in section
12 8 of this act; and

13 (9) Contain additional provisions necessary for the execution of
14 the powers and duties of the program.

15 NEW SECTION. **Sec. 7.** PROGRAM PAYMENTS TO ELIGIBLE LONG-TERM
16 CARE INSURANCE ISSUERS. (1)(a) The commissioner shall determine the
17 attachment point for the program annually, in order to:

18 (i) Manage the program within available assessment resources;

19 (ii) Mitigate the impact of high-cost long-term care insurance
20 policyholders on premium rates in Washington's long-term care
21 insurance market;

22 (iii) Stabilize or reduce premium rates in Washington's long-term
23 care insurance market; and

24 (iv) Increase participation in Washington's long-term care
25 insurance market.

26 (b) Each year the attachment point must be established by the
27 commissioner by March 31st of the year before the applicable benefit
28 year. The attachment point for the claims related to the 2024 benefit
29 year shall be established as 120 percent of the total expected costs
30 for each cohort group. The commissioner shall adjust the attachment
31 point for subsequent years in accordance with claims history data and
32 other information that assists the commissioner in establishing an
33 attachment point that promotes the goals in (a) of this subsection.
34 The commissioner shall identify cohort groups within Washington's
35 long-term care insurance market and establish total expected costs
36 for long-term care insurance policyholders within each cohort group.
37 The commissioner shall identify any data needed from the program to
38 determine the attachment point, cohort groups, and total expected
39 costs within each cohort group for each upcoming benefit year, and

1 such data must be timely provided to the commissioner by the program
2 upon the commissioner's request.

3 (2) An eligible long-term care insurance issuer becomes eligible
4 for a reinsurance payment when:

5 (a) The claims costs for the covered benefits of an individual
6 enrolled in the eligible long-term care insurance issuer's plan
7 exceed the attachment point; and

8 (b) The eligible long-term care insurance issuer makes its
9 requests for reinsurance payments by April 30th in accordance with
10 any requirements established by the board including, but not limited
11 to, requirements related to the format and structure for submission
12 of claims for reinsurance payments. The claims data needed for
13 submission of claims for reinsurance payments shall be established by
14 the commissioner.

15 (3) The amount of the reinsurance payment is the amount of
16 expense incurred by the eligible long-term care insurance issuer
17 above the attachment point for each cohort group covered by the
18 eligible long-term care insurance issuer that exceeds the attachment
19 point. The amount of the reinsurance payment that eligible long-term
20 care insurance issuers may receive for cohort groups that exceed the
21 attachment point relevant to that cohort group may be reduced
22 according to an offset formula established by the commissioner to
23 account for a portion of the cohort groups covered by the eligible
24 long-term care insurance issuer that did not exceed the attachment
25 point. The commissioner shall consider the goals of the attachment
26 point established in subsection (1) of this section when establishing
27 the offset formula.

28 (4) For each applicable benefit year, on May 30th of the year
29 following the applicable benefit year, the program shall send an
30 initial settlement report to each eligible long-term care insurance
31 issuer in response to their final claims submission for the
32 applicable benefit year. By August 1st of the year following the
33 applicable benefit year, after resolution of any appeals related to
34 the amount of reinsurance payments received, the program shall
35 disburse all applicable reinsurance payments to an eligible long-term
36 care insurance issuer.

37 (5) (a) The total annual reinsurance payments made to all eligible
38 long-term care insurance issuers may not exceed \$200,000,000 for any
39 applicable benefit year.

1 (b) (i) If, for any applicable benefit year, the claims submitted
2 under this section exceed \$200,000,000, the board shall make a pro
3 rata reduction in claims payments necessary to keep reimbursement
4 amounts at or below \$200,000,000.

5 (ii) If, for any applicable benefit year, the funds available for
6 claims are less than \$200,000,000 and insufficient to fund the
7 reinsurance payments required by this section, the board shall make a
8 pro rata reduction in claims necessary to remain within the funds
9 available for reinsurance payments.

10 (c) If, for any applicable benefit year, the final disbursement
11 of reinsurance payments to eligible long-term care insurance issuers
12 is less than \$200,000,000, funds remaining in the Washington long-
13 term care reinsurance program account created in section 9 of this
14 act must be used to reduce assessments for the subsequent applicable
15 calendar year or to establish contingency funds consistent with the
16 program plan of operation.

17 NEW SECTION. **Sec. 8.** PROGRAM ASSESSMENTS. (1) All long-term
18 care insurance issuers offering long-term care insurance policies
19 under chapter 48.43 RCW on behalf of Washington residents shall pay
20 an annual reinsurance assessment under this section. On or before
21 October 1, 2023, and on or before May 15th of each subsequent year,
22 the board shall determine the reinsurance assessment for the
23 subsequent calendar year and report the amount to the commissioner
24 for review and approval. The gross assessment amount must be adequate
25 to cover the total expected reinsurance claims for the subsequent
26 calendar year plus anticipated administrative expenses not to exceed
27 1.5 percent of gross program assessments for the subsequent calendar
28 year. The gross assessment amount for any calendar year may not
29 exceed \$200,000,000. The gross assessment amount calculated in 2023
30 may include contingency funds. The gross assessment calculated in
31 subsequent years may not include contingency funds.

32 (2) Each long-term care insurance issuer's reinsurance assessment
33 must be determined based on annual statements and other reports
34 deemed necessary by the board. The amount of the annual reinsurance
35 assessment for each long-term care insurance issuer shall be
36 established by a determination by the board of the total expected
37 reinsurance claims for the subsequent calendar year and dividing the
38 amount among all long-term care insurance issuers according to each
39 issuer's total premiums charged to its long-term care insurance

1 policyholders in Washington for the present calendar year as a
2 percentage of the total premiums charged by all long-term care
3 insurance issuers in Washington in the present calendar year.

4 (3) The commissioner shall approve the assessment and notify the
5 board by October 15, 2023, and by May 30th in subsequent years.

6 (4) The board shall provide written notification to each long-
7 term care insurance issuer offering long-term care insurance policies
8 under chapter 48.43 RCW on behalf of Washington residents of the
9 issuer's estimated total assessment by October 16, 2023, and June 1st
10 of each subsequent year, and its payment obligation for the upcoming
11 year. The board shall determine a payment schedule for receipt of
12 reinsurance assessments under this section in accordance with the
13 program plan of operation. Payment collections may be made no more
14 frequently than quarterly.

15 (5) Payments are due to the board within 45 days of the payment
16 schedule determined under subsection (4) of this section. The board
17 shall charge interest, which begins to accrue on the 46th day, on
18 amounts received after the 45-day period. The board may allow each
19 long-term care insurance issuer in arrears to submit a payment plan,
20 subject to approval by the board and initial payment under an
21 approved payment plan.

22 (6) The board may abate or defer, in whole or in part, the
23 assessment of a long-term care insurance issuer if, in the opinion of
24 the board, payment of the assessment would endanger the ability of
25 the long-term care insurance issuer to fulfill its contractual
26 obligations. If an assessment against a long-term care insurance
27 issuer is abated or deferred, in whole or in part, the amount by
28 which such assessment is abated or deferred may be assessed against
29 the other long-term care insurance issuers in a manner consistent
30 with the basis for assessments in this section. The long-term care
31 insurance issuer receiving such abatement or deferment remains liable
32 to the program for the deficiency plus interest at a rate established
33 in the program plan of operation. Upon receipt of payment of any
34 abatement or deferment by a long-term care insurance issuer, the
35 board shall adjust future assessments made against other long-term
36 care insurance issuers under this subsection to reflect receipt of
37 the payment.

38 (7) The board shall submit an annual report to the commissioner
39 listing those long-term care insurance issuers that failed to remit
40 their assessments.

1 (8) The board shall deposit annual assessments collected under
2 this section, less the program's administrative expenses, with the
3 state treasurer to the credit of the Washington long-term care
4 reinsurance program account created in section 9 of this act.

5 (9) A long-term care insurance issuer shall submit any annual
6 statements or other reports deemed necessary by the board to
7 calculate the assessment under this section in a manner consistent
8 with the schedule and procedures in the program plan of operation.

9 NEW SECTION. **Sec. 9.** WASHINGTON LONG-TERM CARE REINSURANCE
10 PROGRAM ACCOUNT. (1) The Washington long-term care reinsurance
11 program account is created in the custody of the state treasurer. All
12 receipts from reinsurance assessments collected under section 8 of
13 this act and any additional funding specifically appropriated to the
14 account must be deposited directly into the account. Expenditures
15 from the account shall be used to operate the program and to make
16 reinsurance payments to eligible long-term care insurance issuers
17 under the program. Only the commissioner may authorize expenditures
18 from the account. The account is subject to the allotment procedures
19 under chapter 43.88 RCW, but an appropriation is not required for
20 expenditures.

21 (2) The account may maintain an initial cash deficit for a period
22 of no more than one fiscal year to defray its initial program costs.
23 The legislature may make appropriations into the account to reduce
24 program administrative costs.

25 (3) If the program is terminated, any funds remaining in the
26 account, after allowances for remaining expenses and costs associated
27 with the termination of the program, must be returned to the long-
28 term care insurance issuers who have paid an assessment in the most
29 recent assessment period in a manner consistent with the basis for
30 the assessments in section 8 of this act.

31 NEW SECTION. **Sec. 10.** CARRIER RATE FILINGS. The commissioner
32 shall require eligible long-term care insurance issuers to calculate
33 the premium amount the eligible long-term care insurance issuer would
34 have charged for the benefit year if the program had not been
35 established. The eligible long-term care insurance issuer shall
36 submit this information as part of its rate filing. The commissioner
37 shall consider this information as part of the rate review.

1 NEW SECTION. **Sec. 11.** REQUIRED RULE MAKING. The commissioner
2 may adopt rules necessary to carry out this chapter including, but
3 not limited to, rules prescribing the annual establishment of the
4 attachment point and measures to enforce reporting of long-term care
5 policyholder information for purposes of determining expected costs
6 for cohort groups, audits of long-term care insurance policyholder
7 reporting, and payment of applicable assessments.

8 NEW SECTION. **Sec. 12.** CIVIL AND CRIMINAL IMMUNITY. The program,
9 long-term care insurance issuers assessed by the program, the board,
10 officers of the program, employees of the program, contractors of the
11 program and the contractors' employees, officers, or directors, the
12 commissioner, the commissioner's representatives, and the
13 commissioner's employees are not civilly or criminally liable and may
14 not have any penalty or cause of action of any nature arise against
15 them for any action or inaction, including any discretionary decision
16 or failure to make a discretionary decision, when the action or
17 inaction is done in good faith and in the performance of the powers
18 and duties under this chapter. This section does not prohibit legal
19 actions against the program to enforce the program's statutory or
20 contractual duties or obligations.

21 NEW SECTION. **Sec. 13.** A new section is added to chapter 82.04
22 RCW to read as follows:

23 (1) A person who is taxable under this chapter is allowed a
24 credit against the tax imposed under this chapter for annual
25 reinsurance assessments paid pursuant to section 8 of this act.

26 (2) The credit is equal to the amount of annual reinsurance
27 assessment paid by the person pursuant to section 8 of this act for
28 the reporting period. The credit may be carried over until
29 used. Refunds may not be granted in the place of a credit.

30 (3) No application is necessary for the tax credit. A credit
31 earned under this section may be claimed only on returns filed
32 electronically with the department.

33 (4) The provisions of RCW 82.32.805 and 82.32.808 do not apply to
34 this section.

35 **Sec. 14.** RCW 42.56.400 and 2020 c 243 s 4 and 2020 c 240 s 9 are
36 each reenacted and amended to read as follows:

1 The following information relating to insurance and financial
2 institutions is exempt from disclosure under this chapter:

3 (1) Records maintained by the board of industrial insurance
4 appeals that are related to appeals of crime victims' compensation
5 claims filed with the board under RCW 7.68.110;

6 (2) Information obtained and exempted or withheld from public
7 inspection by the health care authority under RCW 41.05.026, whether
8 retained by the authority, transferred to another state purchased
9 health care program by the authority, or transferred by the authority
10 to a technical review committee created to facilitate the
11 development, acquisition, or implementation of state purchased health
12 care under chapter 41.05 RCW;

13 (3) The names and individual identification data of either all
14 owners or all insureds, or both, received by the insurance
15 commissioner under chapter 48.102 RCW;

16 (4) Information provided under RCW 48.30A.045 through 48.30A.060;

17 (5) Information provided under RCW 48.05.510 through 48.05.535,
18 48.43.200 through 48.43.225, 48.44.530 through 48.44.555, and
19 48.46.600 through 48.46.625;

20 (6) Examination reports and information obtained by the
21 department of financial institutions from banks under RCW 30A.04.075,
22 from savings banks under RCW 32.04.220, from savings and loan
23 associations under RCW 33.04.110, from credit unions under RCW
24 31.12.565, from check cashers and sellers under RCW 31.45.030(3), and
25 from securities brokers and investment advisers under RCW 21.20.100,
26 all of which is confidential and privileged information;

27 (7) Information provided to the insurance commissioner under RCW
28 48.110.040(3);

29 (8) Documents, materials, or information obtained by the
30 insurance commissioner under RCW 48.02.065, all of which are
31 confidential and privileged;

32 (9) Documents, materials, or information obtained or provided by
33 the insurance commissioner under RCW 48.31B.015(2) (l) and (m),
34 48.31B.025, 48.31B.030, 48.31B.035, and 48.31B.036, all of which are
35 confidential and privileged;

36 (10) Data filed under RCW 48.140.020, 48.140.030, 48.140.050, and
37 7.70.140 that, alone or in combination with any other data, may
38 reveal the identity of a claimant, health care provider, health care
39 facility, insuring entity, or self-insurer involved in a particular
40 claim or a collection of claims. For the purposes of this subsection:

1 (a) "Claimant" has the same meaning as in RCW 48.140.010(2).
2 (b) "Health care facility" has the same meaning as in RCW
3 48.140.010(6).
4 (c) "Health care provider" has the same meaning as in RCW
5 48.140.010(7).
6 (d) "Insuring entity" has the same meaning as in RCW
7 48.140.010(8).
8 (e) "Self-insurer" has the same meaning as in RCW 48.140.010(11);
9 (11) Documents, materials, or information obtained by the
10 insurance commissioner under RCW 48.135.060;
11 (12) Documents, materials, or information obtained by the
12 insurance commissioner under RCW 48.37.060;
13 (13) Confidential and privileged documents obtained or produced
14 by the insurance commissioner and identified in RCW 48.37.080;
15 (14) Documents, materials, or information obtained by the
16 insurance commissioner under RCW 48.37.140;
17 (15) Documents, materials, or information obtained by the
18 insurance commissioner under RCW 48.17.595;
19 (16) Documents, materials, or information obtained by the
20 insurance commissioner under RCW 48.102.051(1) and 48.102.140 (3) and
21 (7)(a)(ii);
22 (17) Documents, materials, or information obtained by the
23 insurance commissioner in the commissioner's capacity as receiver
24 under RCW 48.31.025 and 48.99.017, which are records under the
25 jurisdiction and control of the receivership court. The commissioner
26 is not required to search for, log, produce, or otherwise comply with
27 the public records act for any records that the commissioner obtains
28 under chapters 48.31 and 48.99 RCW in the commissioner's capacity as
29 a receiver, except as directed by the receivership court;
30 (18) Documents, materials, or information obtained by the
31 insurance commissioner under RCW 48.13.151;
32 (19) Data, information, and documents provided by a carrier
33 pursuant to section 1, chapter 172, Laws of 2010;
34 (20) Information in a filing of usage-based insurance about the
35 usage-based component of the rate pursuant to RCW 48.19.040(5)(b);
36 (21) Data, information, and documents that are submitted to the
37 office of the insurance commissioner by an entity providing health
38 care coverage pursuant to RCW 28A.400.275;
39 (22) Data, information, and documents obtained by the insurance
40 commissioner under RCW 48.29.017;

1 (23) Information not subject to public inspection or public
2 disclosure under RCW 48.43.730(5);

3 (24) Documents, materials, or information obtained by the
4 insurance commissioner under chapter 48.05A RCW;

5 (25) Documents, materials, or information obtained by the
6 insurance commissioner under RCW 48.74.025, 48.74.028, 48.74.100(6),
7 48.74.110(2) (b) and (c), and 48.74.120 to the extent such documents,
8 materials, or information independently qualify for exemption from
9 disclosure as documents, materials, or information in possession of
10 the commissioner pursuant to a financial conduct examination and
11 exempt from disclosure under RCW 48.02.065;

12 (26) Nonpublic personal health information obtained by, disclosed
13 to, or in the custody of the insurance commissioner, as provided in
14 RCW 48.02.068;

15 (27) Data, information, and documents obtained by the insurance
16 commissioner under RCW 48.02.230;

17 (28) Documents, materials, or other information, including the
18 corporate annual disclosure obtained by the insurance commissioner
19 under RCW 48.195.020;

20 (29) Findings and orders disapproving acquisition of a trust
21 institution under RCW 30B.53.100(3);

22 (30) All claims data, including health care and financial related
23 data received under RCW 41.05.890, received and held by the health
24 care authority; (~~and~~)

25 (31) Contracts not subject to public disclosure under RCW
26 48.200.040 and 48.43.731; and

27 (32) All claims for reinsurance payments submitted under section
28 7 of this act.

29 NEW SECTION. **Sec. 15.** The following acts or parts of acts are
30 each repealed:

31 (1) RCW 50B.04.010 (Definitions) and 2021 c 113 s 1, 2020 c 98 s
32 1, & 2019 c 363 s 2;

33 (2) RCW 50B.04.020 (Duties—Health care authority, department of
34 social and health services, office of the state actuary, employment
35 security department) and 2021 c 113 s 2, 2020 c 98 s 2, & 2019 c 363
36 s 3;

37 (3) RCW 50B.04.030 (Long-term services and supports trust
38 commission—Investment strategy subcommittee) and 2021 c 113 s 3 &
39 2019 c 363 s 4;

- 1 (4) RCW 50B.04.040 (Long-term services and supports council—
2 Benefit unit adjustment) and 2019 c 363 s 5;
- 3 (5) RCW 50B.04.050 (Qualified individuals) and 2021 c 113 s 4,
4 2020 c 98 s 3, & 2019 c 363 s 6;
- 5 (6) RCW 50B.04.060 (Eligible beneficiaries—Determination—
6 Services and benefits) and 2019 c 363 s 7;
- 7 (7) RCW 50B.04.070 (Payment of benefits) and 2019 c 363 s 8;
- 8 (8) RCW 50B.04.080 (Premium assessment—Rate—Collection) and 2020
9 c 98 s 4 & 2019 c 363 s 9;
- 10 (9) RCW 50B.04.085 (Premium assessment—Exemptions) and 2021 c 113
11 s 5 & 2020 c 98 s 7;
- 12 (10) RCW 50B.04.090 (Election of coverage—Self-employed persons)
13 and 2021 c 113 s 6, 2020 c 98 s 5, & 2019 c 363 s 10;
- 14 (11) RCW 50B.04.095 (Election of coverage—Federally recognized
15 tribe) and 2021 c 113 s 7;
- 16 (12) RCW 50B.04.100 (Long-term services and supports trust
17 account) and 2019 c 363 s 11;
- 18 (13) RCW 50B.04.110 (Long-term services and supports trust
19 account—Investment—Policies) and 2019 c 363 s 12;
- 20 (14) RCW 50B.04.120 (Appeal of determinations) and 2020 c 98 s 6
21 & 2019 c 363 s 13;
- 22 (15) RCW 50B.04.130 (Medicare data and waiver—Report) and 2019 c
23 363 s 14;
- 24 (16) RCW 50B.04.140 (Reports to legislature) and 2019 c 363 s 15;
- 25 (17) RCW 50B.04.150 (Benefits not income or resource) and 2019 c
26 363 s 16;
- 27 (18) RCW 50B.04.160 (Entitlement not created) and 2019 c 363 s
28 17; and
- 29 (19) RCW 50B.04.900 (Findings—2019 c 363) and 2019 c 363 s 1.

30 NEW SECTION. **Sec. 16.** CODIFICATION. Sections 1 through 12 of
31 this act constitute a new chapter in Title 48 RCW.

32 NEW SECTION. **Sec. 17.** If any provision of this act or its
33 application to any person or circumstance is held invalid, the
34 remainder of the act or the application of the provision to other
35 persons or circumstances is not affected.

1 NEW SECTION. **Sec. 18.** Section 15 of this act is necessary for
2 the immediate preservation of the public peace, health, or safety, or
3 support of the state government and its existing public institutions,
4 and takes effect immediately.

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