CERTIFICATION OF ENROLLMENT

HOUSE BILL 1838

Chapter 388, Laws of 1993

53rd Legislature
1993 Regular Session

MEDICARE SUPPLEMENT INSURANCE--MINIMUM STANDARDS FOR BENEFITS

EFFECTIVE DATE: 7/25/93

Passed by the House March 8, 1993
Yeas 97  Nays 0

BRIAN EBERSOLE
Speaker of the House of Representatives

Passed by the Senate April 6, 1993
Yeas 47  Nays 0

JOEL PRITCHARD
President of the Senate

I, Alan Thompson, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is HOUSE BILL 1838 as passed by the House of Representatives and the Senate on the dates hereon set forth.

ALAN THOMPSON
Chief Clerk

Approved May 15, 1993

FILED

May 15, 1993 - 11:29 a.m.

MIKE LOWRY
Governor of the State of Washington

Secretary of State
State of Washington
AN ACT Relating to minimum standards for benefits in medicare supplement insurance; and amending RCW 48.66.041.

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

Sec. 1. RCW 48.66.041 and 1992 c 138 s 4 are each amended to read as follows:

(1) The insurance commissioner shall adopt rules to establish minimum standards for benefits in medicare supplement insurance policies and certificates.

(2) The commissioner shall adopt rules to establish specific standards for medicare supplement insurance policy or certificate provisions. These rules may include but are not limited to:

(a) Terms of renewability;
(b) Nonduplication of coverage;
(c) Benefit limitations, exceptions, and reductions;
(d) Definitions of terms;
(e) Requiring refunds or credits if the policies or certificates do not meet loss ratio requirements;
(f) Establishing uniform methodology for calculating and reporting loss ratios;
(g) Assuring public access to policies, premiums, and loss ratio information of an issuer of medicare supplement insurance;
(h) Establishing a process for approving or disapproving proposed premium increases; and
(i) Establishing standards for medicare SELECT policies and certificates.

(3) The insurance commissioner may adopt rules that establish disclosure standards for replacement of policies or certificates by persons eligible for medicare (by reason of age).

(4) The insurance commissioner may by rule prescribe that an informational brochure, designed to improve the buyer’s understanding of medicare and ability to select the most appropriate coverage, be provided to persons eligible for medicare by reason of age. The commissioner may require that the brochure be provided to applicants concurrently with delivery of the outline of coverage, except with respect to direct response insurance, when the brochure may be provided upon request but no later than the delivery of the policy.

(5) In the case of a state or federally qualified health maintenance organization, the commissioner may waive compliance with one or all provisions of this section until January 1, 1983.

Passed the House March 8, 1993.
Passed the Senate April 6, 1993.
Approved by the Governor May 15, 1993.
Filed in Office of Secretary of State May 15, 1993.