CERTIFICATION OF ENROLLMENT

HOUSE BILL 1590

55th Legislature 1997 Regular Session

Passed by the House March 5, 1997 Yeas 95 Nays 0

Speaker of the House of Representatives

Passed by the Senate April 7, 1997 Yeas 47 Nays 0

President of the Senate

Approved

CERTIFICATE

I, Timothy A. Martin, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **HOUSE BILL 1590** as passed by the House of Representatives and the Senate on the dates hereon set forth.

Chief Clerk

FILED

Governor of the State of Washington

Secretary of State State of Washington

HOUSE BILL 1590

Passed Legislature - 1997 Regular Session

State of Washington55th Legislature1997 Regular SessionBy Representatives Dyer and Backlund

Read first time 01/31/97. Referred to Committee on Health Care.

1 AN ACT Relating to the definition of health plan; amending RCW 2 48.43.005; and declaring an emergency.

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

4 **Sec. 1.** RCW 48.43.005 and 1995 c 265 s 4 are each amended to read 5 as follows:

6 Unless otherwise specifically provided, the definitions in this 7 section apply throughout this chapter.

8 (1) "Adjusted community rate" means the rating method used to 9 establish the premium for health plans adjusted to reflect actuarially 10 demonstrated differences in utilization or cost attributable to 11 geographic region, age, family size, and use of wellness activities.

(2) "Covered person" or "enrollee" means a person covered by a
health plan including an enrollee, subscriber, policyholder,
beneficiary of a group plan, or individual covered by any other health
plan.

16 (3) "Eligible employee" means an employee who works on a full-time 17 basis with a normal work week of thirty or more hours. The term 18 includes a self-employed individual, including a sole proprietor, a 19 partner of a partnership, and may include an independent contractor, if

the self-employed individual, sole proprietor, partner, or independent 1 2 contractor is included as an employee under a health benefit plan of a small employer, but does not work less than thirty hours per week and 3 4 derives at least seventy-five percent of his or her income from a trade or business through which he or she has attempted to earn taxable 5 income and for which he or she has filed the appropriate internal 6 7 revenue service form. Persons covered under a health benefit plan 8 pursuant to the consolidated omnibus budget reconciliation act of 1986 9 shall not be considered eligible employees for purposes of minimum 10 participation requirements of chapter 265, Laws of 1995.

(4) "Enrollee point-of-service cost-sharing" means amounts paid to health carriers directly providing services, health care providers, or health care facilities by enrollees and may include copayments, coinsurance, or deductibles.

15 (5) "Health care facility" or "facility" means hospices licensed 16 under chapter 70.127 RCW, hospitals licensed under chapter 70.41 RCW, 17 rural health care facilities as defined in RCW 70.175.020, psychiatric hospitals licensed under chapter 71.12 RCW, nursing homes licensed 18 19 under chapter 18.51 RCW, community mental health centers licensed under 20 chapter 71.05 or 71.24 RCW, kidney disease treatment centers licensed under chapter 70.41 RCW, ambulatory diagnostic, treatment, or surgical 21 22 facilities licensed under chapter 70.41 RCW, drug and alcohol treatment facilities licensed under chapter 70.96A RCW, and home health agencies 23 24 licensed under chapter 70.127 RCW, and includes such facilities if 25 owned and operated by a political subdivision or instrumentality of the 26 state and such other facilities as required by federal law and 27 implementing regulations.

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(6) "Health care provider" or "provider" means:

(a) A person regulated under Title 18 or chapter 70.127 RCW, to
 practice health or health-related services or otherwise practicing
 health care services in this state consistent with state law; or

32 (b) An employee or agent of a person described in (a) of this33 subsection, acting in the course and scope of his or her employment.

(7) "Health care service" means that service offered or provided by
 health care facilities and health care providers relating to the
 prevention, cure, or treatment of illness, injury, or disease.

(8) "Health carrier" or "carrier" means a disability insurerregulated under chapter 48.20 or 48.21 RCW, a health care service

contractor as defined in RCW 48.44.010, or a health maintenance
 organization as defined in RCW 48.46.020.

3 (9) "Health plan" or "health benefit plan" means any policy,
4 contract, or agreement offered by a health carrier to provide, arrange,
5 reimburse, or pay for health care service except the following:

(a) Long-term care insurance governed by chapter 48.84 RCW;

7 (b) Medicare supplemental health insurance governed by chapter8 48.66 RCW;

9 (c) Limited health care service offered by limited health care 10 service contractors in accordance with RCW 48.44.035;

11 (d) Disability income;

(e) Coverage incidental to a property/casualty liability insurance policy such as automobile personal injury protection coverage and homeowner guest medical;

15 (f) Workers' compensation coverage;

16 (g) Accident only coverage;

(h) Specified disease and hospital confinement indemnity whenmarketed solely as a supplement to a health plan;

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(i) Employer-sponsored self-funded health plans; ((and))

20 (j) Dental only and vision only coverage; and

(k) Plans deemed by the insurance commissioner to have a short-term limited purpose or duration, or to be a student-only plan that is guaranteed renewable while the covered person is enrolled as a regular full-time undergraduate or graduate student at an accredited higher education institution, after a written request for such classification by the carrier and subsequent written approval by the insurance commissioner.

(10) "Basic health plan services" means that schedule of covered health services, including the description of how those benefits are to be administered, that are required to be delivered to an enrollee under the basic health plan, as revised from time to time.

(11) "Preexisting condition" means any medical condition, illness,
 or injury that existed any time prior to the effective date of
 coverage.

(12) "Premium" means all sums charged, received, or deposited by a health carrier as consideration for a health plan or the continuance of a health plan. Any assessment or any "membership," "policy," contract," "service," or similar fee or charge made by a health carrier in consideration for a health plan is deemed part of the premium. "Premium" shall not include amounts paid as enrollee point of-service cost-sharing.

3 "Small employer" means any person, firm, corporation, (13)4 partnership, association, political subdivision except school districts, or self-employed individual that is actively engaged in 5 business that, on at least fifty percent of its working days during the 6 preceding calendar quarter, employed no more than fifty eligible 7 8 employees, with a normal work week of thirty or more hours, the 9 majority of whom were employed within this state, and is not formed 10 primarily for purposes of buying health insurance and in which a bona fide employer-employee relationship exists. In determining the number 11 12 of eligible employees, companies that are affiliated companies, or that 13 are eligible to file a combined tax return for purposes of taxation by this state, shall be considered an employer. 14 Subsequent to the 15 issuance of a health plan to a small employer and for the purpose of determining eligibility, the size of a small employer shall be 16 17 determined annually. Except as otherwise specifically provided, a small employer shall continue to be considered a small employer until 18 19 the plan anniversary following the date the small employer no longer meets the requirements of this definition. The term "small employer" 20 includes a self-employed individual or sole proprietor. 21 The term "small employer" also includes a self-employed individual or sole 22 proprietor who derives at least seventy-five percent of his or her 23 24 income from a trade or business through which the individual or sole 25 proprietor has attempted to earn taxable income and for which he or she 26 has filed the appropriate internal revenue service form 1040, schedule C or F, for the previous taxable year. 27

(14) "Wellness activity" means an explicit program of an activity consistent with department of health guidelines, such as, smoking cessation, injury and accident prevention, reduction of alcohol misuse, appropriate weight reduction, exercise, automobile and motorcycle safety, blood cholesterol reduction, and nutrition education for the purpose of improving enrollee health status and reducing health service costs.

(15) "Basic health plan" means the plan described under chapter70.47 RCW, as revised from time to time.

37 <u>NEW SECTION.</u> **Sec. 2.** This act is necessary for the immediate 38 preservation of the public peace, health, or safety, or support of the

- 1 state government and its existing public institutions, and takes effect
- 2 immediately.

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