
SENATE BILL 5011

State of Washington

55th Legislature

1997 Regular Session

By Senators Prentice and Winsley

Read first time 01/13/97. Referred to Committee on Financial Institutions, Insurance & Housing.

1 AN ACT Relating to the financial and reporting requirements of
2 health care service contractors and health maintenance organizations;
3 amending RCW 48.44.035, 48.44.037, 48.44.095, 48.46.080, and 48.46.235;
4 adding a new section to chapter 48.44 RCW; and adding a new section to
5 chapter 48.46 RCW.

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

7 **Sec. 1.** RCW 48.44.035 and 1990 c 120 s 3 are each amended to read
8 as follows:

9 (1) For purposes of this section only, "limited health care
10 service" means dental care services, vision care services, mental
11 health services, chemical dependency services, pharmaceutical services,
12 podiatric care services, and such other services as may be determined
13 by the commissioner to be limited health services, but does not include
14 hospital, medical, surgical, emergency, or out-of-area services except
15 as those services are provided incidentally to the limited health
16 services set forth in this subsection.

17 (2) For purposes of this section only, a "limited health care
18 service contractor" means a health care service contractor that offers
19 one and only one limited health care service.

1 (3) Except as provided in subsection (4) of this section, every
2 limited health care service contractor must have and maintain an
3 unimpaired net worth of five hundred thousand dollars.

4 (4) A limited health care service contractor registered before the
5 effective date of this act that, on the effective date of this act, has
6 an unimpaired net worth equal to or greater than that required by
7 subsection (3) of this section must continue to have and maintain the
8 unimpaired net worth required by subsection (3) of this section. A
9 limited health care service contractor registered before the effective
10 date of this act that, on the effective date of this act, does not have
11 the unimpaired net worth required by subsection (3) of this section
12 must have and maintain an unimpaired net worth of:

13 (a) Thirty-five percent of the amount required by subsection (3) of
14 this section by December 31, 1997;

15 (b) Seventy percent of the amount required by subsection (3) of
16 this section by December 31, 1998; and

17 (c) One hundred percent of the amount required by subsection (3) of
18 this section by December 31, 1999.

19 (5) For all limited health care service contractors that have had
20 a certificate of registration for less than three years, their
21 uncovered expenditures shall be either insured or guaranteed by a
22 foreign or domestic carrier admitted in the state of Washington or by
23 another carrier acceptable to the commissioner. All such contractors
24 shall also deposit with the commissioner one-half of one percent of
25 their projected premium for the next year in cash, approved surety
26 bond, securities, or other form acceptable to the commissioner.

27 (~~(4)~~) (6) For all limited health care service contractors that
28 have had a certificate of registration for three years or more, their
29 uncovered expenditures shall be assured by depositing with the
30 insurance commissioner twenty-five percent of their last year's
31 uncovered expenditures as reported to the commissioner and adjusted to
32 reflect any anticipated increases or decreases during the ensuing year
33 plus an amount for unearned prepayments; in cash, approved surety bond,
34 securities, or other form acceptable to the commissioner. Compliance
35 with subsection (~~(3)~~) (5) of this section shall also constitute
36 compliance with this requirement.

37 (~~(5)~~) (7) Limited health service contractors need not comply with
38 RCW 48.44.030 or 48.44.037.

1 **Sec. 2.** RCW 48.44.037 and 1990 c 120 s 4 are each amended to read
2 as follows:

3 (1)~~((a))~~ Except as provided in subsection (2) of this section,
4 every health care service contractor must have ~~((a))~~ and maintain an
5 unimpaired net worth ~~((of one million five hundred thousand dollars at~~
6 ~~the time of initial registration under this chapter and a net worth of~~
7 ~~one million dollars thereafter. The commissioner is authorized to~~
8 ~~establish standards for reviewing a health care service contractor's~~
9 ~~financial integrity when, for any reason, its net worth is reduced~~
10 ~~below one million dollars. When satisfied that such a health care~~
11 ~~service contractor is financially stable and not hazardous to its~~
12 ~~enrolled participants, the commissioner may waive compliance with the~~
13 ~~one million dollar net worth standard otherwise required by this~~
14 ~~subsection. When such a health care service contractor's net worth~~
15 ~~falls below five hundred thousand dollars, the commissioner shall~~
16 ~~require that net worth be increased to one million dollars.~~

17 ~~(b) A health care service contractor who fails to maintain the~~
18 ~~required net worth must cure that defect in compliance with an order of~~
19 ~~the commissioner rendered in conformity with rules adopted under~~
20 ~~chapter 34.05 RCW. The commissioner may take appropriate action to~~
21 ~~assure that the continued operation of the health care service~~
22 ~~contractor will not be hazardous to its enrolled participants))~~ equal
23 to the greater of:

24 (a) Three million dollars; or

25 (b) Two percent of the annual premium earned, as reported on the
26 most recent annual financial statement filed with the commissioner, on
27 the first one hundred fifty million dollars of premium and one percent
28 of the annual premium on the premium in excess of one hundred fifty
29 million dollars.

30 (2) A health care service contractor registered before ~~((June 7,~~
31 ~~1990,))~~ the effective date of this act that, on the effective date of
32 this act, has an unimpaired net worth equal to or greater than that
33 required by subsection (1) of this section must continue to have and
34 maintain the unimpaired net worth required by subsection (1) of this
35 section. A health care service contractor registered before the
36 effective date of this act that, on the effective date of this act,
37 does not have the unimpaired net worth required by subsection (1) of
38 this section must have and maintain ((a)) an unimpaired net worth of:

1 (a) (~~Twenty five percent of the amount required by subsection (1)~~
2 ~~of this section by December 31, 1990~~) The amount required immediately
3 prior to the effective date of this act until December 31, 1997;

4 (b) Fifty percent of the amount required by subsection (1) of this
5 section by December 31, (~~1991~~) 1997;

6 (c) Seventy-five percent of the amount required by subsection (1)
7 of this section by December 31, (~~1992~~) 1998; and

8 (d) One hundred percent of the amount required by subsection (1) of
9 this section by December 31, (~~1993~~) 1999.

10 (3)(a) In determining net worth, no debt shall be considered fully
11 subordinated unless the subordination is in a form acceptable to the
12 commissioner. An interest obligation relating to the repayment of a
13 subordinated debt must be similarly subordinated.

14 (b) The interest expenses relating to the repayment of a fully
15 subordinated debt shall not be considered uncovered expenditures.

16 (c) A subordinated debt incurred by a note meeting the requirement
17 of this section, and otherwise acceptable to the commissioner, shall
18 not be considered a liability and shall be recorded as equity.

19 (4) Every health care service contractor shall, when determining
20 liabilities, include an amount estimated in the aggregate to provide
21 for any unearned premium and for the payment of all claims for health
22 care expenditures which have been incurred, whether reported or
23 unreported, which are unpaid and for which the organization is or may
24 be liable, and to provide for the expense of adjustment or settlement
25 of the claims.

26 Liabilities shall be computed in accordance with regulations
27 adopted by the commissioner upon reasonable consideration of the
28 ascertained experience and character of the health care service
29 contractor.

30 (5) All income from reserves on deposit with the commissioner shall
31 belong to the depositing health care service contractor and shall be
32 paid to it as it becomes available.

33 (6) Any funded reserve required by this chapter shall be considered
34 an asset of the health care service contractor in determining the
35 organization's net worth.

36 (7) A health care service contractor that has made a securities
37 deposit with the commissioner may, at its option, withdraw the
38 securities deposit or any part thereof after first having deposited or
39 provided in lieu thereof an approved surety bond, a deposit of cash or

1 securities, or any combination of these or other deposits of equal
2 amount and value to that withdrawn. Any securities and surety bond
3 shall be subject to approval by the commissioner before being
4 substituted.

5 NEW SECTION. **Sec. 3.** A new section is added to chapter 48.44 RCW
6 to read as follows:

7 (1) For purposes of this section:

8 (a) "Domestic health care service contractor" means a health care
9 service contractor formed under the laws of this state; and

10 (b) "Foreign health care service contractor" means a health care
11 service contractor formed under the laws of the United States, of a
12 state or territory of the United States other than this state, or of
13 the District of Columbia.

14 (2) If the unimpaired net worth of a domestic health care service
15 contractor falls below the unimpaired net worth required by this
16 chapter, the commissioner shall at once ascertain the amount of the
17 deficiency and serve notice upon the domestic health care service
18 contractor to cure the deficiency within ninety days after that service
19 of notice.

20 (3) If the deficiency is not cured, and proof thereof filed with
21 the commissioner within the ninety-day period, the domestic health care
22 service contractor shall be declared insolvent and shall be proceeded
23 against as authorized by this code, or the commissioner shall,
24 consistent with chapters 48.04 and 34.05 RCW, suspend or revoke the
25 registration of the domestic health care service contractor as being
26 hazardous to its subscribers and the people in this state.

27 (4) If the deficiency is not cured the domestic health care service
28 contractor shall not issue or deliver any individual or group contract
29 after the expiration of the ninety-day period.

30 (5) If the unimpaired net worth of a foreign health care service
31 contractor falls below the unimpaired net worth required by this
32 chapter, the commissioner shall, consistent with chapters 48.04 and
33 34.05 RCW, suspend or revoke the foreign health care service
34 contractor's registration as being hazardous to its subscribers or the
35 people in this state.

36 **Sec. 4.** RCW 48.44.095 and 1993 c 492 s 295 are each amended to
37 read as follows:

1 (1) Every health care service contractor shall annually, before the
2 first day of March, file with the commissioner a statement verified by
3 at least two of the principal officers of the health care service
4 contractor showing its financial condition as of the last day of the
5 preceding calendar year. The statement shall be in such form as is
6 furnished or prescribed by the commissioner. The commissioner may for
7 good reason allow a reasonable extension of the time within which such
8 annual statement shall be filed.

9 (2) In addition to the requirements of subsection (1) of this
10 section, every health care service contractor that is registered in
11 this state shall annually, on or before March 1st of each year, file
12 with the national association of insurance commissioners a copy of its
13 annual statement, along with those additional filings as prescribed by
14 the commissioner for the preceding year. The information filed with
15 the national association of insurance commissioners shall be in the
16 same format and scope as that required by the commissioner and shall
17 include the signed jurate page and the actuarial certification. Any
18 amendments and addendums to the annual statement filing subsequently
19 filed with the commissioner shall also be filed with the national
20 association of insurance commissioners.

21 (3) Coincident with the filing of its annual statement and other
22 filings, each health care service contractor shall pay a reasonable fee
23 directly to the national association of insurance commissioners in an
24 amount approved by the commissioner to cover the costs associated with
25 the analysis of the annual statement.

26 (4) Foreign health care service contractors that are domiciled in
27 a state that has a law substantially similar to subsection (2) of this
28 section are considered to be in compliance with this section.

29 (5) In the absence of actual malice, members of the national
30 association of insurance commissioners, their duly authorized
31 committees, subcommittees, and task forces, their delegates, national
32 association of insurance commissioners employees, and all other persons
33 charged with the responsibility of collecting, reviewing, analyzing,
34 and dissimilating the information developed from the filing of the
35 annual statement shall be acting as agents of the commissioner under
36 the authority of this section and shall not be subject to civil
37 liability for libel, slander, or any other cause of action by virtue of
38 their collection, review, analysis, or dissimilation of the data and
39 information collected for the filings required under this section.

1 (6) The commissioner may suspend or revoke the certificate of
2 registration of any health care service contractor failing to file its
3 annual statement or pay the fees when due or during any extension of
4 time therefor which the commissioner, for good cause, may grant.

5 **Sec. 5.** RCW 48.46.080 and 1993 c 492 s 296 are each amended to
6 read as follows:

7 (1) Every health maintenance organization shall annually, before
8 the first day of March, file with the commissioner a statement verified
9 by at least two of the principal officers of the health maintenance
10 organization showing its financial condition as of the last day of the
11 preceding calendar year.

12 (2) Such annual report shall be in such form as the commissioner
13 shall prescribe and shall include:

14 (a) A financial statement of such organization, including its
15 balance sheet and receipts and disbursements for the preceding year,
16 which reflects at a minimum;

17 (i) All prepayments and other payments received for health care
18 services rendered pursuant to health maintenance agreements;

19 (ii) Expenditures to all categories of health care facilities,
20 providers, insurance companies, or hospital or medical service plan
21 corporations with which such organization has contracted to fulfill
22 obligations to enrolled participants arising out of its health
23 maintenance agreements, together with all other direct expenses
24 including depreciation, enrollment, and commission; and

25 (iii) Expenditures for capital improvements, or additions thereto,
26 including but not limited to construction, renovation, or purchase of
27 facilities and capital equipment;

28 (b) The number of participants enrolled and terminated during the
29 report period. Every employer offering health care benefits to their
30 employees through a group contract with a health maintenance
31 organization shall furnish said health maintenance organization with a
32 list of their employees enrolled under such plan;

33 (c) The number of doctors by type of practice who, under contract
34 with or as an employee of the health maintenance organization,
35 furnished health care services to consumers during the past year;

36 (d) A report of the names and addresses of all officers, directors,
37 or trustees of the health maintenance organization during the preceding
38 year, and the amount of wages, expense reimbursements, or other

1 payments to such individuals for services to such organization. For
2 partnership and professional service corporations, a report shall be
3 made for partners or shareholders as to any compensation or expense
4 reimbursement received by them for services, other than for services
5 and expenses relating directly for patient care;

6 (e) Such other information relating to the performance of the
7 health maintenance organization or the health care facilities or
8 providers with which it has contracted as reasonably necessary to the
9 proper and effective administration of this chapter, in accordance with
10 rules and regulations; and

11 (f) Disclosure of any financial interests held by officers and
12 directors in any providers associated with the health maintenance
13 organization or any provider of the health maintenance organization.

14 (3) The commissioner may for good reason allow a reasonable
15 extension of the time within which such annual statement shall be
16 filed.

17 (4) In addition to the requirements of subsections (1) and (2) of
18 this section, every health maintenance organization that is registered
19 in this state shall annually, on or before March 1st of each year, file
20 with the national association of insurance commissioners a copy of its
21 annual statement, along with those additional filings as prescribed by
22 the commissioner for the preceding year. The information filed with
23 the national association of insurance commissioners shall be in the
24 same format and scope as that required by the commissioner and shall
25 include the signed jurate page and the actuarial certification. Any
26 amendments and addendums to the annual statement filing subsequently
27 filed with the commissioner shall also be filed with the national
28 association of insurance commissioners.

29 (5) Coincident with the filing of its annual statement and other
30 filings, each health maintenance organization shall pay a reasonable
31 fee directly to the national association of insurance commissioners in
32 an amount approved by the commissioner to cover the costs associated
33 with the analysis of the annual statement.

34 (6) Foreign health maintenance organizations that are domiciled in
35 a state that has a law substantially similar to subsection (4) of this
36 section are considered to be in compliance with this section.

37 (7) In the absence of actual malice, members of the national
38 association of insurance commissioners, their duly authorized
39 committees, subcommittees, and task forces, their delegates, national

1 association of insurance commissioners employees, and all other persons
2 charged with the responsibility of collecting, reviewing, analyzing,
3 and dissimilating the information developed from the filing of the
4 annual statement shall be acting as agents of the commissioner under
5 the authority of this section and shall not be subject to civil
6 liability for libel, slander, or any other cause of action by virtue of
7 their collection, review, analysis, or dissimulation of the data and
8 information collected for the filings required under this section.

9 (8) The commissioner may suspend or revoke the certificate of
10 registration of any health maintenance organization failing to file its
11 annual statement or pay the fees when due or during any extension of
12 time therefor which the commissioner, for good cause, may grant.

13 ~~((+5))~~ (9) No person shall knowingly file with any public official
14 or knowingly make, publish, or disseminate any financial statement of
15 a health maintenance organization which does not accurately state the
16 health maintenance organization's financial condition.

17 **Sec. 6.** RCW 48.46.235 and 1990 c 119 s 5 are each amended to read
18 as follows:

19 (1) Except as provided in subsection (2) of this section, every
20 health maintenance organization must have and maintain ~~((a minimum))~~ an
21 unimpaired net worth equal to the greater of:

22 (a) ~~((One))~~ Three million dollars; or

23 (b) Two percent of annual premium ~~((revenues))~~ earned as reported
24 on the most recent annual financial statement filed with the
25 commissioner on the first one hundred fifty million dollars of premium
26 and one percent of annual premium on the premium in excess of one
27 hundred fifty million dollars; or

28 (c) An amount equal to the sum of three months' uncovered
29 expenditures as reported on the most recent financial statement filed
30 with the commissioner.

31 (2) A health maintenance organization registered before ~~((June 7,~~
32 ~~1990,))~~ the effective date of this act that, on the effective date of
33 this act, has an unimpaired net worth equal to or greater than that
34 required by subsection (1) of this section must continue to have and
35 maintain the unimpaired net worth required by subsection (1) of this
36 section. A health maintenance organization registered before the
37 effective date of this act that, on the effective date of this act,
38 does not have the unimpaired net worth required by subsection (1) of

1 this section must have and maintain ((a)) an unimpaired minimum net
2 worth of:

3 (a) (~~Twenty five percent of the amount required by subsection (1)~~
4 ~~of this section by December 31, 1990~~) The amount required immediately
5 prior to the effective date of this act until December 31, 1997;

6 (b) Fifty percent of the amount required by subsection (1) of this
7 section by December 31, (~~1991~~) 1997;

8 (c) Seventy-five percent of the amount required by subsection (1)
9 of this section by December 31, (~~1992~~) 1998; and

10 (d) One hundred percent of the amount required by subsection (1) of
11 this section by December 31, (~~1993~~) 1999.

12 (3)(a) In determining net worth, no debt shall be considered fully
13 subordinated unless the subordination clause is in a form acceptable to
14 the commissioner. An interest obligation relating to the repayment of
15 a subordinated debt must be similarly subordinated.

16 (b) The interest expenses relating to the repayment of a fully
17 subordinated debt shall not be considered uncovered expenditures.

18 (c) A subordinated debt incurred by a note meeting the requirement
19 of this section, and otherwise acceptable to the commissioner, shall
20 not be considered a liability and shall be recorded as equity.

21 (4) Every health maintenance organization shall, when determining
22 liabilities, include an amount estimated in the aggregate to provide
23 for any unearned premium and for the payment of all claims for health
24 care expenditures that have been incurred, whether reported or
25 unreported, which are unpaid and for which such organization is or may
26 be liable, and to provide for the expense of adjustment or settlement
27 of such claims.

28 Such liabilities shall be computed in accordance with rules
29 promulgated by the commissioner upon reasonable consideration of the
30 ascertained experience and character of the health maintenance
31 organization.

32 NEW SECTION. Sec. 7. A new section is added to chapter 48.46 RCW
33 to read as follows:

34 (1) For purposes of this section:

35 (a) "Domestic health maintenance organization" means a health
36 maintenance organization formed under the laws of this state; and

37 (b) "Foreign health maintenance organization" means a health
38 maintenance organization formed under the laws of the United States, of

1 a state or territory of the United States other than this state, or of
2 the District of Columbia.

3 (2) If the unimpaired net worth of a domestic health maintenance
4 organization falls below the unimpaired net worth required by this
5 chapter, the commissioner shall at once ascertain the amount of the
6 deficiency and serve notice upon the domestic health maintenance
7 organization to cure the deficiency within ninety days after that
8 service of notice.

9 (3) If the deficiency is not cured, and proof thereof filed with
10 the commissioner within the ninety-day period, the domestic health
11 maintenance organization shall be declared insolvent and shall be
12 proceeded against as authorized by this code or the commissioner shall,
13 consistent with chapters 48.04 and 34.05 RCW, suspend or revoke the
14 registration of the domestic health maintenance organization as being
15 hazardous to its subscribers and the people in this state.

16 (4) If the deficiency is not cured the domestic health maintenance
17 organization shall not issue or deliver any health maintenance
18 agreement after the expiration of the ninety-day period.

19 (5) If the unimpaired net worth of a foreign health maintenance
20 organization falls below the unimpaired net worth required by this
21 chapter, the commissioner shall, consistent with chapters 48.04 and
22 34.05 RCW, suspend or revoke the foreign health maintenance
23 organization's registration as being hazardous to its subscribers,
24 enrollees, or the people in this state.

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