

HB 3310 - H AMD 950

By Representative Linville

ADOPTED 02/14/2006

1 Strike everything after the enacting clause and insert the
2 following:

3 "NEW SECTION. **Sec. 1.** The legislature finds and declares that
4 there has been an ongoing controversy over the costs and benefits of
5 existing health care coverage statutory requirements and their effect
6 on health care insurance costs. It is for this reason that an
7 unbiased, independent analysis of existing health care coverage
8 statutory requirements needs to be conducted. It is not the intent of
9 the legislature to take any actions in relation to the findings of the
10 study until they can be reviewed and analyzed by the legislature, in
11 consultation with the office of the insurance commissioner, health care
12 providers, health carriers, health care purchasers, and health care
13 consumers.

14 NEW SECTION. **Sec. 2.** The office of the insurance commissioner
15 shall contract for an analysis of existing health care coverage
16 statutory requirements. The office of the insurance commissioner
17 shall:

18 (1)(a) Contract with a qualified independent and impartial entity
19 that has not taken a public position in the past on the merits or
20 consequences of the adoption of health care coverage statutory
21 requirements; and

22 (b) Conduct the analysis in two phases:

23 (i) The first phase of the analysis shall review statutes that
24 mandate that health carriers provide benefits for certain conditions or
25 services, and that require health carriers to offer certain services as
26 an option for individuals or groups purchasing a health benefit plan.
27 For each mandate or requirement, the analysis must address:

28 (A) The cost of including the mandate or requirement in health

1 benefit plans, and the impact that covering the mandate or requirement
2 has on the utilization of other health services, expressed as a net
3 premium cost or savings per member per month;

4 (B) A review of available evidence related to the clinical and
5 cost-effectiveness of the mandate or requirement; and

6 (C) An assessment of whether market demand has already resulted in
7 inclusion of the mandate or requirement in a significant number of
8 health benefit plans in states that do not have such a mandate or
9 requirement; and

10 (ii) The second phase of the analysis must analyze a sample of at
11 least ten health conditions or chronic illnesses that are prevalent
12 among residents of Washington state. For each health condition or
13 chronic illness, the analysis must include an assessment of the
14 comparative cost and treatment outcomes of treatment provided by health
15 care providers for whom primary treatment of the condition or illness
16 is within their scope of practice.

17 (2) Submit an interim report on the first phase of the analysis to
18 the governor and appropriate committees of the legislature by December
19 1, 2006, and a final report by December 1, 2007. The report may
20 include recommendations related to additional issues that should be
21 addressed in the second phase of the analysis.

22 (3) Submit an interim report on the second phase of the analysis to
23 the governor and appropriate committees of the legislature by December
24 1, 2007, and a final report by December 1, 2008."

25 Correct the title.

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