
SENATE BILL 6536

State of Washington

64th Legislature

2016 Regular Session

By Senator Becker

Read first time 01/25/16. Referred to Committee on Health Care.

1 AN ACT Relating to the filing and rating of group health benefit
2 plans other than small group plans, all stand-alone dental plans, and
3 stand-alone vision plans by disability insurers, health care service
4 contractors, and health maintenance organizations; amending RCW
5 48.43.733; and creating a new section.

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

7 NEW SECTION. **Sec. 1.** It is the intent of the legislature to
8 enhance competition by having the office of the insurance
9 commissioner establish uniformity in all aspects of the filing and
10 regulatory review of group health benefit plans other than small
11 group health benefit plans, as well as all stand-alone dental plans
12 and stand-alone vision plans. Uniformity shall apply to the content
13 and requirements for the forms as well as rating, loss ratio, and
14 actuarial requirements. The legislature also intends that all rules
15 and other administrative requirements adopted under RCW 48.43.733 not
16 materially deviate from the rules in place for health care service
17 contractors and health maintenance organizations on July 1, 2015.

18 **Sec. 2.** RCW 48.43.733 and 2015 c 19 s 3 are each amended to read
19 as follows:

1 (1) All rates and forms of group health benefit plans other than
2 small group plans and all stand-alone dental and stand-alone vision
3 plans offered by a health carrier or limited health care service
4 contractor as defined in RCW 48.44.035 and modification of a contract
5 form or rate must be filed before the contract form is offered for
6 sale to the public and before the rate schedule is used.

7 (2) Filings of negotiated health benefit plan, stand-alone
8 dental, and stand-alone vision contract forms for groups other than
9 small groups, and applicable rate schedules, that are placed into
10 effect at time of negotiation or that have a retroactive effective
11 date are not required to be filed in accordance with subsection (1)
12 of this section, but must be filed within thirty working days after
13 the earlier of:

14 (a) The date group contract negotiations are completed; or

15 (b) The date renewal premiums are implemented.

16 (3) For purposes of this section, a negotiated contract form is a
17 health benefit plan, stand-alone dental plan, or stand-alone vision
18 plan where benefits, and other terms and conditions, including the
19 applicable rate schedules are negotiated and agreed to by the carrier
20 or limited health care service contractor and the policy or contract
21 holder. The negotiated policy form and associated rate schedule must
22 otherwise comply with state and federal laws governing the content
23 and schedule of rates for the negotiated plans.

24 (4) Stand-alone dental and stand-alone vision plans offered by a
25 disability insurer to out-of-state groups specified by RCW
26 48.21.010(2) may be negotiated, but may not be offered in this state
27 before the commissioner finds that the stand-alone dental or stand-
28 alone vision plan otherwise (~~meet[s]~~) meets the standards set forth
29 in RCW 48.21.010(2) (a) and (b).

30 (5) The commissioner may, subject to a carrier's or limited
31 health care service contractor's right to demand and receive a
32 hearing under chapters 48.04 and 34.05 RCW, disapprove filings
33 submitted under this section, as permitted under RCW 48.18.110,
34 48.44.020, and 48.46.060.

35 (6) The commissioner shall immediately commence rule making under
36 chapter 34.05 RCW and adopt rules to standardize the rate and form
37 filing, rating, loss ratio, and form content requirements under this
38 section. In developing rules to implement this section, the
39 commissioner must (~~use the already~~) establish absolute uniformity
40 under a single regulatory scheme by amending the adopted standards in

1 place for health care service contractors and health maintenance
2 organizations, as of July 1, 2015. The rules, Washington state health
3 and disability system for electronic rate and form filing health and
4 disability general form filing instructions, and system for
5 electronic rate and form filing health and disability rate filing
6 instructions may not impose additional requirements including rate
7 and form filing, content, actuarial justification, loss ratio, or
8 claims experience pooling beyond those in place for health care
9 service contractors and health maintenance organizations, as of July
10 1, 2015, unless otherwise required by state or federal statute.

11 (7) The requirements of this section apply to all group health
12 benefit plans, stand-alone dental plans, and stand-alone vision plans
13 issued or renewed on or after January 1, 2016.

--- END ---