## <u>2SHB 2572</u> - H AMD **727**By Representative Bailey

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FAILED 2/8/2006

1 On page 5, after line 21, insert the following:

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

- NEW SECTION. Sec. 13. The office of the insurance commissioner shall contract for an actuarial review and analysis of existing health care coverage statutory requirements. The office of the insurance commissioner shall:
  - (1) Contract with a qualified independent and impartial entity that has not taken a public position in the past on the merits or consequences of the adoption of health care coverage statutory requirements;
  - (2) Provide that the review of health care coverage statutory requirements include statutes that:
  - (a) Mandate that health carriers provide benefits for certain conditions or services;
  - (b) Prohibit discrimination between health care provider groups who deliver services that are included in a health benefit plan;

- (c) Establish requirements as to how a particular service or benefit must be provided by a health carrier in its health benefit plans; and
- (d) Require health carriers to offer certain services as an option for individuals or groups purchasing a health benefit plan;
- (3) Include the following analyses in the scope of the actuarial review:
- (a) The cost of including the statutory requirements in health benefit plans, taking into consideration the impact that covering the statutory requirement has on the utilization of other health services, expressed as a net premium cost or savings per member per month; and
- (b) An assessment of whether market demand has already resulted in inclusion of current statutory requirements in a significant number of health benefit plans in states that do not have such statutory requirements; and
- (4) Submit an interim report to the governor and appropriate committees of the legislature by December 1, 2005, and a final report by December 1, 2006."

20 Correct the title.

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**EFFECT:** Adds a study of statutory requirements.