## <u>SHB 2404</u> - S AMD TO HEA COMM AMD (S5589.1) 331 By Senator Jacobsen

- On page 6, after line 33 of the amendment, insert the following:
- 2 "Sec. 7. RCW 48.02.190 and 2004 c 260 s 22 are each amended to 3 read as follows:
- 4 (1) As used in this section:

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- 5 (a) "Organization" means every insurer, as defined in RCW 6 48.01.050, having a certificate of authority to do business in this 7 state and every health care service contractor or ((<del>[self-funded]</del>)) 8 <u>self-funded</u> multiple employer welfare arrangement registered to do business in this state, and every retainer health care practice 9 operating in this state. "Class one" organizations shall consist of 10 all insurers as defined in RCW 48.01.050. "Class two" organizations 11 12 shall consist of all organizations registered under provisions of chapter 48.44 RCW. "Class three" organizations shall consist of self-13 14 funded multiple employer welfare arrangements as defined in RCW 48.125.010 and retainer health care practices as defined in section 2 15 16 of this act.
  - (b)(i) "Receipts" means (A) net direct premiums consisting of direct gross premiums, as defined in RCW 48.18.170, paid for insurance written or renewed upon risks or property resident, situated, or to be performed in this state, less return premiums and premiums on policies not taken, dividends paid or credited to policyholders on direct business, and premiums received from policies or contracts issued in connection with qualified plans as defined in RCW 48.14.021, and (B) prepayments to health care service contractors as set forth in RCW 48.44.010(3) ((er)), participant contributions to self-funded multiple employer welfare arrangements as defined in RCW 48.125.010, or retainer fees as defined in section 2 of this act less experience rating credits, dividends, prepayments returned to subscribers, and payments for contracts not taken.

(ii) Participant contributions, under chapter 48.125 RCW, and retainer fees, under section 2 of this act, used to determine the receipts in this state under this section shall be determined in the same manner as premiums taxable in this state are determined under RCW 48.14.090.

- (2) The annual cost of operating the office of insurance commissioner shall be determined by legislative appropriation. A pro rata share of the cost shall be charged to all organizations. Each class of organization shall contribute sufficient in fees to the insurance commissioner's regulatory account to pay the reasonable costs, including overhead, of regulating that class of organization.
- (3) Fees charged shall be calculated separately for each class of organization. The fee charged each organization shall be that portion of the cost of operating the insurance commissioner's office, for that class of organization, for the ensuing fiscal year that is represented by the organization's portion of the receipts collected or received by all organizations within that class on business in this state during the previous calendar year: PROVIDED, That the fee shall not exceed one-eighth of one percent of receipts: PROVIDED FURTHER, That the minimum fee shall be one thousand dollars.
- (4) The commissioner shall annually, on or before June 1, calculate and bill each organization for the amount of its fee. Fees shall be due and payable no later than June 15 of each year: PROVIDED, That if the necessary financial records are not available or if the amount of the legislative appropriation is not determined in time to carry out such calculations and bill such fees within the time specified, the commissioner may use the fee factors for the prior year as the basis for the fees and, if necessary, the commissioner may impose supplemental fees to fully and properly charge the organizations. The penalties for failure to pay fees when due shall be the same as the penalties for failure to pay taxes pursuant to RCW 48.14.060. The fees required by this section are in addition to all other taxes and fees now imposed or that may be subsequently imposed.
- (5) All moneys collected shall be deposited in the insurance commissioner's regulatory account in the state treasury which is hereby created.
- (6) Unexpended funds in the insurance commissioner's regulatory account at the close of a fiscal year shall be carried forward in the

- 1 insurance commissioner's regulatory account to the succeeding fiscal
- 2 year and shall be used to reduce future fees. During the 2003-2005
- 3 fiscal biennium, the legislature may transfer from the insurance
- 4 commissioner's regulatory account to the state general fund such
- 5 amounts as reflect excess fund balance in the account."
- 6 Renumber the remaining sections consecutively and correct any
- 7 internal references accordingly.

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- 8 On page 8, line 2 of the title amendment, after "48.44.010" insert
- 9 "and 48.02.190"

<u>EFFECT:</u> Retainer health care practice contribute to OIC regulatory account fund.

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