## ESHB 1714 - S COMM AMD

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By Committee on Health & Long-Term Care

## ADOPTED AND ENGROSSED 03/04/2010

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

- 3 "NEW SECTION. **Sec. 1.** (1) The insurance commissioner shall prepare and submit a report to the legislature related to the 4 5 performance of the small group health plan market and the association 6 health plan market. To the extent that the data needed to complete the report are not readily available, the commissioner may require carriers 7 8 to submit aggregated data for the small group health plans and 9 association health plans underwritten or administered by the carrier, 10 for each calendar year 2005 through 2008. Data submitted shall not 11 identify specific small group plans or association health plans, and 12 the report shall not identify specific small group or association 13 health plans or present data in a manner that allows identification of specific plans. Carriers who underwrite or administer an association 14 health plan that covers fewer than ten thousand lives in any year 15 16 reported may, at their own expense, contract with a third party to aggregate and report the information required under this section with 17 18 that of other carriers who qualify for this option. The data must be 19 reported separately for the carrier's small group health plan block of 20 business and association health plan block of business, and must 21 include the following information:
  - (a) The number of persons residing in Washington state who receive health benefit coverage through each block of business, including the number of persons enrolled in the plans on the first day and last day of each year, the number of persons enrolled in the plans during each year, and the number of persons who terminated enrollment in the plans during each year;
- 28 (b) The calendar year-end enrollment of each block of business, by 29 age group using five-year increments beginning with age twenty and

ending with age sixty-five, and the average age of persons covered in each block of business;

- (c) The calendar year-end enrollment of each block of business by employer size for each year, reporting by groups of two to five, six to ten, eleven to twenty-five, twenty-six to fifty, fifty-one to one hundred, and more than one hundred;
- (d) The annual calendar year earned premium and incurred claims for each block of business;
- (e) For the association health plan block of business, the number of association health plans that limit eligibility for health plan coverage to employer groups of a minimum size, or that limit eligibility for health plan coverage to a subset of the industries that the association sponsoring the health plan was established to serve, and the percentage of health plan enrollees for whom each of the following elements is used in setting health plan rates:
  - (i) Claims experience;

- (ii) Employer group size; or
- (iii) Health status factors.
- (2) In fulfilling the requirements of subsection (1) of this section the commissioner may adopt rules necessary to implement the data submission administrative process under this section, including the format, timing of data reporting, data standards, instructions, definitions, and data sources. The commissioner is prohibited from collecting data from carriers if any rules necessary to implement the data submission administrative process have not been adopted.
- (3) The commissioner must allow carriers a minimum of ninety days to submit data once carriers have received instructions.
- (4) For the purposes of this subsection, the terms "association health plan" and "association plan" shall include all member-governed group health plans and multiple employer welfare arrangements and any other arrangement to which two or more public or private employers, of which at least two are small employers, contribute to provide health care for their employees.
- (5) Data, information, and documents provided by a carrier pursuant to this section are exempt from public inspection and copying under RCW 48.02.120 and chapters 42.17 and 42.56 RCW.
- 37 (6) The commissioner may enter into a personal services contract 38 with a third-party contractor to assist with the analysis of the data

- 1 described in subsection (1) of this section without having to comply
- 2 with the restrictions set forth in sections 602 and 605, chapter 3,
- 3 Laws of 2010. The third-party experts that prepare the analysis and
- 4 report for the insurance commissioner shall submit the report directly
- 5 to the appropriate committees of the legislature and the insurance
- 6 commissioner. The report shall be submitted to the legislature no
- 7 later than October 1, 2011.

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- (7) This section expires September 30, 2011.
- 9 **Sec. 2.** RCW 42.56.400 and 2009 c 104 s 23 are each amended to read 10 as follows:
- 11 The following information relating to insurance and financial 12 institutions is exempt from disclosure under this chapter:
  - (1) Records maintained by the board of industrial insurance appeals that are related to appeals of crime victims' compensation claims filed with the board under RCW 7.68.110;
    - (2) Information obtained and exempted or withheld from public inspection by the health care authority under RCW 41.05.026, whether retained by the authority, transferred to another state purchased health care program by the authority, or transferred by the authority to a technical review committee created to facilitate the development, acquisition, or implementation of state purchased health care under chapter 41.05 RCW;
    - (3) The names and individual identification data of either all owners or all insureds, or both, received by the insurance commissioner under chapter 48.102 RCW;
      - (4) Information provided under RCW 48.30A.045 through 48.30A.060;
- 27 (5) Information provided under RCW 48.05.510 through 48.05.535, 28 48.43.200 through 48.43.225, 48.44.530 through 48.44.555, and 48.46.600 29 through 48.46.625;
- (6) Examination reports and information obtained by the department of financial institutions from banks under RCW 30.04.075, from savings banks under RCW 32.04.220, from savings and loan associations under RCW 33.04.110, from credit unions under RCW 31.12.565, from check cashers and sellers under RCW 31.45.030(3), and from securities brokers and investment advisers under RCW 21.20.100, all of which is confidential and privileged information;

- 1 (7) Information provided to the insurance commissioner under RCW 48.110.040(3);
- 3 (8) Documents, materials, or information obtained by the insurance 4 commissioner under RCW 48.02.065, all of which are confidential and 5 privileged;
- 6 (9) Confidential proprietary and trade secret information provided 7 to the commissioner under RCW 48.31C.020 through 48.31C.050 and 8 48.31C.070;
- 9 (10) Data filed under RCW 48.140.020, 48.140.030, 48.140.050, and 10 7.70.140 that, alone or in combination with any other data, may reveal 11 the identity of a claimant, health care provider, health care facility, 12 insuring entity, or self-insurer involved in a particular claim or a 13 collection of claims. For the purposes of this subsection:
  - (a) "Claimant" has the same meaning as in RCW 48.140.010(2).

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- 15 (b) "Health care facility" has the same meaning as in RCW 16 48.140.010(6).
- 17 (c) "Health care provider" has the same meaning as in RCW 48.140.010(7).
- 19 (d) "Insuring entity" has the same meaning as in RCW 48.140.010(8).
  - (e) "Self-insurer" has the same meaning as in RCW 48.140.010(11);
- 21 (11) Documents, materials, or information obtained by the insurance 22 commissioner under RCW 48.135.060;
- 23 (12) Documents, materials, or information obtained by the insurance 24 commissioner under RCW 48.37.060;
- 25 (13) Confidential and privileged documents obtained or produced by 26 the insurance commissioner and identified in RCW 48.37.080;
- 27 (14) Documents, materials, or information obtained by the insurance 28 commissioner under RCW 48.37.140;
- 29 (15) Documents, materials, or information obtained by the insurance 30 commissioner under RCW 48.17.595; ((and))
- 31 (16) Documents, materials, or information obtained by the insurance 32 commissioner under RCW 48.102.051(1) and 48.102.140 (3) and (7)(a)(ii): 33 and
- 34 <u>(17) Data, information, and documents provided by a carrier</u> 35 pursuant to section 1 of this act."

## **ESHB 1714** - S COMM AMD

By Committee on Health & Long-Term Care

## ADOPTED AND ENGROSSED 03/04/2010

On page 1, line 1 of the title, after "plans;" strike the remainder 1 of the title and insert "amending RCW 42.56.400; creating a new 3 section; and providing an expiration date."

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