

SHB 2841 - S COMM AMD

By Committee on Health & Long-Term Care

ADOPTED 03/02/2010

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

3 "Sec. 1. RCW 48.43.018 and 2009 c 42 s 1 are each amended to read
4 as follows:

5 (1) Except as provided in (a) through (g) of this subsection, a
6 health carrier may require any person applying for an individual health
7 benefit plan and the health care authority shall require any person
8 applying for nonsubsidized enrollment in the basic health plan to
9 complete the standard health questionnaire designated under chapter
10 48.41 RCW.

11 (a) If a person is seeking an individual health benefit plan or
12 enrollment in the basic health plan as a nonsubsidized enrollee due to
13 his or her change of residence from one geographic area in Washington
14 state to another geographic area in Washington state where his or her
15 current health plan is not offered, completion of the standard health
16 questionnaire shall not be a condition of coverage if application for
17 coverage is made within ninety days of relocation.

18 (b) If a person is seeking an individual health benefit plan or
19 enrollment in the basic health plan as a nonsubsidized enrollee:

20 (i) Because a health care provider with whom he or she has an
21 established care relationship and from whom he or she has received
22 treatment within the past twelve months is no longer part of the
23 carrier's provider network under his or her existing Washington
24 individual health benefit plan; and

25 (ii) His or her health care provider is part of another carrier's
26 or a basic health plan managed care system's provider network; and

27 (iii) Application for a health benefit plan under that carrier's
28 provider network individual coverage or for basic health plan
29 nonsubsidized enrollment is made within ninety days of his or her

1 provider leaving the previous carrier's provider network; then
2 completion of the standard health questionnaire shall not be a
3 condition of coverage.

4 (c) If a person is seeking an individual health benefit plan or
5 enrollment in the basic health plan as a nonsubsidized enrollee due to
6 his or her having exhausted continuation coverage provided under 29
7 U.S.C. Sec. 1161 et seq., completion of the standard health
8 questionnaire shall not be a condition of coverage if application for
9 coverage is made within ninety days of exhaustion of continuation
10 coverage. A health carrier or the health care authority as
11 administrator of basic health plan nonsubsidized coverage shall accept
12 an application without a standard health questionnaire from a person
13 currently covered by such continuation coverage if application is made
14 within ninety days prior to the date the continuation coverage would be
15 exhausted and the effective date of the individual coverage applied for
16 is the date the continuation coverage would be exhausted, or within
17 ninety days thereafter.

18 (d) If a person is seeking an individual health benefit plan or
19 enrollment in the basic health plan as a nonsubsidized enrollee due to
20 a change in employment status that would qualify him or her to purchase
21 continuation coverage provided under 29 U.S.C. Sec. 1161 et seq., but
22 the person's employer is exempt under federal law from the requirement
23 to offer such coverage, completion of the standard health questionnaire
24 shall not be a condition of coverage if: (i) Application for coverage
25 is made within ninety days of a qualifying event as defined in 29
26 U.S.C. Sec. 1163; and (ii) the person had at least twenty-four months
27 of continuous group coverage immediately prior to the qualifying event.
28 A health carrier shall accept an application without a standard health
29 questionnaire from a person with at least twenty-four months of
30 continuous group coverage if application is made no more than ninety
31 days prior to the date of a qualifying event and the effective date of
32 the individual coverage applied for is the date of the qualifying
33 event, or within ninety days thereafter.

34 (e) If a person is seeking an individual health benefit plan,
35 completion of the standard health questionnaire shall not be a
36 condition of coverage if: (i) The person had at least twenty-four
37 months of continuous basic health plan coverage under chapter 70.47 RCW
38 immediately prior to disenrollment; and (ii) application for coverage

1 is made within ninety days of disenrollment from the basic health plan.
2 A health carrier shall accept an application without a standard health
3 questionnaire from a person with at least twenty-four months of
4 continuous basic health plan coverage if application is made no more
5 than ninety days prior to the date of disenrollment and the effective
6 date of the individual coverage applied for is the date of
7 disenrollment, or within ninety days thereafter.

8 (f) If a person is seeking an individual health benefit plan due to
9 a change in employment status that would qualify him or her to purchase
10 continuation coverage provided under 29 U.S.C. Sec. 1161 et seq.,
11 completion of the standard health questionnaire is not a condition of
12 coverage if: (i) Application for coverage is made within ninety days
13 of a qualifying event as defined in 29 U.S.C. Sec. 1163; and (ii) the
14 person had at least twenty-four months of continuous group coverage
15 immediately prior to the qualifying event. A health carrier shall
16 accept an application without a standard health questionnaire from a
17 person with at least twenty-four months of continuous group coverage if
18 application is made no more than ninety days prior to the date of a
19 qualifying event and the effective date of the individual coverage
20 applied for is the date of the qualifying event, or within ninety days
21 thereafter.

22 (g) If a person is seeking an individual health benefit plan due to
23 their terminating continuation coverage under 29 U.S.C. Sec. 1161 et
24 seq., completion of the standard health questionnaire shall not be a
25 condition of coverage if: (i) Application for coverage is made within
26 ninety days of terminating the continuation coverage; and (ii) the
27 person had at least twenty-four months of continuous group coverage
28 immediately prior to the termination. A health carrier shall accept an
29 application without a standard health questionnaire from a person with
30 at least twenty-four months of continuous group coverage if application
31 is made no more than ninety days prior to the date of termination of
32 the continuation coverage and the effective date of the individual
33 coverage applied for is the date the continuation coverage is
34 terminated, or within ninety days thereafter.

35 (h) If a person is seeking an individual health benefit plan
36 because his or her employer, or former employer, discontinues group
37 coverage due to the closure of the business, completion of the standard
38 health questionnaire shall not be a condition of coverage if: (i)

1 Application for coverage is made within ninety days of the employer
2 discontinuing group coverage due to closure of the business; and (ii)
3 the person had at least twenty-four months of continuous group coverage
4 immediately prior to the termination. A health carrier shall accept an
5 application without a standard health questionnaire from a person with
6 at least twenty-four months of continuous group coverage if application
7 is made no more than ninety days prior to the date of discontinuation
8 of group coverage, and the effective date of the individual coverage
9 applied for is the date the group coverage is discontinued, or within
10 ninety days thereafter.

11 (2) If, based upon the results of the standard health
12 questionnaire, the person qualifies for coverage under the Washington
13 state health insurance pool, the following shall apply:

14 (a) The carrier may decide not to accept the person's application
15 for enrollment in its individual health benefit plan and the health
16 care authority, as administrator of basic health plan nonsubsidized
17 coverage, shall not accept the person's application for enrollment as
18 a nonsubsidized enrollee; and

19 (b) Within fifteen business days of receipt of a completed
20 application, the carrier or the health care authority as administrator
21 of basic health plan nonsubsidized coverage shall provide written
22 notice of the decision not to accept the person's application for
23 enrollment to both the person and the administrator of the Washington
24 state health insurance pool. The notice to the person shall state that
25 the person is eligible for health insurance provided by the Washington
26 state health insurance pool, and shall include information about the
27 Washington state health insurance pool and an application for such
28 coverage. If the carrier or the health care authority as administrator
29 of basic health plan nonsubsidized coverage does not provide or
30 postmark such notice within fifteen business days, the application is
31 deemed approved.

32 (3) If the person applying for an individual health benefit plan:

33 (a) Does not qualify for coverage under the Washington state health
34 insurance pool based upon the results of the standard health
35 questionnaire; (b) does qualify for coverage under the Washington state
36 health insurance pool based upon the results of the standard health
37 questionnaire and the carrier elects to accept the person for
38 enrollment; or (c) is not required to complete the standard health

1 questionnaire designated under this chapter under subsection (1)(a) or
2 (b) of this section, the carrier or the health care authority as
3 administrator of basic health plan nonsubsidized coverage, whichever
4 entity administered the standard health questionnaire, shall accept the
5 person for enrollment if he or she resides within the carrier's or the
6 basic health plan's service area and provide or assure the provision of
7 all covered services regardless of age, sex, family structure,
8 ethnicity, race, health condition, geographic location, employment
9 status, socioeconomic status, other condition or situation, or the
10 provisions of RCW 49.60.174(2). The commissioner may grant a temporary
11 exemption from this subsection if, upon application by a health
12 carrier, the commissioner finds that the clinical, financial, or
13 administrative capacity to serve existing enrollees will be impaired if
14 a health carrier is required to continue enrollment of additional
15 eligible individuals."

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16 On page 1, line 1 of the title, after "questionnaire;" strike the
17 remainder of the title and insert "and amending RCW 48.43.018."

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