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**SENATE BILL 6536**

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**State of Washington 64th Legislature 2016 Regular Session**

**By** Senator Becker

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

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

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

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

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

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

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

(b) The date renewal premiums are implemented.

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

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

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

(6) The commissioner shall immediately commence rule making under chapter 34.05 RCW and adopt rules to standardize the rate and form filing, rating, loss ratio, and form content requirements under this section. In developing rules to implement this section, the commissioner must ((~~use the already~~)) establish absolute uniformity under a single regulatory scheme by amending the adopted standards in place for health care service contractors and health maintenance organizations, as of July 1, 2015. The rules, Washington state health and disability system for electronic rate and form filing health and disability general form filing instructions, and system for electronic rate and form filing health and disability rate filing instructions may not impose additional requirements including rate and form filing, content, actuarial justification, loss ratio, or claims experience pooling beyond those in place for health care service contractors and health maintenance organizations, as of July 1, 2015, unless otherwise required by state or federal statute.

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

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