

CERTIFICATION OF ENROLLMENT  
**SUBSTITUTE SENATE BILL 6536**

Chapter 156, Laws of 2016

64th Legislature  
2016 Regular Session

GROUP HEALTH BENEFIT PLANS, DENTAL PLANS, AND VISION PLANS--FILING  
AND REVIEW--UNIFORMITY

EFFECTIVE DATE: 3/31/2016

Passed by the Senate March 7, 2016  
Yeas 47 Nays 0

BRAD OWEN

**President of the Senate**

Passed by the House March 2, 2016  
Yeas 97 Nays 0

FRANK CHOPP

**Speaker of the House of Representatives**

Approved March 31, 2016 5:04 PM

JAY INSLEE

**Governor of the State of Washington**

CERTIFICATE

I, Hunter G. Goodman, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SUBSTITUTE SENATE BILL 6536** as passed by Senate and the House of Representatives on the dates hereon set forth.

HUNTER G. GOODMAN

**Secretary**

FILED

April 1, 2016

**Secretary of State  
State of Washington**

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**SUBSTITUTE SENATE BILL 6536**

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AS AMENDED BY THE HOUSE

Passed Legislature - 2016 Regular Session

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

**By Senate Health Care (originally sponsored by Senator Becker)**

READ FIRST TIME 02/05/16.

1            AN ACT Relating to the filing and rating of group health benefit  
2 plans other than small group plans, all stand-alone dental plans, and  
3 stand-alone vision plans by disability insurers, health care service  
4 contractors, and health maintenance organizations; amending RCW  
5 48.43.733; creating a new section; and declaring an emergency.

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

7            NEW SECTION.    **Sec. 1.** It is the intent of the legislature to  
8 enhance competition among all health carriers and limited health care  
9 service contractors by having the office of the insurance  
10 commissioner establish regulatory uniformity for the rate and form  
11 filing process and the rate and form filing content and regulatory  
12 review standards for group health benefit plans other than small  
13 group health benefit plans, as well as all stand-alone dental plans  
14 and all stand-alone vision plans.

15            **Sec. 2.** RCW 48.43.733 and 2015 c 19 s 3 are each amended to read  
16 as follows:

17            (1) All rates and forms of group health benefit plans other than  
18 small group plans, and all stand-alone dental and all stand-alone  
19 vision plans offered by a health carrier or limited health care  
20 service contractor as defined in RCW 48.44.035 and modification of a

1 contract form or rate must be filed before the contract form is  
2 offered for sale to the public and before the rate schedule is used.

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

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

11 (b) The date renewal premiums are implemented.

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

20 (4) Stand-alone dental and stand-alone vision plans offered by a  
21 disability insurer to out-of-state groups specified by RCW  
22 48.21.010(2) may be negotiated, but may not be offered in this state  
23 before the commissioner finds that the stand-alone dental or stand-  
24 alone vision plan otherwise ~~((meet[s-]))~~ meets the standards set forth  
25 in RCW 48.21.010(2) (a) and (b).

26 (5) The commissioner may, subject to a carrier's or limited  
27 health care service contractor's right to demand and receive a  
28 hearing under chapters 48.04 and 34.05 RCW, disapprove filings  
29 submitted under this section, as permitted under RCW 48.18.110,  
30 48.44.020, and 48.46.060.

31 (6) The commissioner shall ~~((adopt))~~ amend existing rules to  
32 standardize the rate and form filing ~~((requirements))~~ process as well  
33 as regulatory review standards for the rates and forms of the plans  
34 submitted under this section. ~~((In developing rules to implement this~~  
35 ~~section,))~~ The commissioner ~~((must use the already adopted standards~~  
36 ~~in place for))~~ may amend the rules previously adopted under RCW  
37 48.43.733 and shall amend any additional rating requirements  
38 established by existing rule, that are not applied to health care  
39 service contractors and health maintenance organizations.

1           (7) The requirements of this section apply to all group health  
2 benefit plans other than small group plans, all stand-alone dental  
3 plans, and all stand-alone vision plans issued or renewed on or after  
4 (~~January 1, 2016~~) the effective date of this act.

5           NEW SECTION.   **Sec. 3.** This act is necessary for the immediate  
6 preservation of the public peace, health, or safety, or support of  
7 the state government and its existing public institutions, and takes  
8 effect immediately.

Passed by the Senate March 7, 2016.

Passed by the House March 2, 2016.

Approved by the Governor March 31, 2016.

Filed in Office of Secretary of State April 1, 2016.