

2SHB 1523 - H AMD 144

By Representative Schmick

NOT ADOPTED 03/08/2019

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

3
4 "NEW SECTION. **Sec. 1.** A new section is added to chapter 48.43 RCW
5 to read as follows:

6 A health carrier shall allow an individual to purchase an
7 individual market health plan offered by the carrier outside of the
8 individual's county of residence if the individual's county of
9 residence is in the same geographic rating area as the health plan he
10 or she is purchasing.

11

12 **Sec. 2.** RCW 48.43.715 and 2013 c 325 s 1 are each amended to
13 read as follows:

14 (1) Consistent with federal law, the commissioner, in
15 consultation with the board and the health care authority, shall, by
16 rule, select the largest small group plan in the state by enrollment
17 as the benchmark plan for the individual and small group market for
18 purposes of establishing the essential health benefits in Washington
19 state under P.L. 111-148 of 2010, as amended.

20 (2) If the essential health benefits benchmark plan for the
21 individual and small group market does not include all of the ten
22 benefit categories specified by section 1302 of P.L. 111-148, as
23 amended, the commissioner, in consultation with the board and the
24 health care authority, shall, by rule, supplement the benchmark plan
25 benefits as needed to meet the minimum requirements of section 1302.

26 (3) A health plan required to offer the essential health
27 benefits, other than a health plan offered through the federal basic

1 health program or medicaid, under P.L. 111-148 of 2010, as amended,
2 may not be offered in the state unless the commissioner finds that
3 it is substantially equal to the benchmark plan. When making this
4 determination, the commissioner:

5 (a) Must ensure that the plan covers the ten essential health
6 benefits categories specified in section 1302 of P.L. 111-148 of
7 2010, as amended;

8 (b) May consider whether the health plan has a benefit design
9 that would create a risk of biased selection based on health status
10 and whether the health plan contains meaningful scope and level of
11 benefits in each of the ten essential health benefit categories
12 specified by section 1302 of P.L. 111-148 of 2010, as amended;

13 (c) Notwithstanding the foregoing, for benefit years beginning
14 January 1, 2015, and only to the extent permitted by federal law and
15 guidance, must establish by rule the review and approval
16 requirements and procedures for pediatric oral services when offered
17 in stand-alone dental plans in the nongrandfathered individual and
18 small group markets outside of the exchange; and

19 (d) Unless prohibited by federal law and guidance, must allow
20 health carriers to also offer pediatric oral services within the
21 health benefit plan in the nongrandfathered individual and small
22 group markets outside of the exchange.

23 (4) Beginning December 15, 2012, and every year thereafter, the
24 commissioner shall submit to the legislature a list of
25 state-mandated health benefits, the enforcement of which will result
26 in federally imposed costs to the state related to the plans sold
27 through the exchange because the benefits are not included in the
28 essential health benefits designated under federal law. The list
29 must include the anticipated costs to the state of each
30 state-mandated health benefit on the list and any statutory changes
31 needed if funds are not appropriated to defray the state costs for
32 the listed mandate. The commissioner may enforce a mandate on the
33 list for the entire market only if funds are appropriated in an
34

1 omnibus appropriations act specifically to pay the state portion of
2 the identified costs.

3 (5) Health benefit plans offered in the individual and small
4 group markets are exempt from all state mandated benefits beyond
5 those required by the federal government as the ten essential health
6 benefits specified in section 1302 of P.L. 111-148 of 2010."

7

8 Correct the title.

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EFFECT: Removes the underlying provisions of the bill dealing with standardized health plans, state-contracted health plans, and the development of a plan to implement premium subsidies. Instead, allows an individual to purchase individual market coverage across county lines within the same geographic rating area and exempts health plans from all state-mandated benefits outside of what is required under federal law.

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