

SHB 2361 - H AMD 859

By Representative Riccelli

ADOPTED AS AMENDED 02/09/2024

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

3 **"Sec. 1.** RCW 43.71.095 and 2021 c 246 s 7 are each amended to
4 read as follows:

5 (1) The exchange, in consultation with the commissioner, the
6 authority, an independent actuary, and other stakeholders, must
7 establish up to three standardized health plans for each of the
8 bronze, silver, and gold levels.

9 (a) The standardized health plans must be designed to reduce
10 deductibles, make more services available before the deductible,
11 provide predictable cost sharing, maximize subsidies, limit adverse
12 premium impacts, reduce barriers to maintaining and improving health,
13 and encourage choice based on value, while limiting increases in
14 health plan premium rates.

15 (b) The exchange may update the standardized health plans
16 annually.

17 (c) The exchange must provide a notice and public comment period
18 before finalizing each year's standardized health plans.

19 (d) The exchange must provide written notice of the standardized
20 health plans to licensed health carriers by January 31st before the
21 year in which the health plans are to be offered on the exchange. The
22 exchange may make modifications to the standardized plans after
23 January 31st to comply with changes to state or federal law or
24 regulations.

25 (2)(a) Beginning January 1, 2021, any health carrier offering a
26 qualified health plan on the exchange must offer the silver and gold
27 standardized health plans established under this section on the
28 exchange in each county where the carrier offers a qualified health
29 plan. If a health carrier offers a bronze health plan on the
30 exchange, it must offer the bronze standardized health plans
31 established under this section on the exchange in each county where
32 the carrier offers a qualified health plan.

1 (b) (i) Until December 31, (~~(2022, a health carrier offering a~~
2 ~~standardized health plan under this section may also offer~~
3 ~~nonstandardized health plans on the exchange. Beginning January 1,~~
4 ~~2023,)~~ 2025, a health carrier offering a standardized health plan
5 under this section may also offer up to two nonstandardized gold
6 health plans, two nonstandardized bronze health plans, one
7 nonstandardized silver health plan, one nonstandardized platinum
8 health plan, and one nonstandardized catastrophic health plan in each
9 county where the carrier offers a qualified health plan.

10 (ii) (~~(The exchange, in consultation with the office of the~~
11 ~~insurance commissioner, shall analyze the impact to exchange~~
12 ~~consumers of offering only standard plans beginning in 2025 and~~
13 ~~submit a report to the appropriate committees of the legislature by~~
14 ~~December 1, 2023. The report must include an analysis of how plan~~
15 ~~choice and affordability will be impacted for exchange consumers~~
16 ~~across the state, including an analysis of offering a bronze~~
17 ~~standardized high deductible health plan compatible with a health~~
18 ~~savings account, and a gold standardized health plan closer in~~
19 ~~actuarial value to the silver standardized health plan.)~~) Beginning
20 January 1, 2026:

21 (A) A health carrier offering a standardized health plan under
22 this section may also offer one nonstandardized gold health plan, one
23 nonstandardized bronze health plan, one nonstandardized platinum
24 health plan, and one nonstandardized catastrophic health plan in each
25 county where the carrier offers a qualified health plan; and

26 (B) Nonstandardized silver plans may not be offered on the
27 exchange.

28 (iii) The actuarial value of nonstandardized silver health plans
29 offered on the exchange may not be less than the actuarial value of
30 the standardized silver health plan with the lowest actuarial value.

31 (c) A health carrier offering a standardized health plan on the
32 exchange under this section must continue to meet all requirements
33 for qualified health plan certification under RCW 43.71.065
34 including, but not limited to, requirements relating to rate review
35 and network adequacy.

36 (3) The exchange must annually review whether standardized health
37 plans continue to maximize federal funding, ensure plan choice for
38 individuals with health conditions, and respond to market conditions
39 using the consultation process under subsection (1) of this section.

1 NEW SECTION. **Sec. 2.** A new section is added to chapter 43.71
2 RCW to read as follows:

3 (1) The exchange shall evaluate the effects on exchange consumers
4 and health carriers of prohibiting nonstandardized silver plans on
5 the exchange and reexamine whether moving toward a standardized
6 market could provide a better customer experience with minimal market
7 disruption. If the exchange finds that moving toward a standardized
8 market remains advisable, it shall recommend a plan to the
9 legislature on how to standardize the exchange market using a phased
10 approach. The plan must include any additional authority the exchange
11 requires to develop standardized plans at other actuarial value
12 levels. The exchange shall report its findings and recommendations to
13 the appropriate committees of the legislature no later than December
14 1, 2026.

15 (2) This section expires January 1, 2027."

16 Correct the title.

EFFECT: Reduces, effective January 1, 2026, the number of nonstandardized gold and bronze plans that may be offered on the exchange to one nonstandardized gold plan and one nonstandardized bronze plan. Moves up the due date for the report on the effects of prohibiting nonstandardized silver plans from December 1, 2028, to December 1, 2026.

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