

E2SHB 2572 - S AMD TO S AMD 218 (2572-S2.E AMS KEIS SEIB 001) **296**
By Senator Parlette

ADOPTED 3/1/2006

1 On page 1, line 9, after "costs." insert "A small employer health
2 insurance program that provides subsidies for employers who want to
3 purchase one type of insurance and allows other employers to choose
4 more kinds of low-cost insurance products would help more small
5 employers provide health insurance for their employees."

6 On page 5, after line 25, insert the following:

7 "**Sec. 13.** RCW 48.21.045 and 2004 c 244 s 1 are each amended to read as
8 follows:

9 (1)~~((a))~~ An insurer offering any health benefit plan to a small
10 employer, either directly or through an association or member-governed
11 group formed specifically for the purpose of purchasing health care,
12 may offer and actively market to the small employer ~~((a))~~ no more than
13 one health benefit plan featuring a limited schedule of covered health
14 care services. ~~(Nothing in this subsection shall preclude an insurer~~
15 ~~from offering, or a small employer from purchasing, other health~~
16 ~~benefit plans that may have more comprehensive benefits than those~~
17 ~~included in the product offered under this subsection. An insurer~~
18 ~~offering a health benefit plan under this subsection shall clearly~~
19 ~~disclose all covered benefits to the small employer in a brochure filed~~
20 ~~with the commissioner.~~

21 ~~— (b) A health benefit plan offered under this subsection shall~~
22 ~~provide coverage for hospital expenses and services rendered by a~~
23 ~~physician licensed under chapter 18.57 or 18.71 RCW but is not subject~~
24 ~~to the requirements of RCW 48.21.130, 48.21.140, 48.21.141, 48.21.142,~~
25 ~~48.21.144, 48.21.146, 48.21.160 through 48.21.197, 48.21.200,~~
26 ~~48.21.220, 48.21.225, 48.21.230, 48.21.235, 48.21.240, 48.21.244,~~
27 ~~48.21.250, 48.21.300, 48.21.310, or 48.21.320.~~

28 ~~— (2))~~ (a) The plan offered under this subsection may be offered
29 with a choice of cost-sharing arrangements, and may, but is not
30 required to, comply with: RCW 48.21.130 through 48.21.240, 48.21.244
31 through 48.21.280, 48.21.300 through 48.21.320, 48.43.045(1) except as

1 required in (b) of this subsection, 48.43.093, 48.43.115 through
2 48.43.185, 48.43.515(5), or 48.42.100.

3 (b) In offering the plan under this subsection, the insurer must
4 offer the small employer the option of permitting every category of
5 health care provider to provide health services or care for conditions
6 covered by the plan pursuant to RCW 48.43.045(1).

7 (2) An insurer offering the plan under subsection (1) of this
8 section must also offer and actively market to the small employer at
9 least one additional health benefit plan.

10 (3) Nothing in this section shall prohibit an insurer from
11 offering, or a purchaser from seeking, health benefit plans with
12 benefits in excess of the health benefit plan offered under subsection
13 (1) of this section. All forms, policies, and contracts shall be
14 submitted for approval to the commissioner, and the rates of any plan
15 offered under this section shall be reasonable in relation to the
16 benefits thereto.

17 ~~((3))~~ (4) Premium rates for health benefit plans for small
18 employers as defined in this section shall be subject to the following
19 provisions:

20 (a) The insurer shall develop its rates based on an adjusted
21 community rate and may only vary the adjusted community rate for:

- 22 (i) Geographic area;
- 23 (ii) Family size;
- 24 (iii) Age; and
- 25 (iv) Wellness activities.

26 (b) The adjustment for age in (a)(iii) of this subsection may not
27 use age brackets smaller than five-year increments, which shall begin
28 with age twenty and end with age sixty-five. Employees under the age
29 of twenty shall be treated as those age twenty.

30 (c) The insurer shall be permitted to develop separate rates for
31 individuals age sixty-five or older for coverage for which medicare is
32 the primary payer and coverage for which medicare is not the primary
33 payer. Both rates shall be subject to the requirements of this
34 subsection ~~((3))~~ (4).

35 (d) The permitted rates for any age group shall be no more than
36 four hundred twenty-five percent of the lowest rate for all age groups
37 on January 1, 1996, four hundred percent on January 1, 1997, and three
38 hundred seventy-five percent on January 1, 2000, and thereafter.

1 (e) A discount for wellness activities shall be permitted to
2 reflect actuarially justified differences in utilization or cost
3 attributed to such programs.

4 (f) The rate charged for a health benefit plan offered under this
5 section may not be adjusted more frequently than annually except that
6 the premium may be changed to reflect:

7 (i) Changes to the enrollment of the small employer;

8 (ii) Changes to the family composition of the employee;

9 (iii) Changes to the health benefit plan requested by the small
10 employer; or

11 (iv) Changes in government requirements affecting the health
12 benefit plan.

13 (g) Rating factors shall produce premiums for identical groups that
14 differ only by the amounts attributable to plan design, with the
15 exception of discounts for health improvement programs.

16 (h) For the purposes of this section, a health benefit plan that
17 contains a restricted network provision shall not be considered similar
18 coverage to a health benefit plan that does not contain such a
19 provision, provided that the restrictions of benefits to network
20 providers result in substantial differences in claims costs. A carrier
21 may develop its rates based on claims costs (~~((due to network provider
22 reimbursement schedules or type of network))~~) for a plan. This
23 subsection does not restrict or enhance the portability of benefits as
24 provided in RCW 48.43.015.

25 (i) Except for small group health benefit plans that qualify as
26 insurance coverage combined with a health savings account as defined by
27 the United States internal revenue service, adjusted community rates
28 established under this section shall pool the medical experience of all
29 small groups purchasing coverage. However, annual rate adjustments for
30 each small group health benefit plan may vary by up to plus or minus
31 ~~((four))~~ eight percentage points from the overall adjustment of a
32 carrier's entire small group pool(~~(, such overall adjustment to be
33 approved by the commissioner, upon a showing by the carrier, certified
34 by a member of the American academy of actuaries that: (i) The
35 variation is a result of deductible leverage, benefit design, or
36 provider network characteristics; and (ii) for a rate renewal period,
37 the projected weighted average of all small group benefit plans will
38 have a revenue neutral effect on the carrier's small group pool.
39 Variations of greater than four percentage points are subject to review~~

1 ~~by the commissioner, and must be approved or denied within sixty days~~
2 ~~of submittal))~~ if certified by a member of the American academy of
3 actuaries, that: (i) The variation is a result of deductible leverage,
4 benefit design, claims cost trend for the plan, or provider network
5 characteristics; and (ii) for a rate renewal period, the projected
6 weighted average of all small group benefit plans will have a revenue
7 neutral effect on the carrier's small group pool. Variations of
8 greater than eight percentage points are subject to review by the
9 commissioner, and must be approved or denied within thirty days of
10 submittal. A variation that is not denied within ~~(sixty))~~ thirty days
11 shall be deemed approved. The commissioner must provide to the carrier
12 a detailed actuarial justification for any denial (~~within thirty~~
13 ~~days))~~ at the time of the denial.

14 ~~((4))~~ (5) Nothing in this section shall restrict the right of
15 employees to collectively bargain for insurance providing benefits in
16 excess of those provided herein.

17 ~~((5))~~ (6)(a) Except as provided in this subsection, requirements
18 used by an insurer in determining whether to provide coverage to a
19 small employer shall be applied uniformly among all small employers
20 applying for coverage or receiving coverage from the carrier.

21 (b) An insurer shall not require a minimum participation level
22 greater than:

23 (i) One hundred percent of eligible employees working for groups
24 with three or less employees; and

25 (ii) Seventy-five percent of eligible employees working for groups
26 with more than three employees.

27 (c) In applying minimum participation requirements with respect to
28 a small employer, a small employer shall not consider employees or
29 dependents who have similar existing coverage in determining whether
30 the applicable percentage of participation is met.

31 (d) An insurer may not increase any requirement for minimum
32 employee participation or modify any requirement for minimum employer
33 contribution applicable to a small employer at any time after the small
34 employer has been accepted for coverage.

35 ~~((6))~~ (7) An insurer must offer coverage to all eligible
36 employees of a small employer and their dependents. An insurer may not
37 offer coverage to only certain individuals or dependents in a small
38 employer group or to only part of the group. An insurer may not modify
39 a health plan with respect to a small employer or any eligible employee

1 or dependent, through riders, endorsements or otherwise, to restrict or
2 exclude coverage or benefits for specific diseases, medical conditions,
3 or services otherwise covered by the plan.

4 ~~((7))~~ (8) As used in this section, "health benefit plan," "small
5 employer," "adjusted community rate," and "wellness activities" mean
6 the same as defined in RCW 48.43.005.

7 **Sec. 14.** RCW 48.44.023 and 2004 c 244 s 7 are each amended to read
8 as follows:

9 (1)~~((a))~~ A health care services contractor offering any health
10 benefit plan to a small employer, either directly or through an
11 association or member-governed group formed specifically for the
12 purpose of purchasing health care, may offer and actively market to the
13 small employer ~~((a))~~ no more than one health benefit plan featuring a
14 limited schedule of covered health care services. ~~((Nothing in this
15 subsection shall preclude a contractor from offering, or a small
16 employer from purchasing, other health benefit plans that may have more
17 comprehensive benefits than those included in the product offered under
18 this subsection. A contractor offering a health benefit plan under
19 this subsection shall clearly disclose all covered benefits to the
20 small employer in a brochure filed with the commissioner.~~

21 ~~— (b) A health benefit plan offered under this subsection shall
22 provide coverage for hospital expenses and services rendered by a
23 physician licensed under chapter 18.57 or 18.71 RCW but is not subject
24 to the requirements of RCW 48.44.225, 48.44.240, 48.44.245, 48.44.290,
25 48.44.300, 48.44.310, 48.44.320, 48.44.325, 48.44.330, 48.44.335,
26 48.44.340, 48.44.344, 48.44.360, 48.44.400, 48.44.440, 48.44.450, and
27 48.44.460.~~

28 ~~— (2))~~ (a) The plan offered under this subsection may be offered
29 with a choice of cost-sharing arrangements, and may, but is not
30 required to, comply with: RCW 48.44.210, 48.44.212, 48.44.225,
31 48.44.240 through 48.44.245, 48.44.290 through 48.44.340, 48.44.344,
32 48.44.360 through 48.44.380, 48.44.400, 48.44.420, 48.44.440 through
33 48.44.460, 48.44.500, 48.43.045(1) except as required in (b) of this
34 subsection, 48.43.093, 48.43.115 through 48.43.185, 48.43.515(5), or
35 48.42.100.

36 (b) In offering the plan under this subsection, the health care
37 service contractor must offer the small employer the option of
38 permitting every category of health care provider to provide health

1 services or care for conditions covered by the plan pursuant to RCW
2 48.43.045(1).

3 (2) A health care service contractor offering the plan under
4 subsection (1) of this section must also offer and actively market to
5 the small employer at least one additional health benefit plan.

6 (3) Nothing in this section shall prohibit a health care service
7 contractor from offering, or a purchaser from seeking, health benefit
8 plans with benefits in excess of the health benefit plan offered under
9 subsection (1) of this section. All forms, policies, and contracts
10 shall be submitted for approval to the commissioner, and the rates of
11 any plan offered under this section shall be reasonable in relation to
12 the benefits thereto.

13 ~~((3))~~ (4) Premium rates for health benefit plans for small
14 employers as defined in this section shall be subject to the following
15 provisions:

16 (a) The contractor shall develop its rates based on an adjusted
17 community rate and may only vary the adjusted community rate for:

- 18 (i) Geographic area;
- 19 (ii) Family size;
- 20 (iii) Age; and
- 21 (iv) Wellness activities.

22 (b) The adjustment for age in (a)(iii) of this subsection may not
23 use age brackets smaller than five-year increments, which shall begin
24 with age twenty and end with age sixty-five. Employees under the age
25 of twenty shall be treated as those age twenty.

26 (c) The contractor shall be permitted to develop separate rates for
27 individuals age sixty-five or older for coverage for which medicare is
28 the primary payer and coverage for which medicare is not the primary
29 payer. Both rates shall be subject to the requirements of this
30 subsection ~~((3))~~ (4).

31 (d) The permitted rates for any age group shall be no more than
32 four hundred twenty-five percent of the lowest rate for all age groups
33 on January 1, 1996, four hundred percent on January 1, 1997, and three
34 hundred seventy-five percent on January 1, 2000, and thereafter.

35 (e) A discount for wellness activities shall be permitted to
36 reflect actuarially justified differences in utilization or cost
37 attributed to such programs.

1 (f) The rate charged for a health benefit plan offered under this
2 section may not be adjusted more frequently than annually except that
3 the premium may be changed to reflect:

4 (i) Changes to the enrollment of the small employer;

5 (ii) Changes to the family composition of the employee;

6 (iii) Changes to the health benefit plan requested by the small
7 employer; or

8 (iv) Changes in government requirements affecting the health
9 benefit plan.

10 (g) Rating factors shall produce premiums for identical groups that
11 differ only by the amounts attributable to plan design, with the
12 exception of discounts for health improvement programs.

13 (h) For the purposes of this section, a health benefit plan that
14 contains a restricted network provision shall not be considered similar
15 coverage to a health benefit plan that does not contain such a
16 provision, provided that the restrictions of benefits to network
17 providers result in substantial differences in claims costs. A carrier
18 may develop its rates based on claims costs (~~((due to network provider
19 reimbursement schedules or type of network))~~) for a plan. This
20 subsection does not restrict or enhance the portability of benefits as
21 provided in RCW 48.43.015.

22 (i) Except for small group health benefit plans that qualify as
23 insurance coverage combined with a health savings account as defined by
24 the United States internal revenue service, adjusted community rates
25 established under this section shall pool the medical experience of all
26 groups purchasing coverage. However, annual rate adjustments for each
27 small group health benefit plan may vary by up to plus or minus
28 ((four)) eight percentage points from the overall adjustment of a
29 carrier's entire small group pool((, such overall adjustment to be
30 approved by the commissioner, upon a showing by the carrier, certified
31 by a member of the American academy of actuaries that: (i) The
32 variation is a result of deductible leverage, benefit design, or
33 provider network characteristics; and (ii) for a rate renewal period,
34 the projected weighted average of all small group benefit plans will
35 have a revenue neutral effect on the carrier's small group pool.
36 Variations of greater than four percentage points are subject to review
37 by the commissioner, and must be approved or denied within sixty days
38 of submittal)) if certified by a member of the American academy of
39 actuaries, that: (i) The variation is a result of deductible leverage,

1 benefit design, claims cost trend for the plan, or provider network
2 characteristics; and (ii) for a rate renewal period, the projected
3 weighted average of all small group benefit plans will have a revenue
4 neutral effect on the carrier's small group pool. Variations of
5 greater than eight percentage points are subject to review by the
6 commissioner, and must be approved or denied within thirty days of
7 submittal. A variation that is not denied within ~~(sixty))~~ thirty days
8 shall be deemed approved. The commissioner must provide to the carrier
9 a detailed actuarial justification for any denial ((~~within thirty~~
10 ~~days~~)) at the time of the denial.

11 ((~~4~~)) (5) Nothing in this section shall restrict the right of
12 employees to collectively bargain for insurance providing benefits in
13 excess of those provided herein.

14 ((~~5~~)) (6)(a) Except as provided in this subsection, requirements
15 used by a contractor in determining whether to provide coverage to a
16 small employer shall be applied uniformly among all small employers
17 applying for coverage or receiving coverage from the carrier.

18 (b) A contractor shall not require a minimum participation level
19 greater than:

20 (i) One hundred percent of eligible employees working for groups
21 with three or less employees; and

22 (ii) Seventy-five percent of eligible employees working for groups
23 with more than three employees.

24 (c) In applying minimum participation requirements with respect to
25 a small employer, a small employer shall not consider employees or
26 dependents who have similar existing coverage in determining whether
27 the applicable percentage of participation is met.

28 (d) A contractor may not increase any requirement for minimum
29 employee participation or modify any requirement for minimum employer
30 contribution applicable to a small employer at any time after the small
31 employer has been accepted for coverage.

32 ((~~6~~)) (7) A contractor must offer coverage to all eligible
33 employees of a small employer and their dependents. A contractor may
34 not offer coverage to only certain individuals or dependents in a small
35 employer group or to only part of the group. A contractor may not
36 modify a health plan with respect to a small employer or any eligible
37 employee or dependent, through riders, endorsements or otherwise, to
38 restrict or exclude coverage or benefits for specific diseases, medical
39 conditions, or services otherwise covered by the plan.

1 **Sec. 15.** RCW 48.46.066 and 2004 c 244 s 9 are each amended to read
2 as follows:

3 (1)((~~(a)~~)) A health maintenance organization offering any health
4 benefit plan to a small employer, either directly or through an
5 association or member-governed group formed specifically for the
6 purpose of purchasing health care, may offer and actively market to the
7 small employer ((~~a~~)) no more than one health benefit plan featuring a
8 limited schedule of covered health care services. ((~~Nothing in this~~
9 ~~subsection shall preclude a health maintenance organization from~~
10 ~~offering, or a small employer from purchasing, other health benefit~~
11 ~~plans that may have more comprehensive benefits than those included in~~
12 ~~the product offered under this subsection. A health maintenance~~
13 ~~organization offering a health benefit plan under this subsection shall~~
14 ~~clearly disclose all the covered benefits to the small employer in a~~
15 ~~brochure filed with the commissioner.~~

16 ~~— (b) A health benefit plan offered under this subsection shall~~
17 ~~provide coverage for hospital expenses and services rendered by a~~
18 ~~physician licensed under chapter 18.57 or 18.71 RCW but is not subject~~
19 ~~to the requirements of RCW 48.46.275, 48.46.280, 48.46.285, 48.46.290,~~
20 ~~48.46.350, 48.46.355, 48.46.375, 48.46.440, 48.46.480, 48.46.510,~~
21 ~~48.46.520, and 48.46.530.~~

22 ~~— (2))~~ (a) The plan offered under this subsection may be offered
23 with a choice of cost-sharing arrangements, and may, but is not
24 required to, comply with: RCW 48.46.250, 48.46.272 through 48.46.290,
25 48.46.320, 48.46.350, 48.46.375, 48.46.440 through 48.46.460,
26 48.46.480, 48.46.490, 48.46.510, 48.46.520, 48.46.530, 48.46.565,
27 48.46.570, 48.46.575, 48.43.045(1) except as required in (b) of this
28 subsection, 48.43.093, 48.43.115 through 48.43.185, 48.43.515(5), or
29 48.42.100.

30 (b) In offering the plan under this subsection, the health
31 maintenance organization must offer the small employer the option of
32 permitting every category of health care provider to provide health
33 services or care for conditions covered by the plan pursuant to RCW
34 48.43.045(1).

35 (2) A health maintenance organization offering the plan under
36 subsection (1) of this section must also offer and actively market to
37 the small employer at least one additional health benefit plan.

38 (3) Nothing in this section shall prohibit a health maintenance
39 organization from offering, or a purchaser from seeking, health benefit

1 plans with benefits in excess of the health benefit plan offered under
2 subsection (1) of this section. All forms, policies, and contracts
3 shall be submitted for approval to the commissioner, and the rates of
4 any plan offered under this section shall be reasonable in relation to
5 the benefits thereto.

6 ~~((3))~~ (4) Premium rates for health benefit plans for small
7 employers as defined in this section shall be subject to the following
8 provisions:

9 (a) The health maintenance organization shall develop its rates
10 based on an adjusted community rate and may only vary the adjusted
11 community rate for:

- 12 (i) Geographic area;
- 13 (ii) Family size;
- 14 (iii) Age; and
- 15 (iv) Wellness activities.

16 (b) The adjustment for age in (a)(iii) of this subsection may not
17 use age brackets smaller than five-year increments, which shall begin
18 with age twenty and end with age sixty-five. Employees under the age
19 of twenty shall be treated as those age twenty.

20 (c) The health maintenance organization shall be permitted to
21 develop separate rates for individuals age sixty-five or older for
22 coverage for which medicare is the primary payer and coverage for which
23 medicare is not the primary payer. Both rates shall be subject to the
24 requirements of this subsection ~~((3))~~ (4).

25 (d) The permitted rates for any age group shall be no more than
26 four hundred twenty-five percent of the lowest rate for all age groups
27 on January 1, 1996, four hundred percent on January 1, 1997, and three
28 hundred seventy-five percent on January 1, 2000, and thereafter.

29 (e) A discount for wellness activities shall be permitted to
30 reflect actuarially justified differences in utilization or cost
31 attributed to such programs.

32 (f) The rate charged for a health benefit plan offered under this
33 section may not be adjusted more frequently than annually except that
34 the premium may be changed to reflect:

- 35 (i) Changes to the enrollment of the small employer;
- 36 (ii) Changes to the family composition of the employee;
- 37 (iii) Changes to the health benefit plan requested by the small
38 employer; or

1 (iv) Changes in government requirements affecting the health
2 benefit plan.

3 (g) Rating factors shall produce premiums for identical groups that
4 differ only by the amounts attributable to plan design, with the
5 exception of discounts for health improvement programs.

6 (h) For the purposes of this section, a health benefit plan that
7 contains a restricted network provision shall not be considered similar
8 coverage to a health benefit plan that does not contain such a
9 provision, provided that the restrictions of benefits to network
10 providers result in substantial differences in claims costs. A carrier
11 may develop its rates based on claims costs (~~(due to network provider~~
12 ~~reimbursement schedules or type of network~~) for a plan. This
13 subsection does not restrict or enhance the portability of benefits as
14 provided in RCW 48.43.015.

15 (i) Except for small group health benefit plans that qualify as
16 insurance coverage combined with a health savings account as defined by
17 the United States internal revenue service, adjusted community rates
18 established under this section shall pool the medical experience of all
19 groups purchasing coverage. However, annual rate adjustments for each
20 small group health benefit plan may vary by up to plus or minus
21 (~~four~~) eight percentage points from the overall adjustment of a
22 carrier's entire small group pool(~~(, such overall adjustment to be~~
23 ~~approved by the commissioner, upon a showing by the carrier, certified~~
24 ~~by a member of the American academy of actuaries that: (i) The~~
25 ~~variation is a result of deductible leverage, benefit design, or~~
26 ~~provider network characteristics; and (ii) for a rate renewal period,~~
27 ~~the projected weighted average of all small group benefit plans will~~
28 ~~have a revenue neutral effect on the carrier's small group pool.~~
29 ~~Variations of greater than four percentage points are subject to review~~
30 ~~by the commissioner, and must be approved or denied within sixty days~~
31 ~~of submittal)) if certified by a member of the American academy of~~
32 actuaries, that: (i) The variation is a result of deductible leverage,
33 benefit design, claims cost trend for the plan, or provider network
34 characteristics; and (ii) for a rate renewal period, the projected
35 weighted average of all small group benefit plans will have a revenue
36 neutral effect on the health maintenance organization's small group
37 pool. Variations of greater than eight percentage points are subject
38 to review by the commissioner, and must be approved or denied within
39 thirty days of submittal. A variation that is not denied within

1 ((~~sixty~~)) thirty days shall be deemed approved. The commissioner must
2 provide to the carrier a detailed actuarial justification for any
3 denial ((~~within thirty days~~)) at the time of the denial.

4 ((~~(4)~~)) (5) Nothing in this section shall restrict the right of
5 employees to collectively bargain for insurance providing benefits in
6 excess of those provided herein.

7 ((~~(5)~~)) (6)(a) Except as provided in this subsection, requirements
8 used by a health maintenance organization in determining whether to
9 provide coverage to a small employer shall be applied uniformly among
10 all small employers applying for coverage or receiving coverage from
11 the carrier.

12 (b) A health maintenance organization shall not require a minimum
13 participation level greater than:

14 (i) One hundred percent of eligible employees working for groups
15 with three or less employees; and

16 (ii) Seventy-five percent of eligible employees working for groups
17 with more than three employees.

18 (c) In applying minimum participation requirements with respect to
19 a small employer, a small employer shall not consider employees or
20 dependents who have similar existing coverage in determining whether
21 the applicable percentage of participation is met.

22 (d) A health maintenance organization may not increase any
23 requirement for minimum employee participation or modify any
24 requirement for minimum employer contribution applicable to a small
25 employer at any time after the small employer has been accepted for
26 coverage.

27 ((~~(6)~~)) (7) A health maintenance organization must offer coverage
28 to all eligible employees of a small employer and their dependents. A
29 health maintenance organization may not offer coverage to only certain
30 individuals or dependents in a small employer group or to only part of
31 the group. A health maintenance organization may not modify a health
32 plan with respect to a small employer or any eligible employee or
33 dependent, through riders, endorsements or otherwise, to restrict or
34 exclude coverage or benefits for specific diseases, medical conditions,
35 or services otherwise covered by the plan."

36 Renumber the sections consecutively and correct any internal
37 references accordingly.

1 **E2SHB 2572** - S AMD TO S AMD 218 (2572-S2.E KEIS SEIB 001) **296**
2 By Senator Parlette

3 On page 1, line 2 of the title, after "RCW;", strike the remainder
4 of the title and insert "amending RCW 48.21.045, RCW 48.44.023, and
5 48.46.066; and creating a new section." **ADOPTED 3/1/2006**

--- END ---

EFFECT: Allows health carriers to offer health plans with a limited set of benefits. Exempts small benefit health plans that qualify as insurance coverage combined with a health savings account as defined by United States internal revenue service from being pooled with the medical experience of all groups purchasing coverage.