HOUSE BILL 2795

State of Washington59th Legislature2006 Regular SessionBy Representatives Chase, Hasegawa, Moeller and ConwayRead first time 01/13/2006. Referred to Committee on Health Care.

1 AN ACT Relating to maximum capital and surplus accumulations by 2 health care service contractors and health maintenance organizations; 3 amending RCW 48.31C.060 and 48.43.305; and adding a new section to 4 chapter 48.43 RCW.

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

6 <u>NEW SECTION.</u> Sec. 1. A new section is added to chapter 48.43 RCW 7 to read as follows:

(1) When annual premiums are in excess of two hundred fifty million 8 dollars, a health care service contractor under chapter 48.44 RCW or a 9 10 health maintenance organization under chapter 48.46 RCW may not accumulate capital and surplus, including risk-based capital (RBC), in 11 12 excess of two months of claims expense as reported on line 18 of the 13 quarterly statement of revenue and expenses, as existing on the effective date of this section, filed with the insurance commissioner's 14 15 office.

(a) The excess shall be returned to the policyholders by their
choice of one of three methods: Electronic transfer; check; or
reduction of next year's premium. If the refund will be less than ten

1 dollars per subscriber, the excess shall be retained by the health care 2 service contractor or health maintenance organization for distribution 3 when the per subscriber refund is ten dollars or more.

4 (b) Transfers of assets by a health care service contractor or 5 health maintenance organization to any for-profit or not-for-profit 6 subsidiary, foundation, or business venture which does not directly 7 provide health insurance services shall be included in reserve 8 calculations by the commissioner.

9 (c) The commissioner shall not approve any premium rate increase 10 filing or filing to reduce services for subscribers by a health care 11 service contractor or health maintenance organization that does not use 12 excess reserves to reduce premiums as required by this section.

(d) Nothing in this section shall prohibit a health care service contractor or health maintenance organization from maintaining reserves above minimum requirements but below the maximum limit, or from returning moneys to or reducing moneys payable by subscribers, prior to reaching the maximum limit.

(e) The commissioner may waive the requirements of (d) of this subsection if, in the commissioner's sole discretion, the commissioner determines that the health care service contractor or health maintenance organization shall use the reserves to make new capital investments within the next fiscal year.

(2)(a) The initial refund shall be distributed to the policyholders of record on January 1, 2004, through December 31, 2005. The refund will be a percentage of premiums paid during this time frame. The calculations shall be approved by the commissioner's office.

(b) Refunds shall be declared at the time of filing of the quarterly report. Refunds shall pertain to all policy owners of record during the quarter. The refund shall be distributed as a percentage of premiums paid.

31 (c) If the refund lowers reserves below the RBC company action 32 level, the action level shall be the overriding factor.

33 Sec. 2. RCW 48.31C.060 and 2001 c 179 s 6 are each amended to read 34 as follows:

35 (1)(a) Subject to subsection (2) of this section, each registered 36 health carrier shall report to the commissioner all dividends and other 37 distributions to shareholders or members not within the ordinary course of business within five business days after their declaration and at least fifteen business days before payment and shall provide the commissioner such other information as may be required by rule.

(b) Any payment of a dividend or other distribution to shareholders
or members which would reduce the net worth of the health carrier below
the greater of (i) the minimum required by RCW 48.44.037 for a health
care service contractor or RCW 48.46.235 for a health maintenance
organization or (ii) the company action level RBC under RCW
48.43.300(9)(a) is prohibited.

10 (2)(a) No domestic health carrier may pay an extraordinary dividend or make any other extraordinary distribution to its shareholders or 11 12 members until: (i) Thirty days after the commissioner has received 13 sufficient notice of the declaration, unless the commissioner declares 14 the notice to be incomplete and requests additional information in which event the thirty days shall be tolled until fifteen days after 15 receipt by the commissioner of the additional information or thirty 16 17 days after the original receipt of the notice by the commissioner, whichever is later, and the commissioner has not within that period 18 disapproved the payment; or (ii) the commissioner has approved the 19 payment within the thirty-day period. 20

21 (b) For purposes of this section, an extraordinary dividend or 22 distribution is a dividend or distribution of cash or other property whose fair market value, together with that of other dividends or 23 24 distributions not within the ordinary course of business made within 25 the period of twelve consecutive months ending on the date on which the 26 proposed dividend is scheduled for payment or distribution, exceeds the 27 lesser of: (i) Ten percent of the health carrier's net worth as of the 31st day of the previous December; or (ii) the net income of the health 28 carrier for the twelve-month period ending the 31st day of the previous 29 December, but does not include pro rata distributions of any class of 30 the company's own securities. 31

32 (c) Notwithstanding any other provision of law, a health carrier 33 ((may)) shall declare ((an extraordinary)) <u>a</u> dividend or distribution 34 ((that is conditional upon the commissioner's approval)) <u>to</u> 35 policyholders when their capital and surplus exceeds two months' 36 <u>expenses</u>. The declaration confers no rights upon shareholders or 37 members until: (i) The commissioner has approved the payment of the

p. 3

1 dividend or distribution; or (ii) the commissioner has not disapproved 2 the payment within the thirty-day period referred to in (a) of this 3 subsection.

(3) For the purpose of this section, "distribution" means a direct 4 5 or indirect transfer of money or other property, except its own shares, or incurrence of indebtedness by a health carrier to or for the benefit 6 7 of its members or shareholders in respect to any of its shares. Α distribution may be in the form of a declaration or payment of a 8 dividend; a distribution in partial or complete liquidation, or upon 9 voluntary or involuntary dissolution; a purchase, redemption, or other 10 acquisition of shares; or a distribution of indebtedness in respect to 11 12 any of its shares. It does not include any remuneration to a 13 shareholder or member made as consideration for services or items provided by such shareholder or member, including but not limited to 14 remuneration in exchange for health care services, equipment or 15 supplies, or administrative support services or equipment. 16

17 **Sec. 3.** RCW 48.43.305 and 1998 c 241 s 2 are each amended to read 18 as follows:

(1) Every domestic carrier shall, on or prior to the filing date of March 1st, prepare and submit to the commissioner a report of its RBC levels as of the end of the calendar year just ended, in a form and containing such information as is required by the RBC instructions. In addition, every domestic carrier shall file its RBC report:

(a) With the NAIC in accordance with the RBC instructions; and
(b) With the insurance commissioner in any state in which the
carrier is authorized to do business, if the insurance commissioner has

27 notified the carrier of its request in writing, in which case the 28 carrier shall file its RBC report not later than the later of:

(i) Fifteen days from the receipt of notice to file its RBC report with that state; or

31 (ii) The filing date.

32 (2) A carrier's RBC shall be determined in accordance with the 33 formula set forth in the RBC instructions. The formula shall take into 34 account (and may adjust for the covariance between):

35 (a) The risk with respect to the carrier's assets;

36 (b) The risk of adverse insurance experience with respect to the 37 carrier's liabilities and obligations;

p. 4

(c) The interest rate risk with respect to the carrier's business;
 and

3 (d) All other business risks and such other relevant risks as are
4 set forth in the RBC instructions; determined in each case by applying
5 the factors in the manner set forth in the RBC instructions.

(3) ((An excess of capital over the amount produced by the risk-6 based capital requirements contained in RCW 48.43.300 through 48.43.370 7 and the formulas, schedules, and instructions referenced in RCW 8 48.43.300 through 48.43.370 is desirable in the business of insurance. 9 10 Accordingly, carriers should seek to maintain capital above the RBC levels required by RCW 48.43.300 through 48.43.370. Additional capital 11 is used and useful in the insurance business and helps to secure a 12 13 carrier against various risks inherent in, or affecting, the business 14 of insurance and not accounted for or only partially measured by the risk-based capital requirements contained in RCW 48.43.300 through 15 16 48.43.370.

17 (4)) If a domestic carrier files an RBC report that in the judgment of the commissioner is inaccurate, then the commissioner shall adjust the RBC report to correct the inaccuracy and shall notify the carrier of the adjustment. The notice shall contain a statement of the reason for the adjustment.

--- END ---