

FINAL BILL REPORT

HB 1293

C 468 L 07

Synopsis as Enacted

Brief Description: Modifying insurance commissioner regulatory assessment fee provisions.

Sponsors: By Representatives Cody and Sommers; by request of Insurance Commissioner.

House Committee on Appropriations

Senate Committee on Ways & Means

Background:

Insurers, health care service contractors, and self-funded multiple employer welfare arrangements are classified as either class one, class two, or class three organizations. All of these organizations are charged a pro rata share of the cost of operating the Office of the Insurance Commissioner. Each class of organization has its fee calculated separately to reflect the portion of the Insurance Commissioner's operating budget each class represents. The fees are not to exceed one-eighth of 1 percent of receipts.

Health maintenance organizations (HMOs) licensed in Washington are assessed fees to cover the cost of financial condition and market conduct examinations, the costs of promulgating rules, and other costs of regulating HMOs. The fees are not to exceed five and one-half cents per month per person.

Penalties for failure to pay fees for all class one, class two, and class three organizations are equal to penalties for failure to pay taxes:

- 0-45 days - a penalty of 5 percent of the amount of the tax;
- 46-60 days - a penalty of 10 percent of the amount of the tax; and
- more than 60 days - 20 percent of the amount of the tax.

Summary:

HMOs are classified as a class two organization (similar to health care service contractors). HMOs will pay fees equal to one-eighth of 1 percent of their net premiums. Clarifications are made to penalties related to failure to pay fees.

Votes on Final Passage:

House	96	1
Senate	45	0

Effective: July 22, 2007