

HB 1207 - DIGEST

Provides that rates, or any modification of rates, for individual health benefit plans may not be used until sixty days after they are filed with the commissioner.

Directs the commissioner to take into consideration the surplus of the carrier when reviewing a carrier's rate under title 48 RCW.

Requires that, by July 1, 2008, the commissioner must adopt rules setting standards for taking into consideration a carrier's surplus when reviewing rate filings.

Repeals RCW 48.20.025, 48.44.017, and 48.46.062.