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**SUBSTITUTE HOUSE BILL 2361**

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**State of Washington**

**68th Legislature**

**2024 Regular Session**

**By** House Health Care & Wellness (originally sponsored by Representatives Riccelli, Macri, Nance, Reed, Simmons, and Ormsby)

READ FIRST TIME 01/31/24.

1 AN ACT Relating to phasing in the requirement that only  
2 standardized health plans may be offered on the health benefit  
3 exchange; amending RCW 43.71.095; adding a new section to chapter  
4 43.71 RCW; and providing an expiration date.

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

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

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

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

18 (b) The exchange may update the standardized health plans  
19 annually.

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

1 (d) The exchange must provide written notice of the standardized  
2 health plans to licensed health carriers by January 31st before the  
3 year in which the health plans are to be offered on the exchange. The  
4 exchange may make modifications to the standardized plans after  
5 January 31st to comply with changes to state or federal law or  
6 regulations.

7 (2) (a) Beginning January 1, 2021, any health carrier offering a  
8 qualified health plan on the exchange must offer the silver and gold  
9 standardized health plans established under this section on the  
10 exchange in each county where the carrier offers a qualified health  
11 plan. If a health carrier offers a bronze health plan on the  
12 exchange, it must offer the bronze standardized health plans  
13 established under this section on the exchange in each county where  
14 the carrier offers a qualified health plan.

15 (b) (i) ~~Until December 31, ((2022, a health carrier offering a~~  
16 ~~standardized health plan under this section may also offer~~  
17 ~~nonstandardized health plans on the exchange. Beginning January 1,~~  
18 ~~2023,)) 2025, a health carrier offering a standardized health plan~~  
19 ~~under this section may also offer up to two nonstandardized gold~~  
20 ~~health plans, two nonstandardized bronze health plans, one~~  
21 ~~nonstandardized silver health plan, one nonstandardized platinum~~  
22 ~~health plan, and one nonstandardized catastrophic health plan in each~~  
23 ~~county where the carrier offers a qualified health plan.~~

24 (ii) ~~((The exchange, in consultation with the office of the~~  
25 ~~insurance commissioner, shall analyze the impact to exchange~~  
26 ~~consumers of offering only standard plans beginning in 2025 and~~  
27 ~~submit a report to the appropriate committees of the legislature by~~  
28 ~~December 1, 2023. The report must include an analysis of how plan~~  
29 ~~choice and affordability will be impacted for exchange consumers~~  
30 ~~across the state, including an analysis of offering a bronze~~  
31 ~~standardized high deductible health plan compatible with a health~~  
32 ~~savings account, and a gold standardized health plan closer in~~  
33 ~~actuarial value to the silver standardized health plan.)) Beginning  
34 January 1, 2026, nonstandardized silver plans may not be offered on  
35 the exchange. A health carrier offering a standardized health plan  
36 under this section may continue to offer up to two nonstandardized  
37 gold health plans, two nonstandardized bronze health plans, one  
38 nonstandardized platinum health plan, and one nonstandardized  
39 catastrophic health plan in each county where the carrier offers a  
40 qualified health plan.~~

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

4 (c) A health carrier offering a standardized health plan on the  
5 exchange under this section must continue to meet all requirements  
6 for qualified health plan certification under RCW 43.71.065  
7 including, but not limited to, requirements relating to rate review  
8 and network adequacy.

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

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

15 (1) The exchange shall evaluate the effects on exchange consumers  
16 and health carriers of prohibiting nonstandardized silver plans on  
17 the exchange and reexamine whether moving toward a standardized  
18 market could provide a better customer experience with minimal market  
19 disruption. If the exchange finds that moving toward a standardized  
20 market remains advisable, it shall recommend a plan to the  
21 legislature on how to standardize the exchange market using a phased  
22 approach. The plan must include any additional authority the exchange  
23 requires to develop standardized plans at other actuarial value  
24 levels. The exchange shall report its findings and recommendations to  
25 the appropriate committees of the legislature no later than December  
26 1, 2028.

27 (2) This section expires January 1, 2029.

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