
Health Care & Wellness Committee

HB 1957

Brief Description: Providing consistency in the rate approval process for individual and small group market health plans.

Sponsors: Representatives Schmick and Dufault.

<p style="text-align: center;">Brief Summary of Bill</p> <ul style="list-style-type: none">• Requires rate filings for small group market plans to be deemed approved 60 days after filing.
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Hearing Date: 2/18/25

Staff: Jim Morishima (786-7191).

Background:

Health carriers are required to file their rates with the Office of the Insurance Commissioner (OIC) in mid-May. The OIC reviews and approves insurance rates in both the individual and small group markets. Rates that are unreasonable in relation to the benefits in the agreement are subject to disapproval.

The timing of the rate review process is subject to a variety of state and federal requirements. For example, under state law, individual market rates are deemed approved 60 days after a health carrier files certain supporting documents on its rates. Rates for qualified health plans (QHPs) offered on the Health Benefit Exchange (HBE) must be approved by early September, so that the QHPs may be certified by the HBE in mid-September. Federal guidance requires rate filings for non-QHPs to be approved by mid-October.

Summary of Bill:

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

If the Office of the Insurance Commissioner does not approve of a small group market rate filing within 60 days of filing, the filing is deemed approved.

Appropriation: None.

Fiscal Note: Requested on February 17, 2025.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.