

RCW 41.05.413 Qualified health plans—Reimbursement limit—

Waiver. The director may, in his or her sole discretion, waive the requirements of RCW 41.05.410(2)(g) if he or she finds that:

(1) A health carrier offering a qualified health plan under RCW 41.05.410 is unable to form a provider network that meets the network access standards adopted by the insurance commissioner due to the requirements of RCW 41.05.410(2)(g); and

(2) The health carrier is able to achieve actuarially sound premiums that are ten percent lower than the previous plan year through other means. [2023 c 51 § 19; 2019 c 364 § 4.]