
SENATE BILL 5982

State of Washington

59th Legislature

2005 Regular Session

By Senators Parlette, Deccio, Hewitt, Brandland, Honeyford, Mulliken, Schmidt and Oke

Read first time 02/17/2005. Referred to Committee on Health & Long-Term Care.

1 AN ACT Relating to access to health insurance for small employers
2 and their employees; and amending RCW 48.21.045, 48.44.023, and
3 48.46.066.

4 BE IT ENACTED BY THE PEOPLE OF THE STATE OF WASHINGTON:

5 **Sec. 1.** RCW 48.21.045 and 2004 c 244 s 1 are each amended to read
6 as follows:

7 (1)((~~a~~)) An insurer offering any health benefit plan to a small
8 employer, either directly or through an association or member-governed
9 group formed specifically for the purpose of purchasing health care,
10 may offer and actively market to the small employer ((a)) no more than
11 one health benefit plan featuring a limited schedule of covered health
12 care services. ((Nothing in this subsection shall preclude an insurer
13 from offering, or a small employer from purchasing, other health
14 benefit plans that may have more comprehensive benefits than those
15 included in the product offered under this subsection. An insurer
16 offering a health benefit plan under this subsection shall clearly
17 disclose all covered benefits to the small employer in a brochure filed
18 with the commissioner.

1 ~~(b) A health benefit plan offered under this subsection shall~~
2 ~~provide coverage for hospital expenses and services rendered by a~~
3 ~~physician licensed under chapter 18.57 or 18.71 RCW but is not subject~~
4 ~~to the requirements of RCW 48.21.130, 48.21.140, 48.21.141, 48.21.142,~~
5 ~~48.21.144, 48.21.146, 48.21.160 through 48.21.197, 48.21.200,~~
6 ~~48.21.220, 48.21.225, 48.21.230, 48.21.235, 48.21.240, 48.21.244,~~
7 ~~48.21.250, 48.21.300, 48.21.310, or 48.21.320.~~

8 ~~(2)) (a) The plan offered under this subsection may be offered~~
9 ~~with a choice of cost-sharing arrangements, and may, but is not~~
10 ~~required to, comply with: RCW 48.21.130 through 48.21.240, 48.21.244~~
11 ~~through 48.21.280, 48.21.300 through 48.21.320, 48.43.045(1) except as~~
12 ~~required in (b) of this subsection, 48.43.093, 48.43.115 through~~
13 ~~48.43.185, 48.43.515(5), or 48.42.100.~~

14 ~~(b) In offering the plan under this subsection, the insurer must~~
15 ~~offer the small employer the option of permitting every category of~~
16 ~~health care provider to provide health services or care for conditions~~
17 ~~covered by the plan pursuant to RCW 48.43.045(1).~~

18 ~~(2) An insurer offering the plan under subsection (1) of this~~
19 ~~section must also offer and actively market to the small employer at~~
20 ~~least one additional health benefit plan.~~

21 ~~(3) Nothing in this section shall prohibit an insurer from~~
22 ~~offering, or a purchaser from seeking, health benefit plans with~~
23 ~~benefits in excess of the health benefit plan offered under subsection~~
24 ~~(1) of this section. All forms, policies, and contracts shall be~~
25 ~~submitted for approval to the commissioner, and the rates of any plan~~
26 ~~offered under this section shall be reasonable in relation to the~~
27 ~~benefits thereto.~~

28 ~~((3)) (4) Premium rates for health benefit plans for small~~
29 ~~employers as defined in this section shall be subject to the following~~
30 ~~provisions:~~

31 (a) The insurer shall develop its rates based on an adjusted
32 community rate and may only vary the adjusted community rate for:

- 33 (i) Geographic area;
- 34 (ii) Family size;
- 35 (iii) Age; and
- 36 (iv) Wellness activities.

37 (b) The adjustment for age in (a)(iii) of this subsection may not

1 use age brackets smaller than five-year increments, which shall begin
2 with age twenty and end with age sixty-five. Employees under the age
3 of twenty shall be treated as those age twenty.

4 (c) The insurer shall be permitted to develop separate rates for
5 individuals age sixty-five or older for coverage for which medicare is
6 the primary payer and coverage for which medicare is not the primary
7 payer. Both rates shall be subject to the requirements of this
8 subsection (~~((+3))~~) (4).

9 (d) The permitted rates for any age group shall be no more than
10 four hundred twenty-five percent of the lowest rate for all age groups
11 on January 1, 1996, four hundred percent on January 1, 1997, and three
12 hundred seventy-five percent on January 1, 2000, and thereafter.

13 (e) A discount for wellness activities shall be permitted to
14 reflect actuarially justified differences in utilization or cost
15 attributed to such programs.

16 (f) The rate charged for a health benefit plan offered under this
17 section may not be adjusted more frequently than annually except that
18 the premium may be changed to reflect:

19 (i) Changes to the enrollment of the small employer;

20 (ii) Changes to the family composition of the employee;

21 (iii) Changes to the health benefit plan requested by the small
22 employer; or

23 (iv) Changes in government requirements affecting the health
24 benefit plan.

25 (g) Rating factors shall produce premiums for identical groups that
26 differ only by the amounts attributable to plan design, with the
27 exception of discounts for health improvement programs.

28 (h) For the purposes of this section, a health benefit plan that
29 contains a restricted network provision shall not be considered similar
30 coverage to a health benefit plan that does not contain such a
31 provision, provided that the restrictions of benefits to network
32 providers result in substantial differences in claims costs. A carrier
33 may develop its rates based on claims costs (~~((due to network provider
34 reimbursement schedules or type of network))~~) for a plan. This
35 subsection does not restrict or enhance the portability of benefits as
36 provided in RCW 48.43.015.

37 (i) Except for small group health benefit plans that qualify as
38 insurance coverage combined with a health savings account as defined by

1 the United States internal revenue service, adjusted community rates
2 established under this section shall pool the medical experience of all
3 small groups purchasing coverage. However, annual rate adjustments for
4 each small group health benefit plan may vary by up to plus or minus
5 ((four)) eight percentage points from the overall adjustment of a
6 carrier's entire small group pool(~~(, such overall adjustment to be~~
7 ~~approved by the commissioner, upon a showing by the carrier, certified~~
8 ~~by a member of the American academy of actuaries that: (i) The~~
9 ~~variation is a result of deductible leverage, benefit design, or~~
10 ~~provider network characteristics; and (ii) for a rate renewal period,~~
11 ~~the projected weighted average of all small group benefit plans will~~
12 ~~have a revenue neutral effect on the carrier's small group pool.~~
13 ~~Variations of greater than four percentage points are subject to review~~
14 ~~by the commissioner, and must be approved or denied within sixty days~~
15 ~~of submittal)) if certified by a member of the American academy of~~
16 actuaries, that: (i) The variation is a result of deductible leverage,
17 benefit design, claims cost trend for the plan, or provider network
18 characteristics; and (ii) for a rate renewal period, the projected
19 weighted average of all small group benefit plans will have a revenue
20 neutral effect on the carrier's small group pool. Variations of
21 greater than eight percentage points are subject to review by the
22 commissioner, and must be approved or denied within thirty days of
23 submittal. A variation that is not denied within ((sixty)) thirty days
24 shall be deemed approved. The commissioner must provide to the carrier
25 a detailed actuarial justification for any denial ((within thirty
26 days)) at the time of the denial.

27 ((+4)) (5) Nothing in this section shall restrict the right of
28 employees to collectively bargain for insurance providing benefits in
29 excess of those provided herein.

30 ((+5)) (6)(a) Except as provided in this subsection, requirements
31 used by an insurer in determining whether to provide coverage to a
32 small employer shall be applied uniformly among all small employers
33 applying for coverage or receiving coverage from the carrier.

34 (b) An insurer shall not require a minimum participation level
35 greater than:

36 (i) One hundred percent of eligible employees working for groups
37 with three or less employees; and

1 (ii) Seventy-five percent of eligible employees working for groups
2 with more than three employees.

3 (c) In applying minimum participation requirements with respect to
4 a small employer, a small employer shall not consider employees or
5 dependents who have similar existing coverage in determining whether
6 the applicable percentage of participation is met.

7 (d) An insurer may not increase any requirement for minimum
8 employee participation or modify any requirement for minimum employer
9 contribution applicable to a small employer at any time after the small
10 employer has been accepted for coverage.

11 ~~((+6))~~ (7) An insurer must offer coverage to all eligible
12 employees of a small employer and their dependents. An insurer may not
13 offer coverage to only certain individuals or dependents in a small
14 employer group or to only part of the group. An insurer may not modify
15 a health plan with respect to a small employer or any eligible employee
16 or dependent, through riders, endorsements or otherwise, to restrict or
17 exclude coverage or benefits for specific diseases, medical conditions,
18 or services otherwise covered by the plan.

19 ~~((+7))~~ (8) As used in this section, "health benefit plan," "small
20 employer," "adjusted community rate," and "wellness activities" mean
21 the same as defined in RCW 48.43.005.

22 **Sec. 2.** RCW 48.44.023 and 2004 c 244 s 7 are each amended to read
23 as follows:

24 (1)~~((+a))~~ A health care services contractor offering any health
25 benefit plan to a small employer, either directly or through an
26 association or member-governed group formed specifically for the
27 purpose of purchasing health care, may offer and actively market to the
28 small employer ~~((a))~~ no more than one health benefit plan featuring a
29 limited schedule of covered health care services. ~~((Nothing in this
30 subsection shall preclude a contractor from offering, or a small
31 employer from purchasing, other health benefit plans that may have more
32 comprehensive benefits than those included in the product offered under
33 this subsection. A contractor offering a health benefit plan under
34 this subsection shall clearly disclose all covered benefits to the
35 small employer in a brochure filed with the commissioner.~~

36 ~~(b) A health benefit plan offered under this subsection shall
37 provide coverage for hospital expenses and services rendered by a~~

1 ~~physician licensed under chapter 18.57 or 18.71 RCW but is not subject~~
2 ~~to the requirements of RCW 48.44.225, 48.44.240, 48.44.245, 48.44.290,~~
3 ~~48.44.300, 48.44.310, 48.44.320, 48.44.325, 48.44.330, 48.44.335,~~
4 ~~48.44.340, 48.44.344, 48.44.360, 48.44.400, 48.44.440, 48.44.450, and~~
5 ~~48.44.460.~~

6 ~~(2))~~ (a) The plan offered under this subsection may be offered
7 with a choice of cost-sharing arrangements, and may, but is not
8 required to, comply with: RCW 48.44.210, 48.44.212, 48.44.225,
9 48.44.240 through 48.44.245, 48.44.290 through 48.44.340, 48.44.344,
10 48.44.360 through 48.44.380, 48.44.400, 48.44.420, 48.44.440 through
11 48.44.460, 48.44.500, 48.43.045(1) except as required in (b) of this
12 subsection, 48.43.093, 48.43.115 through 48.43.185, 48.43.515(5), or
13 48.42.100.

14 (b) In offering the plan under this subsection, the health care
15 service contractor must offer the small employer the option of
16 permitting every category of health care provider to provide health
17 services or care for conditions covered by the plan pursuant to RCW
18 48.43.045(1).

19 (2) A health care service contractor offering the plan under
20 subsection (1) of this section must also offer and actively market to
21 the small employer at least one additional health benefit plan.

22 (3) Nothing in this section shall prohibit a health care service
23 contractor from offering, or a purchaser from seeking, health benefit
24 plans with benefits in excess of the health benefit plan offered under
25 subsection (1) of this section. All forms, policies, and contracts
26 shall be submitted for approval to the commissioner, and the rates of
27 any plan offered under this section shall be reasonable in relation to
28 the benefits thereto.

29 ~~((3))~~ (4) Premium rates for health benefit plans for small
30 employers as defined in this section shall be subject to the following
31 provisions:

32 (a) The contractor shall develop its rates based on an adjusted
33 community rate and may only vary the adjusted community rate for:

- 34 (i) Geographic area;
- 35 (ii) Family size;
- 36 (iii) Age; and
- 37 (iv) Wellness activities.

1 (b) The adjustment for age in (a)(iii) of this subsection may not
2 use age brackets smaller than five-year increments, which shall begin
3 with age twenty and end with age sixty-five. Employees under the age
4 of twenty shall be treated as those age twenty.

5 (c) The contractor shall be permitted to develop separate rates for
6 individuals age sixty-five or older for coverage for which medicare is
7 the primary payer and coverage for which medicare is not the primary
8 payer. Both rates shall be subject to the requirements of this
9 subsection (~~((3))~~) (4).

10 (d) The permitted rates for any age group shall be no more than
11 four hundred twenty-five percent of the lowest rate for all age groups
12 on January 1, 1996, four hundred percent on January 1, 1997, and three
13 hundred seventy-five percent on January 1, 2000, and thereafter.

14 (e) A discount for wellness activities shall be permitted to
15 reflect actuarially justified differences in utilization or cost
16 attributed to such programs.

17 (f) The rate charged for a health benefit plan offered under this
18 section may not be adjusted more frequently than annually except that
19 the premium may be changed to reflect:

20 (i) Changes to the enrollment of the small employer;

21 (ii) Changes to the family composition of the employee;

22 (iii) Changes to the health benefit plan requested by the small
23 employer; or

24 (iv) Changes in government requirements affecting the health
25 benefit plan.

26 (g) Rating factors shall produce premiums for identical groups that
27 differ only by the amounts attributable to plan design, with the
28 exception of discounts for health improvement programs.

29 (h) For the purposes of this section, a health benefit plan that
30 contains a restricted network provision shall not be considered similar
31 coverage to a health benefit plan that does not contain such a
32 provision, provided that the restrictions of benefits to network
33 providers result in substantial differences in claims costs. A carrier
34 may develop its rates based on claims costs (~~((due to network provider
35 reimbursement schedules or type of network))~~) for a plan. This
36 subsection does not restrict or enhance the portability of benefits as
37 provided in RCW 48.43.015.

1 (i) Except for small group health benefit plans that qualify as
2 insurance coverage combined with a health savings account as defined by
3 the United States internal revenue service, adjusted community rates
4 established under this section shall pool the medical experience of all
5 groups purchasing coverage. However, annual rate adjustments for each
6 small group health benefit plan may vary by up to plus or minus
7 ~~((four))~~ eight percentage points from the overall adjustment of a
8 carrier's entire small group pool(~~(, such overall adjustment to be~~
9 ~~approved by the commissioner, upon a showing by the carrier, certified~~
10 ~~by a member of the American academy of actuaries that: (i) The~~
11 ~~variation is a result of deductible leverage, benefit design, or~~
12 ~~provider network characteristics; and (ii) for a rate renewal period,~~
13 ~~the projected weighted average of all small group benefit plans will~~
14 ~~have a revenue neutral effect on the carrier's small group pool.~~
15 ~~Variations of greater than four percentage points are subject to review~~
16 ~~by the commissioner, and must be approved or denied within sixty days~~
17 ~~of submittal)) if certified by a member of the American academy of
18 actuaries, that: (i) The variation is a result of deductible leverage,
19 benefit design, claims cost trend for the plan, or provider network
20 characteristics; and (ii) for a rate renewal period, the projected
21 weighted average of all small group benefit plans will have a revenue
22 neutral effect on the carrier's small group pool. Variations of
23 greater than eight percentage points are subject to review by the
24 commissioner, and must be approved or denied within thirty days of
25 submittal. A variation that is not denied within ~~((sixty))~~ thirty days
26 shall be deemed approved. The commissioner must provide to the carrier
27 a detailed actuarial justification for any denial ~~((within thirty~~
28 ~~days)) at the time of the denial.~~~~

29 ~~((+4))~~ (5) Nothing in this section shall restrict the right of
30 employees to collectively bargain for insurance providing benefits in
31 excess of those provided herein.

32 ~~((+5))~~ (6)(a) Except as provided in this subsection, requirements
33 used by a contractor in determining whether to provide coverage to a
34 small employer shall be applied uniformly among all small employers
35 applying for coverage or receiving coverage from the carrier.

36 (b) A contractor shall not require a minimum participation level
37 greater than:

1 (i) One hundred percent of eligible employees working for groups
2 with three or less employees; and

3 (ii) Seventy-five percent of eligible employees working for groups
4 with more than three employees.

5 (c) In applying minimum participation requirements with respect to
6 a small employer, a small employer shall not consider employees or
7 dependents who have similar existing coverage in determining whether
8 the applicable percentage of participation is met.

9 (d) A contractor may not increase any requirement for minimum
10 employee participation or modify any requirement for minimum employer
11 contribution applicable to a small employer at any time after the small
12 employer has been accepted for coverage.

13 ~~((+6+))~~ (7) A contractor must offer coverage to all eligible
14 employees of a small employer and their dependents. A contractor may
15 not offer coverage to only certain individuals or dependents in a small
16 employer group or to only part of the group. A contractor may not
17 modify a health plan with respect to a small employer or any eligible
18 employee or dependent, through riders, endorsements or otherwise, to
19 restrict or exclude coverage or benefits for specific diseases, medical
20 conditions, or services otherwise covered by the plan.

21 **Sec. 3.** RCW 48.46.066 and 2004 c 244 s 9 are each amended to read
22 as follows:

23 (1)~~((+a+))~~ A health maintenance organization offering any health
24 benefit plan to a small employer, either directly or through an
25 association or member-governed group formed specifically for the
26 purpose of purchasing health care, may offer and actively market to the
27 small employer ~~((a))~~ no more than one health benefit plan featuring a
28 limited schedule of covered health care services. ~~((Nothing in this
29 subsection shall preclude a health maintenance organization from
30 offering, or a small employer from purchasing, other health benefit
31 plans that may have more comprehensive benefits than those included in
32 the product offered under this subsection. A health maintenance
33 organization offering a health benefit plan under this subsection shall
34 clearly disclose all the covered benefits to the small employer in a
35 brochure filed with the commissioner.~~

36 ~~(b) A health benefit plan offered under this subsection shall
37 provide coverage for hospital expenses and services rendered by a~~

1 ~~physician licensed under chapter 18.57 or 18.71 RCW but is not subject~~
2 ~~to the requirements of RCW 48.46.275, 48.46.280, 48.46.285, 48.46.290,~~
3 ~~48.46.350, 48.46.355, 48.46.375, 48.46.440, 48.46.480, 48.46.510,~~
4 ~~48.46.520, and 48.46.530.~~

5 (2)) (a) The plan offered under this subsection may be offered
6 with a choice of cost-sharing arrangements, and may, but is not
7 required to, comply with: RCW 48.46.250, 48.46.272 through 48.46.290,
8 48.46.320, 48.46.350, 48.46.375, 48.46.440 through 48.46.460,
9 48.46.480, 48.46.490, 48.46.510, 48.46.520, 48.46.530, 48.46.565,
10 48.46.570, 48.46.575, 48.43.045(1) except as required in (b) of this
11 subsection, 48.43.093, 48.43.115 through 48.43.185, 48.43.515(5), or
12 48.42.100.

13 (b) In offering the plan under this subsection, the health
14 maintenance organization must offer the small employer the option of
15 permitting every category of health care provider to provide health
16 services or care for conditions covered by the plan pursuant to RCW
17 48.43.045(1).

18 (2) A health maintenance organization offering the plan under
19 subsection (1) of this section must also offer and actively market to
20 the small employer at least one additional health benefit plan.

21 (3) Nothing in this section shall prohibit a health maintenance
22 organization from offering, or a purchaser from seeking, health benefit
23 plans with benefits in excess of the health benefit plan offered under
24 subsection (1) of this section. All forms, policies, and contracts
25 shall be submitted for approval to the commissioner, and the rates of
26 any plan offered under this section shall be reasonable in relation to
27 the benefits thereto.

28 ((3)) (4) Premium rates for health benefit plans for small
29 employers as defined in this section shall be subject to the following
30 provisions:

31 (a) The health maintenance organization shall develop its rates
32 based on an adjusted community rate and may only vary the adjusted
33 community rate for:

- 34 (i) Geographic area;
- 35 (ii) Family size;
- 36 (iii) Age; and
- 37 (iv) Wellness activities.

1 (b) The adjustment for age in (a)(iii) of this subsection may not
2 use age brackets smaller than five-year increments, which shall begin
3 with age twenty and end with age sixty-five. Employees under the age
4 of twenty shall be treated as those age twenty.

5 (c) The health maintenance organization shall be permitted to
6 develop separate rates for individuals age sixty-five or older for
7 coverage for which medicare is the primary payer and coverage for which
8 medicare is not the primary payer. Both rates shall be subject to the
9 requirements of this subsection (~~(+3)~~) (4).

10 (d) The permitted rates for any age group shall be no more than
11 four hundred twenty-five percent of the lowest rate for all age groups
12 on January 1, 1996, four hundred percent on January 1, 1997, and three
13 hundred seventy-five percent on January 1, 2000, and thereafter.

14 (e) A discount for wellness activities shall be permitted to
15 reflect actuarially justified differences in utilization or cost
16 attributed to such programs.

17 (f) The rate charged for a health benefit plan offered under this
18 section may not be adjusted more frequently than annually except that
19 the premium may be changed to reflect:

20 (i) Changes to the enrollment of the small employer;

21 (ii) Changes to the family composition of the employee;

22 (iii) Changes to the health benefit plan requested by the small
23 employer; or

24 (iv) Changes in government requirements affecting the health
25 benefit plan.

26 (g) Rating factors shall produce premiums for identical groups that
27 differ only by the amounts attributable to plan design, with the
28 exception of discounts for health improvement programs.

29 (h) For the purposes of this section, a health benefit plan that
30 contains a restricted network provision shall not be considered similar
31 coverage to a health benefit plan that does not contain such a
32 provision, provided that the restrictions of benefits to network
33 providers result in substantial differences in claims costs. A carrier
34 may develop its rates based on claims costs (~~(due to network provider~~
35 ~~reimbursement schedules or type of network)) for a plan. This
36 subsection does not restrict or enhance the portability of benefits as
37 provided in RCW 48.43.015.~~

1 (i) Except for small group health benefit plans that qualify as
2 insurance coverage combined with a health savings account as defined by
3 the United States internal revenue service, adjusted community rates
4 established under this section shall pool the medical experience of all
5 groups purchasing coverage. However, annual rate adjustments for each
6 small group health benefit plan may vary by up to plus or minus
7 ~~((four))~~ eight percentage points from the overall adjustment of a
8 carrier's entire small group pool(~~(, such overall adjustment to be~~
9 ~~approved by the commissioner, upon a showing by the carrier, certified~~
10 ~~by a member of the American academy of actuaries that: (i) The~~
11 ~~variation is a result of deductible leverage, benefit design, or~~
12 ~~provider network characteristics; and (ii) for a rate renewal period,~~
13 ~~the projected weighted average of all small group benefit plans will~~
14 ~~have a revenue neutral effect on the carrier's small group pool.~~
15 ~~Variations of greater than four percentage points are subject to review~~
16 ~~by the commissioner, and must be approved or denied within sixty days~~
17 ~~of submittal)) if certified by a member of the American academy of
18 actuaries, that: (i) The variation is a result of deductible leverage,
19 benefit design, claims cost trend for the plan, or provider network
20 characteristics; and (ii) for a rate renewal period, the projected
21 weighted average of all small group benefit plans will have a revenue
22 neutral effect on the health maintenance organization's small group
23 pool. Variations of greater than eight percentage points are subject
24 to review by the commissioner, and must be approved or denied within
25 thirty days of submittal. A variation that is not denied within
26 ~~((sixty))~~ thirty days shall be deemed approved. The commissioner must
27 provide to the carrier a detailed actuarial justification for any
28 denial ~~((within thirty days))~~ at the time of the denial.~~

29 ~~((+4))~~ (5) Nothing in this section shall restrict the right of
30 employees to collectively bargain for insurance providing benefits in
31 excess of those provided herein.

32 ~~((+5))~~ (6)(a) Except as provided in this subsection, requirements
33 used by a health maintenance organization in determining whether to
34 provide coverage to a small employer shall be applied uniformly among
35 all small employers applying for coverage or receiving coverage from
36 the carrier.

37 (b) A health maintenance organization shall not require a minimum
38 participation level greater than:

1 (i) One hundred percent of eligible employees working for groups
2 with three or less employees; and

3 (ii) Seventy-five percent of eligible employees working for groups
4 with more than three employees.

5 (c) In applying minimum participation requirements with respect to
6 a small employer, a small employer shall not consider employees or
7 dependents who have similar existing coverage in determining whether
8 the applicable percentage of participation is met.

9 (d) A health maintenance organization may not increase any
10 requirement for minimum employee participation or modify any
11 requirement for minimum employer contribution applicable to a small
12 employer at any time after the small employer has been accepted for
13 coverage.

14 ~~((+6+))~~ (7) A health maintenance organization must offer coverage
15 to all eligible employees of a small employer and their dependents. A
16 health maintenance organization may not offer coverage to only certain
17 individuals or dependents in a small employer group or to only part of
18 the group. A health maintenance organization may not modify a health
19 plan with respect to a small employer or any eligible employee or
20 dependent, through riders, endorsements or otherwise, to restrict or
21 exclude coverage or benefits for specific diseases, medical conditions,
22 or services otherwise covered by the plan.

--- END ---