

HB 3310.E - DIGEST

(AS OF HOUSE 2ND READING 2/14/06)

Finds and declares that there has been an ongoing controversy over the costs and benefits of existing health care coverage statutory requirements and their effect on health care insurance costs. It is for this reason that an unbiased, independent actuarial study of existing health care coverage statutory requirements needs to be conducted.

Declares that it is not the intent of the legislature to take any actions in relation to the findings of the study until they can be reviewed and analyzed by the legislature, in consultation with the office of the insurance commissioner, health care providers, health carriers, and health care purchasers.

Directs the office of the insurance commissioner to contract for an actuarial review and analysis of existing health care coverage statutory requirements. The office of the insurance commissioner shall: (1)(a) Contract with a qualified independent and impartial entity that has not taken a public position in the past on the merits or consequences of the adoption of health care coverage statutory requirements; and

(b) Conduct the analysis in two phases:

(i) The first phase of the analysis shall review statutes that mandate that health carriers provide benefits for certain conditions or services, and that require health carriers to offer certain services as an option for individuals or groups purchasing a health benefit plan. For each mandate or requirement, the analysis must address:

(A) The cost of including the mandate or requirement in health benefit plans, and the impact that covering the mandate or requirement has on the utilization of other health services, expressed as a net premium cost or savings per member per month;

(B) A review of available evidence related to the clinical and cost-effectiveness of the mandate or requirement; and

(C) An assessment of whether market demand has already resulted in inclusion of the mandate or requirement in a significant number of health benefit plans in states that do not have such a mandate or requirement; and

(ii) The second phase of the analysis must analyze a sample of at least ten health conditions or chronic illnesses that are prevalent among residents of Washington state. For each health condition or chronic illness, the analysis must include an assessment of the comparative cost and treatment outcomes of treatment provided by health care providers for whom primary treatment of the condition or illness is within their scope of practice.

(2) Submit an interim report on the first phase of the analysis to the governor and appropriate committees of the legislature by December 1, 2006, and a final report by December 1, 2007. The report may include recommendations related to additional issues that should be addressed in the second phase of the analysis.

(3) Submit an interim report on the second phase of the analysis to the governor and appropriate committees of the legislature by December 1, 2007, and a final report by December 1, 2008.