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ENGROSSED SUBSTITUTE HOUSE BILL 1401

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State of Washington

61st Legislature

2009 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Cody, Hinkle, Morrell, Ericksen, Green, Moeller, and Kelley)

READ FIRST TIME 02/03/09.

1 AN ACT Relating to the standard health questionnaire; and  
2 reenacting and amending RCW 48.43.018.

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

4 **Sec. 1.** RCW 48.43.018 and 2007 c 80 s 13 and 2007 c 259 s 37 are  
5 each reenacted and amended to read as follows:

6 (1) Except as provided in (a) through ~~((d))~~ (g) of this  
7 subsection, a health carrier may require any person applying for an  
8 individual health benefit plan and the health care authority shall  
9 require any person applying for nonsubsidized enrollment in the basic  
10 health plan to complete the standard health questionnaire designated  
11 under chapter 48.41 RCW.

12 (a) If a person is seeking an individual health benefit plan or  
13 enrollment in the basic health plan as a nonsubsidized enrollee due to  
14 his or her change of residence from one geographic area in Washington  
15 state to another geographic area in Washington state where his or her  
16 current health plan is not offered, completion of the standard health  
17 questionnaire shall not be a condition of coverage if application for  
18 coverage is made within ninety days of relocation.

1 (b) If a person is seeking an individual health benefit plan or  
2 enrollment in the basic health plan as a nonsubsidized enrollee:

3 (i) Because a health care provider with whom he or she has an  
4 established care relationship and from whom he or she has received  
5 treatment within the past twelve months is no longer part of the  
6 carrier's provider network under his or her existing Washington  
7 individual health benefit plan; and

8 (ii) His or her health care provider is part of another carrier's  
9 or a basic health plan managed care system's provider network; and

10 (iii) Application for a health benefit plan under that carrier's  
11 provider network individual coverage or for basic health plan  
12 nonsubsidized enrollment is made within ninety days of his or her  
13 provider leaving the previous carrier's provider network; then  
14 completion of the standard health questionnaire shall not be a  
15 condition of coverage.

16 (c) If a person is seeking an individual health benefit plan or  
17 enrollment in the basic health plan as a nonsubsidized enrollee due to  
18 his or her having exhausted continuation coverage provided under 29  
19 U.S.C. Sec. 1161 et seq., completion of the standard health  
20 questionnaire shall not be a condition of coverage if application for  
21 coverage is made within ninety days of exhaustion of continuation  
22 coverage. A health carrier or the health care authority as  
23 administrator of basic health plan nonsubsidized coverage shall accept  
24 an application without a standard health questionnaire from a person  
25 currently covered by such continuation coverage if application is made  
26 within ninety days prior to the date the continuation coverage would be  
27 exhausted and the effective date of the individual coverage applied for  
28 is the date the continuation coverage would be exhausted, or within  
29 ninety days thereafter.

30 ~~(d) ((If a person is seeking an individual health benefit plan or~~  
31 ~~enrollment in the basic health plan as a nonsubsidized enrollee~~  
32 ~~following disenrollment from a health plan that is exempt from~~  
33 ~~continuation coverage provided under 29 U.S.C. Sec. 1161 et seq.,~~  
34 ~~completion of the standard health questionnaire shall not be a~~  
35 ~~condition of coverage if: (i) The person had at least twenty four~~  
36 ~~months of continuous group coverage including church plans immediately~~  
37 ~~prior to disenrollment; (ii) application is made no more than ninety~~

1 ~~days prior to the date of disenrollment; and (iii) the effective date~~  
2 ~~of the individual coverage applied for is the date of disenrollment, or~~  
3 ~~within ninety days thereafter.~~

4 ~~(f)) If a person is seeking an individual health benefit plan or~~  
5 ~~enrollment in the basic health plan as a nonsubsidized enrollee due to~~  
6 ~~a change in employment status that would qualify him or her to purchase~~  
7 ~~continuation coverage provided under 29 U.S.C. Sec. 1161 et seq., but~~  
8 ~~the person's employer is exempt under federal law from the requirement~~  
9 ~~to offer such coverage, completion of the standard health questionnaire~~  
10 ~~shall not be a condition of coverage if: (i) Application for coverage~~  
11 ~~is made within ninety days of a qualifying event as defined in 29~~  
12 ~~U.S.C. Sec. 1163; and (ii) the person had at least twenty-four months~~  
13 ~~of continuous group coverage immediately prior to the qualifying event.~~  
14 ~~A health carrier shall accept an application without a standard health~~  
15 ~~questionnaire from a person with at least twenty-four months of~~  
16 ~~continuous group coverage if application is made no more than ninety~~  
17 ~~days prior to the date of a qualifying event and the effective date of~~  
18 ~~the individual coverage applied for is the date of the qualifying~~  
19 ~~event, or within ninety days thereafter.~~

20 ~~(e) If a person is seeking an individual health benefit plan,~~  
21 ~~completion of the standard health questionnaire shall not be a~~  
22 ~~condition of coverage if: (i) The person had at least twenty-four~~  
23 ~~months of continuous basic health plan coverage under chapter 70.47 RCW~~  
24 ~~immediately prior to disenrollment; and (ii) application for coverage~~  
25 ~~is made within ninety days of disenrollment from the basic health plan.~~  
26 ~~A health carrier shall accept an application without a standard health~~  
27 ~~questionnaire from a person with at least twenty-four months of~~  
28 ~~continuous basic health plan coverage if application is made no more~~  
29 ~~than ninety days prior to the date of disenrollment and the effective~~  
30 ~~date of the individual coverage applied for is the date of~~  
31 ~~disenrollment, or within ninety days thereafter.~~

32 ~~(f) If a person is seeking an individual health benefit plan due to~~  
33 ~~a change in employment status that would qualify him or her to purchase~~  
34 ~~continuation coverage provided under 29 U.S.C. Sec. 1161 et seq.,~~  
35 ~~completion of the standard health questionnaire is not a condition of~~  
36 ~~coverage if: (i) Application for coverage is made within ninety days~~  
37 ~~of a qualifying event as defined in 29 U.S.C. Sec. 1163; and (ii) the~~  
38 ~~person had at least twenty-four months of continuous group coverage~~

1 immediately prior to the qualifying event. A health carrier shall  
2 accept an application without a standard health questionnaire from a  
3 person with at least twenty-four months of continuous group coverage if  
4 application is made no more than ninety days prior to the date of a  
5 qualifying event and the effective date of the individual coverage  
6 applied for is the date of the qualifying event, or within ninety days  
7 thereafter.

8 (g) If a person is seeking an individual health benefit plan due to  
9 their terminating continuation coverage under 29 U.S.C. Sec. 1161 et  
10 seq., completion of the standard health questionnaire shall not be a  
11 condition of coverage if: (i) Application for coverage is made within  
12 ninety days of terminating the continuation coverage; and (ii) the  
13 person had at least twenty-four months of continuous group coverage  
14 immediately prior to the termination. A health carrier shall accept an  
15 application without a standard health questionnaire from a person with  
16 at least twenty-four months of continuous group coverage if application  
17 is made no more than ninety days prior to the date of termination of  
18 the continuation coverage and the effective date of the individual  
19 coverage applied for is the date the continuation coverage is  
20 terminated, or within ninety days thereafter.

21 (2) If, based upon the results of the standard health  
22 questionnaire, the person qualifies for coverage under the Washington  
23 state health insurance pool, the following shall apply:

24 (a) The carrier may decide not to accept the person's application  
25 for enrollment in its individual health benefit plan and the health  
26 care authority, as administrator of basic health plan nonsubsidized  
27 coverage, shall not accept the person's application for enrollment as  
28 a nonsubsidized enrollee; and

29 (b) Within fifteen business days of receipt of a completed  
30 application, the carrier or the health care authority as administrator  
31 of basic health plan nonsubsidized coverage shall provide written  
32 notice of the decision not to accept the person's application for  
33 enrollment to both the person and the administrator of the Washington  
34 state health insurance pool. The notice to the person shall state that  
35 the person is eligible for health insurance provided by the Washington  
36 state health insurance pool, and shall include information about the  
37 Washington state health insurance pool and an application for such  
38 coverage. If the carrier or the health care authority as administrator

1 of basic health plan nonsubsidized coverage does not provide or  
2 postmark such notice within fifteen business days, the application is  
3 deemed approved.

4 (3) If the person applying for an individual health benefit plan:  
5 (a) Does not qualify for coverage under the Washington state health  
6 insurance pool based upon the results of the standard health  
7 questionnaire; (b) does qualify for coverage under the Washington state  
8 health insurance pool based upon the results of the standard health  
9 questionnaire and the carrier elects to accept the person for  
10 enrollment; or (c) is not required to complete the standard health  
11 questionnaire designated under this chapter under subsection (1)(a) or  
12 (b) of this section, the carrier or the health care authority as  
13 administrator of basic health plan nonsubsidized coverage, whichever  
14 entity administered the standard health questionnaire, shall accept the  
15 person for enrollment if he or she resides within the carrier's or the  
16 basic health plan's service area and provide or assure the provision of  
17 all covered services regardless of age, sex, family structure,  
18 ethnicity, race, health condition, geographic location, employment  
19 status, socioeconomic status, other condition or situation, or the  
20 provisions of RCW 49.60.174(2). The commissioner may grant a temporary  
21 exemption from this subsection if, upon application by a health  
22 carrier, the commissioner finds that the clinical, financial, or  
23 administrative capacity to serve existing enrollees will be impaired if  
24 a health carrier is required to continue enrollment of additional  
25 eligible individuals.

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