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HOUSE BILL 1401

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State of Washington

61st Legislature

2009 Regular Session

By Representatives Cody, Hinkle, Morrell, Ericksen, Green, Moeller,  
and Kelley

Read first time 01/20/09. Referred to Committee on Health Care & Wellness.

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))~~ (e) If a person is seeking an individual health benefit  
5 plan, completion of the standard health questionnaire shall not be a  
6 condition of coverage if: (i) The person had at least twenty-four  
7 months of continuous basic health plan coverage under chapter 70.47 RCW  
8 immediately prior to disenrollment; and (ii) application for coverage  
9 is made within ninety days of disenrollment from the basic health plan.  
10 A health carrier shall accept an application without a standard health  
11 questionnaire from a person with at least twenty-four months of  
12 continuous basic health plan coverage if application is made no more  
13 than ninety days prior to the date of disenrollment and the effective  
14 date of the individual coverage applied for is the date of  
15 disenrollment, or within ninety days thereafter.

16 (f) If a person is seeking an individual health benefit plan due to  
17 a change in employment status that would qualify him or her to purchase  
18 continuation coverage provided under 29 U.S.C. Sec. 1161 et seq.,  
19 completion of the standard health questionnaire is not a condition of  
20 coverage if: (i) Application for coverage is made within ninety days  
21 of a qualifying event as defined in 29 U.S.C. Sec. 1163; and (ii) the  
22 person had at least twenty-four months of continuous group coverage  
23 immediately prior to the qualifying event. A health carrier shall  
24 accept an application without a standard health questionnaire from a  
25 person with at least twenty-four months of continuous group coverage if  
26 application is made no more than ninety days prior to the date of a  
27 qualifying event and the effective date of the individual coverage  
28 applied for is the date of the qualifying event, or within ninety days  
29 thereafter.

30 (g) If a person is seeking an individual health benefit plan due to  
31 their terminating continuation coverage under 29 U.S.C. Sec. 1161 et  
32 seq., completion of the standard health questionnaire shall not be a  
33 condition of coverage if: (i) Application for coverage is made within  
34 ninety days of terminating the continuation coverage; and (ii) the  
35 person had at least twenty-four months of continuous group coverage  
36 immediately prior to the termination. A health carrier shall accept an  
37 application without a standard health questionnaire from a person with  
38 at least twenty-four months of continuous group coverage if application

1 is made no more than ninety days prior to the date of termination of  
2 the continuation coverage and the effective date of the individual  
3 coverage applied for is the date the continuation coverage is  
4 terminated, or within ninety days thereafter.

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

8 (a) The carrier may decide not to accept the person's application  
9 for enrollment in its individual health benefit plan and the health  
10 care authority, as administrator of basic health plan nonsubsidized  
11 coverage, shall not accept the person's application for enrollment as  
12 a nonsubsidized enrollee; and

13 (b) Within fifteen business days of receipt of a completed  
14 application, the carrier or the health care authority as administrator  
15 of basic health plan nonsubsidized coverage shall provide written  
16 notice of the decision not to accept the person's application for  
17 enrollment to both the person and the administrator of the Washington  
18 state health insurance pool. The notice to the person shall state that  
19 the person is eligible for health insurance provided by the Washington  
20 state health insurance pool, and shall include information about the  
21 Washington state health insurance pool and an application for such  
22 coverage. If the carrier or the health care authority as administrator  
23 of basic health plan nonsubsidized coverage does not provide or  
24 postmark such notice within fifteen business days, the application is  
25 deemed approved.

26 (3) If the person applying for an individual health benefit plan:

27 (a) Does not qualify for coverage under the Washington state health  
28 insurance pool based upon the results of the standard health  
29 questionnaire; (b) does qualify for coverage under the Washington state  
30 health insurance pool based upon the results of the standard health  
31 questionnaire and the carrier elects to accept the person for  
32 enrollment; or (c) is not required to complete the standard health  
33 questionnaire designated under this chapter under subsection (1)(a) or  
34 (b) of this section, the carrier or the health care authority as  
35 administrator of basic health plan nonsubsidized coverage, whichever  
36 entity administered the standard health questionnaire, shall accept the  
37 person for enrollment if he or she resides within the carrier's or the  
38 basic health plan's service area and provide or assure the provision of

1 all covered services regardless of age, sex, family structure,  
2 ethnicity, race, health condition, geographic location, employment  
3 status, socioeconomic status, other condition or situation, or the  
4 provisions of RCW 49.60.174(2). The commissioner may grant a temporary  
5 exemption from this subsection if, upon application by a health  
6 carrier, the commissioner finds that the clinical, financial, or  
7 administrative capacity to serve existing enrollees will be impaired if  
8 a health carrier is required to continue enrollment of additional  
9 eligible individuals.

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