
HOUSE BILL 1858

State of Washington 61st Legislature 2009 Regular Session

By Representatives Chase and Moeller

Read first time 01/30/09. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to maximum capital and reserves accumulations by
2 health care service contractors and health maintenance organizations;
3 amending RCW 48.31C.060 and 48.43.305; and adding a new section to
4 chapter 48.43 RCW.

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

6 NEW SECTION. **Sec. 1.** A new section is added to chapter 48.43 RCW
7 to read as follows:

8 (1) When annual premiums are in excess of two hundred fifty million
9 dollars, a health care service contractor under chapter 48.44 RCW or a
10 health maintenance organization under chapter 48.46 RCW may not
11 accumulate capital and reserves, including risk-based capital (RBC), in
12 excess of two months of claims expense as reported on line 18 of the
13 quarterly statement of revenue and expenses, as existing on the
14 effective date of this section, filed with the insurance commissioner's
15 office.

16 (a) The excess shall be returned to the policyholders by their
17 choice of one of three methods: Electronic transfer; check; or
18 reduction of next year's premium. If the refund will be less than ten

1 dollars per subscriber, the excess shall be retained by the health care
2 service contractor or health maintenance organization for distribution
3 when the per subscriber refund is ten dollars or more.

4 (b) Transfers of assets, or any sale of a controlling interest, by
5 a health care service contractor or health maintenance organization to
6 any for-profit or not-for-profit subsidiary, foundation, or business
7 venture which does not directly provide health insurance services shall
8 be included in capital and surplus calculations by the commissioner.

9 (c) The commissioner shall not approve any premium rate increase
10 filing or filing to reduce services for subscribers by a health care
11 service contractor or health maintenance organization that does not use
12 excess reserves to reduce premiums as required by this section.

13 (d) Nothing in this section shall prohibit a health care service
14 contractor or health maintenance organization from maintaining reserves
15 above minimum requirements but below the maximum limit, or from
16 returning moneys to or reducing moneys payable by subscribers, prior to
17 reaching the maximum limit.

18 (e) The commissioner may waive the requirements of (d) of this
19 subsection if, in the commissioner's sole discretion, the commissioner
20 determines that the health care service contractor or health
21 maintenance organization shall use the reserves to make new capital
22 investments within the next fiscal year.

23 (2)(a) The initial refund shall be distributed to the policyholders
24 of record on January 1, 2006, through December 31, 2008. The refund
25 will be a percentage of premiums paid during this time frame. The
26 calculations shall be approved by the commissioner's office.

27 (b) Refunds shall be declared at the time of filing of the
28 quarterly report. Refunds shall pertain to all policy owners of record
29 during the quarter. The refund shall be distributed as a percentage of
30 premiums paid.

31 (c) If the refund lowers reserves below the RBC company action
32 level, the action level shall be the overriding factor.

33 **Sec. 2.** RCW 48.31C.060 and 2001 c 179 s 6 are each amended to read
34 as follows:

35 (1)(a) Subject to subsection (2) of this section, each registered
36 health carrier shall report to the commissioner all dividends and other
37 distributions to shareholders or members not within the ordinary course

1 of business within five business days after their declaration and at
2 least fifteen business days before payment and shall provide the
3 commissioner such other information as may be required by rule.

4 (b) Any payment of a dividend or other distribution to shareholders
5 or members which would reduce the net worth of the health carrier below
6 the greater of (i) the minimum required by RCW 48.44.037 for a health
7 care service contractor or RCW 48.46.235 for a health maintenance
8 organization or (ii) the company action level RBC under RCW
9 48.43.300(9)(a) is prohibited.

10 (2)(a) No domestic health carrier may pay an extraordinary dividend
11 or make any other extraordinary distribution to its shareholders or
12 members until: (i) Thirty days after the commissioner has received
13 sufficient notice of the declaration, unless the commissioner declares
14 the notice to be incomplete and requests additional information in
15 which event the thirty days shall be tolled until fifteen days after
16 receipt by the commissioner of the additional information or thirty
17 days after the original receipt of the notice by the commissioner,
18 whichever is later, and the commissioner has not within that period
19 disapproved the payment; or (ii) the commissioner has approved the
20 payment within the thirty-day period.

21 (b) For purposes of this section, an extraordinary dividend or
22 distribution is a dividend or distribution of cash or other property
23 whose fair market value, together with that of other dividends or
24 distributions not within the ordinary course of business made within
25 the period of twelve consecutive months ending on the date on which the
26 proposed dividend is scheduled for payment or distribution, exceeds the
27 lesser of: (i) Ten percent of the health carrier's net worth as of the
28 31st day of the previous December; or (ii) the net income of the health
29 carrier for the twelve-month period ending the 31st day of the previous
30 December, but does not include pro rata distributions of any class of
31 the company's own securities.

32 (c) Notwithstanding any other provision of law, a health carrier
33 ~~((may))~~ shall declare ~~((an extraordinary))~~ a dividend or distribution
34 ~~((that is conditional upon the commissioner's approval))~~ to
35 policyholders when their capital and reserves exceed two months'
36 expenses. The declaration confers no rights upon shareholders or
37 members until: (i) The commissioner has approved the payment of the

1 dividend or distribution; or (ii) the commissioner has not disapproved
2 the payment within the thirty-day period referred to in (a) of this
3 subsection.

4 (3) For the purpose of this section, "distribution" means a direct
5 or indirect transfer of money or other property, except its own shares,
6 or incurrence of indebtedness by a health carrier to or for the benefit
7 of its members or shareholders in respect to any of its shares. A
8 distribution may be in the form of a declaration or payment of a
9 dividend; a distribution in partial or complete liquidation, or upon
10 voluntary or involuntary dissolution; a purchase, redemption, or other
11 acquisition of shares; or a distribution of indebtedness in respect to
12 any of its shares. It does not include any remuneration to a
13 shareholder or member made as consideration for services or items
14 provided by such shareholder or member, including but not limited to
15 remuneration in exchange for health care services, equipment or
16 supplies, or administrative support services or equipment.

17 **Sec. 3.** RCW 48.43.305 and 1998 c 241 s 2 are each amended to read
18 as follows:

19 (1) Every domestic carrier shall, on or prior to the filing date of
20 March 1st, prepare and submit to the commissioner a report of its RBC
21 levels as of the end of the calendar year just ended, in a form and
22 containing such information as is required by the RBC instructions. In
23 addition, every domestic carrier shall file its RBC report:

24 (a) With the NAIC in accordance with the RBC instructions; and
25 (b) With the insurance commissioner in any state in which the
26 carrier is authorized to do business, if the insurance commissioner has
27 notified the carrier of its request in writing, in which case the
28 carrier shall file its RBC report not later than the later of:

29 (i) Fifteen days from the receipt of notice to file its RBC report
30 with that state; or
31 (ii) The filing date.

32 (2) A carrier's RBC shall be determined in accordance with the
33 formula set forth in the RBC instructions. The formula shall take into
34 account (and may adjust for the covariance between):

35 (a) The risk with respect to the carrier's assets;
36 (b) The risk of adverse insurance experience with respect to the
37 carrier's liabilities and obligations;

1 (c) The interest rate risk with respect to the carrier's business;
2 and

3 (d) All other business risks and such other relevant risks as are
4 set forth in the RBC instructions; determined in each case by applying
5 the factors in the manner set forth in the RBC instructions.

6 ~~(3) ((An excess of capital over the amount produced by the risk-~~
7 ~~based capital requirements contained in RCW 48.43.300 through 48.43.370~~
8 ~~and the formulas, schedules, and instructions referenced in RCW~~
9 ~~48.43.300 through 48.43.370 is desirable in the business of insurance.~~
10 ~~Accordingly, carriers should seek to maintain capital above the RBC~~
11 ~~levels required by RCW 48.43.300 through 48.43.370. Additional capital~~
12 ~~is used and useful in the insurance business and helps to secure a~~
13 ~~carrier against various risks inherent in, or affecting, the business~~
14 ~~of insurance and not accounted for or only partially measured by the~~
15 ~~risk-based capital requirements contained in RCW 48.43.300 through~~
16 ~~48.43.370.~~

17 ~~(4))~~) If a domestic carrier files an RBC report that in the
18 judgment of the commissioner is inaccurate, then the commissioner shall
19 adjust the RBC report to correct the inaccuracy and shall notify the
20 carrier of the adjustment. The notice shall contain a statement of the
21 reason for the adjustment.

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