

FINAL BILL REPORT

SB 6412

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Synopsis as Enacted

Brief Description: Assisting persons seeking individual health benefit plan coverage when their prior carrier has terminated individual coverage.

Sponsors: Senators Rolfes and Harper.

Senate Committee on Health & Long-Term Care
House Committee on Health Care & Wellness

Background: State insurance laws provide some insurance portability under specific conditions. Currently, persons wishing to purchase an individual health benefit plan must complete a standard health questionnaire or health screening, unless:

- they are moving from one geographic area to another where the current health plan is not offered;
- their established health care provider is no longer in the network of the individual health plan;
- they have exhausted COBRA continuation coverage, or terminate COBRA continuation coverage;
- they experience a change in employment status from a group that was exempt from COBRA requirements;
- they had 24 months of continuous coverage in the Basic Health Plan immediately prior to application;
- they experienced a change in employment status that meets the definition for a COBRA qualifying event; or
- they experience a loss of coverage because the employer or former employer discontinues group coverage due to the closure of the business.

Persons not meeting these specific criteria must complete the standard health questionnaire to purchase an individual health benefit plan or be referred to the high risk pool if they fail to pass the health screening.

Summary: An additional criteria is inserted into the exceptions for those that must complete the standard health questionnaire. A person whose health insurance carrier is discontinuing all individual health benefit plan coverage by July 1, 2012, must not be required to complete the questionnaire when applying for individual health coverage or the non-subsidized Basic Health Plan, if the application is made within 90 days of the carrier discontinuing individual health benefit plan coverage; the person had at least 24 months of continuous coverage

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immediately prior to the termination; and benefits under the previous plan provide equivalent or greater overall benefit coverage than that provided in the health benefit plan the person seeks to purchase.

A person whose health insurance carrier is discontinuing catastrophic coverage by July 1, 2012, must receive credit for the period of prior coverage from a health insurance carrier toward any preexisting condition waiting period in the new catastrophic health plan the person seeks to purchase if the applicant was enrolled in catastrophic coverage during the 63 day period immediately preceding the application for new coverage, and the benefits under the preceding catastrophic plan provide equivalent or greater overall benefit coverage that the coverage the persons seeks to purchase.

Votes on Final Passage:

Senate	46	0	
House	97	0	(House amended)
Senate	48	0	(Senate concurred)

Effective: March 23, 2012