
HOUSE BILL 2442

State of Washington

62nd Legislature

2012 Regular Session

By Representatives Bailey and Cody

Read first time 01/13/12. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to clarifying when evidence of insurability may be
2 required for medicare supplement insurance policies; and amending RCW
3 48.66.045.

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

5 **Sec. 1.** RCW 48.66.045 and 2010 c 27 s 3 are each amended to read
6 as follows:

7 (1) Every issuer of a medicare supplement insurance policy or
8 certificate providing coverage to a resident of this state issued on or
9 after January 1, 1996, and before June 1, 2010, must:

10 (a) Unless otherwise provided for in RCW 48.66.055, issue coverage
11 under its standardized benefit plans B, C, D, E, F, G, K, and L without
12 evidence of insurability to any resident of this state who is eligible
13 for both medicare hospital and physician services by reason of age or
14 by reason of disability or end-stage renal disease, if the medicare
15 supplement policy replaces another medicare supplement standardized
16 benefit plan policy or certificate B, C, D, E, F, G, K, or L, or other
17 more comprehensive coverage than the replacing policy; and

18 (b) Unless otherwise provided for in RCW 48.66.055, issue coverage
19 under its standardized plans A, H, I, and J without evidence of

1 insurability to any resident of this state who is eligible for both
2 medicare hospital and physician services by reason of age or by reason
3 of disability or end-stage renal disease, if the medicare supplement
4 policy replaces another medicare supplement policy or certificate which
5 is the same standardized plan as the replaced policy. After December
6 31, 2005, plans H, I, and J may be replaced only by the same plan if
7 that plan has been modified to remove outpatient prescription drug
8 coverage.

9 (2)(a)(i) Unless otherwise provided for in RCW 48.66.055, every
10 issuer of a medicare supplement insurance policy or certificate
11 providing coverage to a resident of this state issued on or after June
12 1, 2010, must issue coverage under its standardized plans B, C, D, F,
13 F with high deductible, G, K, L, M, or N (~~without evidence of~~
14 ~~insurability~~) to any resident of this state who is eligible for both
15 medicare hospital and physician services by reason of age or by reason
16 of disability or end-stage renal disease, if the medicare supplement
17 policy or certificate replaces another medicare supplement policy or
18 certificate or other more comprehensive coverage; and

19 (~~(b)~~) (ii) Unless otherwise provided for in RCW 48.66.055, issue
20 coverage under its standardized plan A (~~without evidence of~~
21 ~~insurability~~) to any resident of this state who is eligible for both
22 medicare hospital and physician services by reason of age or by reason
23 of disability or end-stage renal disease, if the medicare supplement
24 policy or certificate replaces another standardized plan A medicare
25 supplement policy or certificate.

26 (b) If the medicare supplement policy or certificate being replaced
27 was issued on or after June 1, 2010, the issuer of the medicare
28 supplement insurance policy or certificate may not require evidence of
29 insurability prior to issuing the new policy or certificate under (a)
30 of this subsection. If the medicare supplement policy or certificate
31 being replaced was issued prior to June 1, 2010, the issuer of the
32 medicare supplement insurance policy or certificate may require
33 evidence of insurability prior to issuing the new policy or certificate
34 under (a) of this subsection.

35 (3) Every issuer of a medicare supplement insurance policy or
36 certificate providing coverage to a resident of this state issued on or
37 after January 1, 1996, must set rates only on a community-rated basis.
38 Premiums must be equal for all policyholders and certificate holders

1 under a standardized medicare supplement benefit plan form, except that
2 an issuer may vary premiums based on spousal discounts, frequency of
3 payment, and method of payment including automatic deposit of premiums
4 and may develop no more than two rating pools that distinguish between
5 an insured's eligibility for medicare by reason of:

6 (a) Age; or

7 (b) Disability or end-stage renal disease.

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