FINAL BILL REPORT
SSB 6536

C 156 L 16
Synopsis as Enacted

Brief Description: Addressing the filing and rating of group health benefit plans other than small group plans, all stand-alone dental plans, and stand-alone vision plans by disability insurers, health care service contractors, and health maintenance organizations.

Sponsors: Senate Committee on Health Care (originally sponsored by Senator Becker).

Senate Committee on Health Care
House Committee on Health Care & Wellness

Background: The 2015 Legislature passed SSB 5023 requiring all rates and forms for group health benefit plans, other than small group plans, and all stand-alone dental and stand-alone vision plans be filed with the Office of Insurance Commissioner (OIC) before use. The intent articulated in the bill was to create regulatory uniformity in the filing requirements of the rates and forms required for group health benefit plans and stand-alone dental plans and stand-alone vision plans.

The OIC was directed to adopt rules to standardize the rate and form filings requirements, and to use the already adopted standards in place for health care service contractors and health maintenance organizations. The OIC completed rule making in the fall that became effective January 8, 2016.

Summary: It is the intent of the Legislature to establish regulatory uniformity for the rate and form filing content and regulatory review standards for group health benefit plans, other than small group plans, and stand-alone dental plans and stand-alone vision plans.

The 2015 law is amended to clarify that the filing of negotiated contract forms for group health plans, stand-alone dental plans, and stand-alone vision plans that are in effect at the time of negotiation are not required to be filed in advance but must be filed within 30 working days of completion of contract negotiation or the date the renewal premiums are implemented.

The OIC must amend existing rules to standardize the rate and form filing process as well as regulatory review standards for the rates and forms of the plans. The Commissioner may amend the rules previously adopted and must amend any additional rating requirements established by existing rule that are not applied to health care service contractors and health maintenance organizations. The new requirements apply to plans issued or renewed on or

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after the effective date of the act. The act includes an emergency clause and is effective immediately.

Votes on Final Passage:

Senate	48	1	
House	97	0	(House amended)
Senate	47	0	(Senate concurred)

Effective: March 31, 2016