
HOUSE BILL 1626

State of Washington

64th Legislature

2015 Regular Session

By Representative Schmick

Read first time 01/23/15. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to health benefit plan grace periods; amending
2 RCW 48.43.039; and creating a new section.

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

4 **Sec. 1.** RCW 48.43.039 and 2014 c 84 s 3 are each amended to read
5 as follows:

6 (1) For an enrollee who is in the second or third month of the
7 grace period, an issuer of a qualified health plan shall:

8 (a) Upon request by a health care provider or health care
9 facility, provide information regarding the enrollee's eligibility
10 status in real-time; and

11 (b) Notify a health care provider or health care facility that an
12 enrollee is in the grace period within three business days after
13 submittal of a claim or status request for services provided.

14 (2) The information or notification required under subsection (1)
15 of this section must, at a minimum:

16 (a) Indicate "grace period" or use the appropriate national
17 coding standard as the reason for pending the claim if a claim is
18 pending due to the enrollee's grace period status; and

19 (b) Except for notifications provided electronically, indicate
20 that enrollee is in the second or third month of the grace period.

1 (3) Except as required by RCW 70.170.060(1), a health care
2 provider may choose whether to provide care to an enrollee who is in
3 the second or third month of the grace period.

4 (4) By December 1, 2014, and annually each December 1st
5 thereafter, the health benefit exchange shall provide a report to the
6 appropriate committees of the legislature with the following
7 information for the calendar year: (a) The number of exchange
8 enrollees who entered the grace period; (b) the number of enrollees
9 who subsequently paid premium after entering the grace period; (c)
10 the average number of days enrollees were in the grace period prior
11 to paying premium; and (d) the number of enrollees who were in the
12 grace period and whose coverage was terminated due to nonpayment of
13 premium. The report must include as much data as is available for the
14 calendar year.

15 (~~(4)~~) (5) For purposes of this section, "grace period" means
16 nonpayment of premiums by an enrollee receiving advance payments of
17 the premium tax credit, as defined in section 1412 of the patient
18 protection and affordable care act, P.L. 111-148, as amended by the
19 health care and education reconciliation act, P.L. 111-152, and
20 implementing regulations issued by the federal department of health
21 and human services.

22 NEW SECTION. **Sec. 2.** This act does not modify any rights in an
23 agreement in existence on the effective date of this section.

--- END ---