
SENATE BILL 6271

State of Washington 64th Legislature 2016 Regular Session

By Senators Becker, Keiser, Dammeier, Bailey, Parlette, Brown, Conway, and Warnick

Read first time 01/13/16. Referred to Committee on Health Care.

1 AN ACT Relating to the Washington state health insurance pool;
2 and amending RCW 48.41.100 and 48.41.160.

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

4 **Sec. 1.** RCW 48.41.100 and 2013 c 279 s 3 are each amended to
5 read as follows:

6 (1)(a) The following persons who are residents of this state are
7 eligible for pool coverage:

8 (i) Any resident of the state not eligible for medicare coverage
9 or medicaid coverage(~~(, and residing)~~) who:

10 (A) Resides in a county where an individual health plan other
11 than a catastrophic health plan as defined in RCW 48.43.005 is not
12 offered to the resident during defined open enrollment or special
13 enrollment periods at the time of application to the pool, whether
14 through the health benefit exchange operated pursuant to chapter
15 43.71 RCW or in the private insurance market(~~(, and who makes~~
16 ~~application to the pool for coverage prior to December 31, 2017)~~); or

17 (B) Is ineligible to purchase a health plan through the
18 Washington health benefit exchange established in RCW 43.71.020;

19 (ii) Any resident of the state not eligible for medicare
20 coverage, enrolled in the pool prior to December 31, 2013, shall

1 remain eligible for pool coverage except as provided in subsections
2 (2) and (3) of this section (~~(through December 31, 2017)~~);

3 (iii) Any person becoming eligible for medicare before August 1,
4 2009, who provides evidence of (A) a rejection for medical reasons,
5 (B) a requirement of restrictive riders, (C) an up-rated premium, (D)
6 a preexisting conditions limitation, or (E) lack of access to or for
7 a comprehensive medicare supplemental insurance policy under chapter
8 48.66 RCW, the effect of any of which is to substantially reduce
9 coverage from that received by a person considered a standard risk by
10 at least one member within six months of the date of application; and

11 (iv) Any person becoming eligible for medicare on or after August
12 1, 2009, who does not have access to a reasonable choice of
13 comprehensive medicare part C plans, as defined in (b) of this
14 subsection, and who provides evidence of (A) a rejection for medical
15 reasons, (B) a requirement of restrictive riders, (C) an up-rated
16 premium, (D) a preexisting conditions limitation, or (E) lack of
17 access to or for a comprehensive medicare supplemental insurance
18 policy under chapter 48.66 RCW, the effect of any of which is to
19 substantially reduce coverage from that received by a person
20 considered a standard risk by at least one member within six months
21 of the date of application.

22 (b) For purposes of (a)(i) of this subsection, by December 1,
23 2013, the board shall develop and implement a process to determine an
24 applicant's eligibility based on the criteria specified in (a)(i) of
25 this subsection.

26 (c) For purposes of (a)(iv) of this subsection (1), a person does
27 not have access to a reasonable choice of plans unless the person has
28 a choice of health maintenance organization or preferred provider
29 organization medicare part C plans offered by at least three
30 different carriers that have had provider networks in the person's
31 county of residence for at least five years. The plan options must
32 include coverage at least as comprehensive as a plan F medicare
33 supplement plan combined with medicare parts A and B. The plan
34 options must also provide access to adequate and stable provider
35 networks that make up-to-date provider directories easily accessible
36 on the carrier web site, and will provide them in hard copy, if
37 requested. In addition, if no health maintenance organization or
38 preferred provider organization plan includes the health care
39 provider with whom the person has an established care relationship

1 and from whom he or she has received treatment within the past twelve
2 months, the person does not have reasonable access.

3 (2) The following persons are not eligible for coverage by the
4 pool:

5 (a) Any person having terminated coverage in the pool unless (i)
6 twelve months have lapsed since termination, or (ii) that person can
7 show continuous other coverage which has been involuntarily
8 terminated for any reason other than nonpayment of premiums. However,
9 these exclusions do not apply to eligible individuals as defined in
10 section 2741(b) of the federal health insurance portability and
11 accountability act of 1996 (42 U.S.C. Sec. 300gg-41(b));

12 (b) Inmates of public institutions and those persons who become
13 eligible for medical assistance after June 30, 2008, as defined in
14 RCW 74.09.010. However, these exclusions do not apply to eligible
15 individuals as defined in section 2741(b) of the federal health
16 insurance portability and accountability act of 1996 (42 U.S.C. Sec.
17 300gg-41(b)).

18 (3) When a carrier or insurer regulated under chapter 48.15 RCW
19 begins to offer an individual health benefit plan in a county where
20 no carrier had been offering an individual health benefit plan:

21 (a) If the health benefit plan offered is other than a
22 catastrophic health plan as defined in RCW 48.43.005, any person
23 enrolled in a pool plan pursuant to subsection (1)(a)(i) of this
24 section in that county shall no longer be eligible for coverage under
25 that plan pursuant to subsection (1)(a)(i) of this section; and

26 (b) The pool administrator shall provide written notice to any
27 person who is no longer eligible for coverage under a pool plan under
28 this subsection (3) within thirty days of the administrator's
29 determination that the person is no longer eligible. The notice
30 shall: (i) Indicate that coverage under the plan will cease ninety
31 days from the date that the notice is dated; (ii) describe any other
32 coverage options, either in or outside of the pool, available to the
33 person; and (iii) describe the enrollment process for the available
34 options outside of the pool.

35 **Sec. 2.** RCW 48.41.160 and 2013 c 279 s 4 are each amended to
36 read as follows:

37 (1) On or before December 31, 2007, the pool shall cancel all
38 existing pool policies and replace them with policies that are
39 identical to the existing policies except for the inclusion of a

1 provision providing for a guarantee of the continuity of coverage
2 consistent with this section. As a means to minimize the number of
3 policy changes for enrollees, replacement policies provided under
4 this subsection also may include the plan modifications authorized in
5 RCW 48.41.100, 48.41.110, and 48.41.120.

6 (2) A pool policy shall contain a guarantee of the individual's
7 right to continued coverage, subject to the provisions of subsections
8 (4)((~~7~~)) and (5)((~~7~~), ~~and~~ (~~8~~)) of this section.

9 (3) The guarantee of continuity of coverage required by this
10 section shall not prevent the pool from canceling or nonrenewing a
11 policy for:

- 12 (a) Nonpayment of premium;
- 13 (b) Violation of published policies of the pool;
- 14 (c) Failure of a covered person who becomes eligible for medicare
15 benefits by reason of age to apply for a pool medical supplement
16 plan, or a medicare supplement plan or other similar plan offered by
17 a carrier pursuant to federal laws and regulations;
- 18 (d) Failure of a covered person to pay any deductible or
19 copayment amount owed to the pool and not the provider of health care
20 services;
- 21 (e) Covered persons committing fraudulent acts as to the pool;
- 22 (f) Covered persons materially breaching the pool policy; or
- 23 (g) Changes adopted to federal or state laws when such changes no
24 longer permit the continued offering of such coverage.

25 (4)(a) The guarantee of continuity of coverage provided by this
26 section requires that if the pool replaces a plan, it must make the
27 replacement plan available to all individuals in the plan being
28 replaced. The replacement plan must include all of the services
29 covered under the replaced plan, and must not significantly limit
30 access to the kind of services covered under the replacement plan
31 through unreasonable cost-sharing requirements or otherwise. The pool
32 may also allow individuals who are covered by a plan that is being
33 replaced an unrestricted right to transfer to a fully comparable
34 plan.

35 (b) The guarantee of continuity of coverage provided by this
36 section requires that if the pool discontinues offering a plan: (i)
37 The pool must provide notice to each individual of the
38 discontinuation at least ninety days prior to the date of the
39 discontinuation; (ii) the pool must offer to each individual provided
40 coverage under the discontinued plan the option to enroll in any

1 other plan currently offered by the pool for which the individual is
2 otherwise eligible; and (iii) in exercising the option to discontinue
3 a plan and in offering the option of coverage under (b)(ii) of this
4 subsection, the pool must act uniformly without regard to any health
5 status-related factor of enrolled individuals or individuals who may
6 become eligible for this coverage.

7 (c) The pool cannot replace or discontinue a plan under this
8 subsection (4) until it has completed an evaluation of the impact of
9 replacing the plan upon:

10 (i) The cost and quality of care to pool enrollees;

11 (ii) Pool financing and enrollment;

12 (iii) The board's ability to offer comprehensive and other plans
13 to its enrollees;

14 (iv) Other items identified by the board.

15 In its evaluation, the board must request input from the
16 constituents represented by the board members.

17 (d) The guarantee of continuity of coverage provided by this
18 section does not apply if the pool has zero enrollment in a plan.

19 (5) The pool may not change the rates for pool policies except on
20 a class basis, with a clear disclosure in the policy of the pool's
21 right to do so.

22 (6) A pool policy offered under this chapter shall provide that,
23 upon the death of the individual in whose name the policy is issued,
24 every other individual then covered under the policy may elect,
25 within a period specified in the policy, to continue coverage under
26 the same or a different policy.

27 (7) All pool policies issued on or after January 1, 2014, must
28 reflect the new eligibility requirements of RCW 48.41.100 ((and
29 contain a statement of the intent to discontinue the pool coverage on
30 December 31, 2017, under pool nonmedicare plans.

31 ~~(8) Pool policies issued prior to January 1, 2014, shall be~~
32 ~~modified effective January 1, 2013, consistent with subsection (3)(g)~~
33 ~~of this section, and contain a statement of the intent to discontinue~~
34 ~~pool coverage on December 31, 2017, under pool nonmedicare plans.~~

35 ~~(9) The pool shall discontinue all nonmedicare pool plans~~
36 ~~effective December 31, 2017)).~~

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