

ESSB 6241 - H AMD 1345

By Representative Cody

ADOPTED 03/02/2018

1 On page 59, after line 36, insert the following:

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3 "NEW SECTION. Sec. 35. A new section is added to chapter 41.05
4 RCW to read as follows:

5 (1) For plan years beginning January 1, 2020, at least one
6 health carrier in an insurance holding company system must offer in
7 the exchange at least one silver and one gold qualified health plan
8 in any county in which any health carrier in that insurance holding
9 company system offers a fully insured health plan that was approved,
10 on or after the effective date of this section, by the school
11 employees' benefits board or the public employees' benefits board to
12 be offered to employees and their covered dependents under this
13 chapter.

14 (2) The rates for a health plan approved by the school
15 employees' benefits board or the public employees' benefits board
16 may not include the administrative costs or actuarial risks
17 associated with a qualified health plan offered under subsection (1)
18 of this section.

19 (3) The authority shall perform an actuarial review during the
20 annual rate setting process for plans approved by the school
21 employees' benefits board or the public employees' benefits board to
22 ensure compliance with subsection (2) of this section.

23 (4) For purposes of this section, "exchange" and "health
24 carrier" have the same meaning as in RCW 48.43.005."

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26 Renumber the remaining sections consecutively and correct any
27 internal references accordingly.

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EFFECT: Requires, for plan years beginning January 1, 2020, at least one health carrier in an insurance holding company system to offer in the Washington Health Benefit Exchange at least one Silver and one Gold qualified health plan (QHP) in any county in which any health carrier in the holding company system offers a fully insured health plan that was approved by the Public Employees' Benefits Board (PEBB) or the School Employees' Benefits Board (SEBB). Prohibits the rates for a PEBB-approved or SEBB-approved health plan from including the administrative costs or actuarial risks associated with the QHP offered by the carrier. Requires the Health Care Authority to perform an annual actuarial review to ensure compliance with this prohibition.

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