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HOUSE BILL 2228

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State of Washington                      65th Legislature      2017 2nd Special Session

By Representatives J. Walsh, Schmick, Maycumber, Kraft, and Kretz

Prefiled 06/21/17. Read first time 06/21/17. Referred to Committee on Health Care & Wellness.

1            AN ACT Relating to incentivizing participation in the Washington  
2 individual health insurance market in certain counties; amending RCW  
3 43.71.065; adding a new section to chapter 48.43 RCW; creating new  
4 sections; and declaring an emergency.

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

6            NEW SECTION.    **Sec. 1.** (1) The legislature finds that:

7            (a) The establishment of Washington's health benefit exchange was  
8 intended to increase the availability of health care coverage through  
9 the private health insurance market and improve consumer choice;

10           (b) Increasing premiums and decreasing carrier participation in  
11 the health insurance marketplace have left multiple counties with no  
12 insurance carrier either on or off the health benefit exchange,  
13 leaving thousands of Washingtonians with no access to health  
14 insurance; and

15           (c) The state has imposed excess health insurance mandates upon  
16 carriers that provide a disincentive to offer plans in certain  
17 regions.

18           (2) The legislature therefore intends to reduce state health  
19 insurance mandates in counties with one or fewer health plans offered  
20 in the individual market in order to incentivize insurers to reenter  
21 the marketplace and revitalize competition and consumer choice.

1        NEW SECTION.    **Sec. 2.**    A new section is added to chapter 48.43  
2    RCW to read as follows:

3        (1) Beginning with filings for the 2018 plan year, if the  
4    commissioner has received one or fewer filings for individual market  
5    health plans to be offered in a particular county by the standard  
6    filing deadline, the commissioner must extend the filing deadline by  
7    at least sixty days for plans to be offered in that county.

8        (2) The commissioner shall approve filings received during the  
9    extension period for plans to be offered in a county identified in  
10   subsection (1) of this section if the filings meet the minimum  
11   standards required by federal law with respect to mandated health  
12   benefits and provider networks. Health plans approved under this  
13   subsection are exempt from RCW 48.43.700 and any state requirements  
14   related to mandated health benefits and provider networks in excess  
15   of federal requirements. The commissioner shall continue to approve  
16   filings under this subsection for subsequent plan years until he or  
17   she receives filings for at least three individual market health  
18   plans to be offered in the county.

19        **Sec. 3.**    RCW 43.71.065 and 2012 c 87 s 8 are each amended to read  
20    as follows:

21        (1) The board shall certify a plan as a qualified health plan to  
22    be offered through the exchange if the plan is determined by the:

23        (a) Insurance commissioner to meet the requirements of Title 48  
24    RCW and rules adopted by the commissioner pursuant to chapter 34.05  
25    RCW to implement the requirements of Title 48 RCW, except as provided  
26    in section 2 of this act;

27        (b) Board to meet the requirements of the affordable care act for  
28    certification as a qualified health plan; and

29        (c) Board to include tribal clinics and urban Indian clinics as  
30    essential community providers in the plan's provider network  
31    consistent with federal law. If consistent with federal law,  
32    integrated delivery systems shall be exempt from the requirement to  
33    include essential community providers in the provider network.

34        (2) Consistent with section 1311 of P.L. 111-148 of 2010, as  
35    amended, the board shall allow stand-alone dental plans to offer  
36    coverage in the exchange beginning January 1, 2014. Dental benefits  
37    offered in the exchange must be offered and priced separately to  
38    assure transparency for consumers.

1 (3) The board may permit direct primary care medical home plans,  
2 consistent with section 1301 of P.L. 111-148 of 2010, as amended, to  
3 be offered in the exchange beginning January 1, 2014.

4 (4) Upon request by the board, a state agency shall provide  
5 information to the board for its use in determining if the  
6 requirements under subsection (1)(b) or (c) of this section have been  
7 met. Unless the agency and the board agree to a later date, the  
8 agency shall provide the information within sixty days of the  
9 request. The exchange shall reimburse the agency for the cost of  
10 compiling and providing the requested information within one hundred  
11 eighty days of its receipt.

12 (5) A decision by the board denying a request to certify or  
13 recertify a plan as a qualified health plan may be appealed according  
14 to procedures adopted by the board.

15 NEW SECTION. **Sec. 4.** This act may be known and cited as the  
16 Washington patient choice restoration act.

17 NEW SECTION. **Sec. 5.** This act is necessary for the immediate  
18 preservation of the public peace, health, or safety, or support of  
19 the state government and its existing public institutions, and takes  
20 effect immediately.

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