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**HOUSE BILL 1913**

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**State of Washington**

**67th Legislature**

**2022 Regular Session**

**By** Representatives Stokesbary, Chambers, Caldier, Gilday, Hoff, Jacobsen, Schmick, Steele, Corry, Graham, Eslick, Barkis, Dent, and Volz

Read first time 01/11/22. Referred to Committee on Appropriations.

1 AN ACT Relating to replacing the long-term services and supports  
2 trust program with affordable and optional long-term care insurance  
3 coverage; reenacting and amending RCW 42.56.400; adding a new section  
4 to chapter 82.04 RCW; adding a new chapter to Title 48 RCW; repealing  
5 RCW 50B.04.010, 50B.04.020, 50B.04.030, 50B.04.040, 50B.04.050,  
6 50B.04.060, 50B.04.070, 50B.04.080, 50B.04.085, 50B.04.090,  
7 50B.04.095, 50B.04.100, 50B.04.110, 50B.04.120, 50B.04.130,  
8 50B.04.140, 50B.04.150, 50B.04.160, and 50B.04.900; and declaring an  
9 emergency.

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

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

12 (a) In 2019, the legislature enacted the long-term services and  
13 supports trust program, which imposed a .58 percent premium on wages  
14 beginning in January 2022 to pay for long-term care benefits for  
15 qualified individuals. The maximum benefits that a person may receive  
16 under this program is \$36,500, which will be wholly inadequate to  
17 meet the needs of most people seeking care under the program;

18 (b) In a 2019 advisory vote, a resounding 62.9 percent of  
19 Washington voters recommended repealing the long-term services and  
20 supports trust program. In 2020, Washington voters rejected a  
21 proposed constitutional amendment to allow further investment of

1 program funds, resulting in a projected \$15,000,000,000 unfunded  
2 liability (on a net present value basis) and necessitating future  
3 benefit cuts or premium increases to maintain the program's solvency;  
4 and

5 (c) A new approach must be considered to replace the long-term  
6 services and supports trust program; one that encourages individuals  
7 to responsibly plan for their long-term care needs, recognizes both  
8 the long-term savings produced and the dignity preserved by allowing  
9 seniors to age in their homes, ensures coverage is affordable,  
10 leverages existing state funds, provides consumers with options, and  
11 trusts Washingtonians to make the best decisions for themselves and  
12 their loved ones.

13 (2) Therefore, it is the intent of the legislature to repeal the  
14 existing long-term services and supports trust program and replace it  
15 with a new program of state-financed reinsurance that will stabilize  
16 the private long-term care insurance market and provide Washington  
17 consumers with access to long-term care coverage that is both  
18 affordable and optional.

19 NEW SECTION. **Sec. 2.** DEFINITIONS. The definitions in this  
20 section apply throughout this chapter unless the context clearly  
21 requires otherwise.

22 (1) "Account" means the Washington long-term care reinsurance  
23 program account created in section 9 of this act.

24 (2) "Association" means the Washington long-term care reinsurance  
25 association created in section 3 of this act.

26 (3) "Attachment point" means the threshold amount for claims  
27 costs incurred by an eligible long-term care insurance issuer for an  
28 enrolled individual's covered benefits in a benefit year, above which  
29 the claims costs for benefits are eligible for reinsurance payments  
30 under the program.

31 (4) "Commissioner" means the Washington state insurance  
32 commissioner.

33 (5) "Program" means the Washington long-term care reinsurance  
34 program established in section 4 of this act.

35 (6) "Reinsurance payment" means an amount paid by the program to  
36 an eligible long-term care insurance carrier.

37 NEW SECTION. **Sec. 3.** WASHINGTON LONG-TERM CARE REINSURANCE  
38 ASSOCIATION. (1) The Washington long-term care reinsurance

1 association is created as a nonprofit corporation. The association is  
2 formed for the purpose of operating the Washington long-term care  
3 reinsurance program. The association is comprised of all long-term  
4 care insurance issuers offering long-term care insurance policies  
5 under chapter 48.43 RCW on behalf of residents of Washington. The  
6 association is a nonprofit corporation under chapter 24.03 RCW and  
7 has the powers granted under that chapter.

8 (2) The association is governed by a board consisting of:

9 (a) Two members representing issuers of individual long-term care  
10 insurance policies in Washington under chapter 48.83 RCW;

11 (b) Two members representing issuers of group long-term care  
12 insurance policies in Washington under chapter 48.83 RCW;

13 (c) A member representing an organization that represents retired  
14 persons;

15 (d) A member with technical expertise in reinsurance; and

16 (e) A public member representing consumers who purchase  
17 individual market long-term care insurance policies.

18 (3) The association may perform the functions specified in  
19 section 4 of this act.

20 (4) The commissioner shall convene the initial meeting of the  
21 association board.

22 NEW SECTION. **Sec. 4.** WASHINGTON LONG-TERM CARE REINSURANCE  
23 PROGRAM—CREATION, ADMINISTRATION, BOARD DUTIES. (1) The Washington  
24 long-term care reinsurance program is established for the purposes of  
25 stabilizing the rates and premiums for long-term care insurance,  
26 expanding access to long-term care insurance, and providing assurance  
27 that the long-term care insurance policies will be available into the  
28 future.

29 (2) The program must be operated by the association through the  
30 board in accordance with the long-term care reinsurance program plan  
31 of operation approved by the commissioner under section 6 of this  
32 act. The board of the association shall serve as the program  
33 management board for the program.

34 (3) The board has the following powers and duties related to  
35 operation of the program:

36 (a) Prepare and propose to the association amendments to the  
37 articles of organization and bylaws of the association to provide for  
38 operation of the program;

1 (b) Prepare and adopt a long-term care reinsurance program plan  
2 of operation as provided in section 6 of this act and submit it to  
3 the commissioner for approval;

4 (c) Conduct all activities in accordance with the program plan of  
5 operation approved by the commissioner under section 6 of this act;

6 (d) Enter into contracts as necessary to collect and disburse the  
7 assessment for reinsurance payments;

8 (e) Enter into contracts as necessary to operate and administer  
9 the program;

10 (f) Sue or be sued, including taking any legal action necessary  
11 or proper for the recovery of any assessment for, on behalf of, or  
12 against health carriers and third-party administrators or other  
13 participating persons for reinsurance payments;

14 (g) Appoint, from among members of the board, committees as  
15 necessary to provide technical assistance in the operation of the  
16 program;

17 (h) Hire independent consultants, including accountants,  
18 actuaries, attorneys, investment advisors, and auditors, as the board  
19 deems necessary for operation of the program;

20 (i) Conduct periodic audits to assure the general accuracy of the  
21 financial data submitted to the program;

22 (j) Cause the program to be audited by an independent certified  
23 public accountant;

24 (k) Borrow and repay such working capital, reserve, or other  
25 funds as, in the judgment of the board, may be necessary for the  
26 operation of the program;

27 (l) Contract with an entity for program administration. The board  
28 may contract with any entity that is under contract with the board on  
29 the effective date of this section as needed for operation of the  
30 program for the period of the current contract. Any subsequent  
31 contract for administration of the association's other duties shall  
32 include duties as may be assigned by the board that are necessary for  
33 operation of the program for the period during which the program will  
34 be in effect; and

35 (m) Perform any other functions to carry out the program plan of  
36 operation and to affect any or all of the purposes for which the  
37 program is organized.

38 (4) This section does not require or authorize the adoption of  
39 rules by the board under chapter 34.05 RCW.

1        NEW SECTION.    **Sec. 5.**    EXAMINATION, REPORT, AND ENFORCEMENT. (1)

2    The program is subject to examination by the commissioner as provided  
3    under chapter 48.03 RCW.

4        (2) The board shall submit to the commissioner, by November 1st  
5    of the year following the applicable benefit year or 60 calendar days  
6    following the final disbursement of reinsurance payments for the  
7    applicable benefit year, whichever is later, a financial report for  
8    the applicable benefit year in a form approved by the commissioner.  
9    The report shall include the following information for the benefit  
10   year that is the subject of the report, at a minimum:

11        (a) Funds deposited in the account;

12        (b) Requests for reinsurance payments received from eligible  
13   long-term care insurance issuers;

14        (c) Reinsurance payments made to eligible long-term care  
15   insurance issuers; and

16        (d) Administrative and operational expenses incurred for the  
17   program.

18        (3) The report must be posted on the association's website.

19        NEW SECTION.    **Sec. 6.**    WASHINGTON LONG-TERM CARE REINSURANCE  
20   PROGRAM PLAN OF OPERATION. The Washington long-term care reinsurance  
21   program plan of operation must be submitted by the board to the  
22   commissioner for review by May 15, 2023, and must be approved by the  
23   commissioner by June 1, 2023. The plan of operation shall:

24        (1) Provide for the operation of the program separate and apart  
25   from the association's other duties;

26        (2) Establish procedures for the handling and accounting of  
27   assets and moneys of the program;

28        (3) Establish regular times and places for meetings of the board  
29   in connection with operation of the program;

30        (4) Establish data and information requirements for submission of  
31   reinsurance payment requests by eligible long-term care insurance  
32   issuers, processes for notification of eligible long-term care  
33   insurance issuers regarding reinsurance payments and issuing  
34   payments, and processes to resolve eligible long-term care insurance  
35   issuer appeals related to the amount of reinsurance payments, as  
36   provided in section 8 of this act;

37        (5) Establish procedures for the collection of assessments from  
38   all long-term care insurance issuers to provide for reinsurance  
39   claims paid under the program and for administrative expenses

1 incurred or estimated to be incurred during the period for which the  
2 assessment is made as provided in section 8 of this act;

3 (6) Establish procedures for records to be kept of all financial  
4 transactions and for an annual fiscal reporting to the commissioner  
5 as provided in section 5 of this act;

6 (7) Determine the amount of contingency funding necessary to  
7 ensure the continued operation of the program, not to exceed 10  
8 percent of gross program assessments;

9 (8) Establish a schedule and procedures for long-term care  
10 insurance issuers to submit annual statements and other reports  
11 deemed necessary by the board to calculate the assessment in section  
12 8 of this act; and

13 (9) Contain additional provisions necessary for the execution of  
14 the powers and duties of the program.

15 NEW SECTION. **Sec. 7.** PROGRAM PAYMENTS TO ELIGIBLE LONG-TERM  
16 CARE INSURANCE ISSUERS. (1)(a) The commissioner shall determine the  
17 attachment point for the program annually, in order to:

18 (i) Manage the program within available assessment resources;

19 (ii) Mitigate the impact of high-cost long-term care insurance  
20 policyholders on premium rates in Washington's long-term care  
21 insurance market;

22 (iii) Stabilize or reduce premium rates in Washington's long-term  
23 care insurance market; and

24 (iv) Increase participation in Washington's long-term care  
25 insurance market.

26 (b) Each year the attachment point must be established by the  
27 commissioner by March 31st of the year before the applicable benefit  
28 year. The attachment point for the claims related to the 2024 benefit  
29 year shall be established as 120 percent of the total expected costs  
30 for each cohort group. The commissioner shall adjust the attachment  
31 point for subsequent years in accordance with claims history data and  
32 other information that assists the commissioner in establishing an  
33 attachment point that promotes the goals in (a) of this subsection.  
34 The commissioner shall identify cohort groups within Washington's  
35 long-term care insurance market and establish total expected costs  
36 for long-term care insurance policyholders within each cohort group.  
37 The commissioner shall identify any data needed from the program to  
38 determine the attachment point, cohort groups, and total expected  
39 costs within each cohort group for each upcoming benefit year, and

1 such data must be timely provided to the commissioner by the program  
2 upon the commissioner's request.

3 (2) An eligible long-term care insurance issuer becomes eligible  
4 for a reinsurance payment when:

5 (a) The claims costs for the covered benefits of an individual  
6 enrolled in the eligible long-term care insurance issuer's plan  
7 exceed the attachment point; and

8 (b) The eligible long-term care insurance issuer makes its  
9 requests for reinsurance payments by April 30th in accordance with  
10 any requirements established by the board including, but not limited  
11 to, requirements related to the format and structure for submission  
12 of claims for reinsurance payments. The claims data needed for  
13 submission of claims for reinsurance payments shall be established by  
14 the commissioner.

15 (3) The amount of the reinsurance payment is the amount of  
16 expense incurred by the eligible long-term care insurance issuer  
17 above the attachment point for each cohort group covered by the  
18 eligible long-term care insurance issuer that exceeds the attachment  
19 point. The amount of the reinsurance payment that eligible long-term  
20 care insurance issuers may receive for cohort groups that exceed the  
21 attachment point relevant to that cohort group may be reduced  
22 according to an offset formula established by the commissioner to  
23 account for a portion of the cohort groups covered by the eligible  
24 long-term care insurance issuer that did not exceed the attachment  
25 point. The commissioner shall consider the goals of the attachment  
26 point established in subsection (1) of this section when establishing  
27 the offset formula.

28 (4) For each applicable benefit year, on May 30th of the year  
29 following the applicable benefit year, the program shall send an  
30 initial settlement report to each eligible long-term care insurance  
31 issuer in response to their final claims submission for the  
32 applicable benefit year. By August 1st of the year following the  
33 applicable benefit year, after resolution of any appeals related to  
34 the amount of reinsurance payments received, the program shall  
35 disburse all applicable reinsurance payments to an eligible long-term  
36 care insurance issuer.

37 (5) (a) The total annual reinsurance payments made to all eligible  
38 long-term care insurance issuers may not exceed \$200,000,000 for any  
39 applicable benefit year.

1 (b) (i) If, for any applicable benefit year, the claims submitted  
2 under this section exceed \$200,000,000, the board shall make a pro  
3 rata reduction in claims payments necessary to keep reimbursement  
4 amounts at or below \$200,000,000.

5 (ii) If, for any applicable benefit year, the funds available for  
6 claims are less than \$200,000,000 and insufficient to fund the  
7 reinsurance payments required by this section, the board shall make a  
8 pro rata reduction in claims necessary to remain within the funds  
9 available for reinsurance payments.

10 (c) If, for any applicable benefit year, the final disbursement  
11 of reinsurance payments to eligible long-term care insurance issuers  
12 is less than \$200,000,000, funds remaining in the Washington long-  
13 term care reinsurance program account created in section 9 of this  
14 act must be used to reduce assessments for the subsequent applicable  
15 calendar year or to establish contingency funds consistent with the  
16 program plan of operation.

17 NEW SECTION. **Sec. 8.** PROGRAM ASSESSMENTS. (1) All long-term  
18 care insurance issuers offering long-term care insurance policies  
19 under chapter 48.43 RCW on behalf of Washington residents shall pay  
20 an annual reinsurance assessment under this section. On or before  
21 October 1, 2023, and on or before May 15th of each subsequent year,  
22 the board shall determine the reinsurance assessment for the  
23 subsequent calendar year and report the amount to the commissioner  
24 for review and approval. The gross assessment amount must be adequate  
25 to cover the total expected reinsurance claims for the subsequent  
26 calendar year plus anticipated administrative expenses not to exceed  
27 1.5 percent of gross program assessments for the subsequent calendar  
28 year. The gross assessment amount for any calendar year may not  
29 exceed \$200,000,000. The gross assessment amount calculated in 2023  
30 may include contingency funds. The gross assessment calculated in  
31 subsequent years may not include contingency funds.

32 (2) Each long-term care insurance issuer's reinsurance assessment  
33 must be determined based on annual statements and other reports  
34 deemed necessary by the board. The amount of the annual reinsurance  
35 assessment for each long-term care insurance issuer shall be  
36 established by a determination by the board of the total expected  
37 reinsurance claims for the subsequent calendar year and dividing the  
38 amount among all long-term care insurance issuers according to each  
39 issuer's total premiums charged to its long-term care insurance



1 policyholders in Washington for the present calendar year as a  
2 percentage of the total premiums charged by all long-term care  
3 insurance issuers in Washington in the present calendar year.

4 (3) The commissioner shall approve the assessment and notify the  
5 board by October 15, 2023, and by May 30th in subsequent years.

6 (4) The board shall provide written notification to each long-  
7 term care insurance issuer offering long-term care insurance policies  
8 under chapter 48.43 RCW on behalf of Washington residents of the  
9 issuer's estimated total assessment by October 16, 2023, and June 1st  
10 of each subsequent year, and its payment obligation for the upcoming  
11 year. The board shall determine a payment schedule for receipt of  
12 reinsurance assessments under this section in accordance with the  
13 program plan of operation. Payment collections may be made no more  
14 frequently than quarterly.

15 (5) Payments are due to the board within 45 days of the payment  
16 schedule determined under subsection (4) of this section. The board  
17 shall charge interest, which begins to accrue on the 46th day, on  
18 amounts received after the 45-day period. The board may allow each  
19 long-term care insurance issuer in arrears to submit a payment plan,  
20 subject to approval by the board and initial payment under an  
21 approved payment plan.

22 (6) The board may abate or defer, in whole or in part, the  
23 assessment of a long-term care insurance issuer if, in the opinion of  
24 the board, payment of the assessment would endanger the ability of  
25 the long-term care insurance issuer to fulfill its contractual  
26 obligations. If an assessment against a long-term care insurance  
27 issuer is abated or deferred, in whole or in part, the amount by  
28 which such assessment is abated or deferred may be assessed against  
29 the other long-term care insurance issuers in a manner consistent  
30 with the basis for assessments in this section. The long-term care  
31 insurance issuer receiving such abatement or deferment remains liable  
32 to the program for the deficiency plus interest at a rate established  
33 in the program plan of operation. Upon receipt of payment of any  
34 abatement or deferment by a long-term care insurance issuer, the  
35 board shall adjust future assessments made against other long-term  
36 care insurance issuers under this subsection to reflect receipt of  
37 the payment.

38 (7) The board shall submit an annual report to the commissioner  
39 listing those long-term care insurance issuers that failed to remit  
40 their assessments.

1 (8) The board shall deposit annual assessments collected under  
2 this section, less the program's administrative expenses, with the  
3 state treasurer to the credit of the Washington long-term care  
4 reinsurance program account created in section 9 of this act.

5 (9) A long-term care insurance issuer shall submit any annual  
6 statements or other reports deemed necessary by the board to  
7 calculate the assessment under this section in a manner consistent  
8 with the schedule and procedures in the program plan of operation.

9 NEW SECTION. **Sec. 9.** WASHINGTON LONG-TERM CARE REINSURANCE  
10 PROGRAM ACCOUNT. (1) The Washington long-term care reinsurance  
11 program account is created in the custody of the state treasurer. All  
12 receipts from reinsurance assessments collected under section 8 of  
13 this act and any additional funding specifically appropriated to the  
14 account must be deposited directly into the account. Expenditures  
15 from the account shall be used to operate the program and to make  
16 reinsurance payments to eligible long-term care insurance issuers  
17 under the program. Only the commissioner may authorize expenditures  
18 from the account. The account is subject to the allotment procedures  
19 under chapter 43.88 RCW, but an appropriation is not required for  
20 expenditures.

21 (2) The account may maintain an initial cash deficit for a period  
22 of no more than one fiscal year to defray its initial program costs.  
23 The legislature may make appropriations into the account to reduce  
24 program administrative costs.

25 (3) If the program is terminated, any funds remaining in the  
26 account, after allowances for remaining expenses and costs associated  
27 with the termination of the program, must be returned to the long-  
28 term care insurance issuers who have paid an assessment in the most  
29 recent assessment period in a manner consistent with the basis for  
30 the assessments in section 8 of this act.

31 NEW SECTION. **Sec. 10.** CARRIER RATE FILINGS. The commissioner  
32 shall require eligible long-term care insurance issuers to calculate  
33 the premium amount the eligible long-term care insurance issuer would  
34 have charged for the benefit year if the program had not been  
35 established. The eligible long-term care insurance issuer shall  
36 submit this information as part of its rate filing. The commissioner  
37 shall consider this information as part of the rate review.

1        NEW SECTION.    **Sec. 11.**    REQUIRED RULE MAKING. The commissioner  
2 may adopt rules necessary to carry out this chapter including, but  
3 not limited to, rules prescribing the annual establishment of the  
4 attachment point and measures to enforce reporting of long-term care  
5 policyholder information for purposes of determining expected costs  
6 for cohort groups, audits of long-term care insurance policyholder  
7 reporting, and payment of applicable assessments.

8        NEW SECTION.    **Sec. 12.**    CIVIL AND CRIMINAL IMMUNITY. The program,  
9 long-term care insurance issuers assessed by the program, the board,  
10 officers of the program, employees of the program, contractors of the  
11 program and the contractors' employees, officers, or directors, the  
12 commissioner, the commissioner's representatives, and the  
13 commissioner's employees are not civilly or criminally liable and may  
14 not have any penalty or cause of action of any nature arise against  
15 them for any action or inaction, including any discretionary decision  
16 or failure to make a discretionary decision, when the action or  
17 inaction is done in good faith and in the performance of the powers  
18 and duties under this chapter. This section does not prohibit legal  
19 actions against the program to enforce the program's statutory or  
20 contractual duties or obligations.

21        NEW SECTION.    **Sec. 13.**    A new section is added to chapter 82.04  
22 RCW to read as follows:

23        (1) A person who is taxable under this chapter is allowed a  
24 credit against the tax imposed under this chapter for annual  
25 reinsurance assessments paid pursuant to section 8 of this act.

26        (2) The credit is equal to the amount of annual reinsurance  
27 assessment paid by the person pursuant to section 8 of this act for  
28 the reporting period. The credit may be carried over until  
29 used. Refunds may not be granted in the place of a credit.

30        (3) No application is necessary for the tax credit. A credit  
31 earned under this section may be claimed only on returns filed  
32 electronically with the department.

33        (4) The provisions of RCW 82.32.805 and 82.32.808 do not apply to  
34 this section.

35        **Sec. 14.**    RCW 42.56.400 and 2020 c 243 s 4 and 2020 c 240 s 9 are  
36 each reenacted and amended to read as follows:

1 The following information relating to insurance and financial  
2 institutions is exempt from disclosure under this chapter:

3 (1) Records maintained by the board of industrial insurance  
4 appeals that are related to appeals of crime victims' compensation  
5 claims filed with the board under RCW 7.68.110;

6 (2) Information obtained and exempted or withheld from public  
7 inspection by the health care authority under RCW 41.05.026, whether  
8 retained by the authority, transferred to another state purchased  
9 health care program by the authority, or transferred by the authority  
10 to a technical review committee created to facilitate the  
11 development, acquisition, or implementation of state purchased health  
12 care under chapter 41.05 RCW;

13 (3) The names and individual identification data of either all  
14 owners or all insureds, or both, received by the insurance  
15 commissioner under chapter 48.102 RCW;

16 (4) Information provided under RCW 48.30A.045 through 48.30A.060;

17 (5) Information provided under RCW 48.05.510 through 48.05.535,  
18 48.43.200 through 48.43.225, 48.44.530 through 48.44.555, and  
19 48.46.600 through 48.46.625;

20 (6) Examination reports and information obtained by the  
21 department of financial institutions from banks under RCW 30A.04.075,  
22 from savings banks under RCW 32.04.220, from savings and loan  
23 associations under RCW 33.04.110, from credit unions under RCW  
24 31.12.565, from check cashers and sellers under RCW 31.45.030(3), and  
25 from securities brokers and investment advisers under RCW 21.20.100,  
26 all of which is confidential and privileged information;

27 (7) Information provided to the insurance commissioner under RCW  
28 48.110.040(3);

29 (8) Documents, materials, or information obtained by the  
30 insurance commissioner under RCW 48.02.065, all of which are  
31 confidential and privileged;

32 (9) Documents, materials, or information obtained or provided by  
33 the insurance commissioner under RCW 48.31B.015(2) (l) and (m),  
34 48.31B.025, 48.31B.030, 48.31B.035, and 48.31B.036, all of which are  
35 confidential and privileged;

36 (10) Data filed under RCW 48.140.020, 48.140.030, 48.140.050, and  
37 7.70.140 that, alone or in combination with any other data, may  
38 reveal the identity of a claimant, health care provider, health care  
39 facility, insuring entity, or self-insurer involved in a particular  
40 claim or a collection of claims. For the purposes of this subsection:

1 (a) "Claimant" has the same meaning as in RCW 48.140.010(2).  
2 (b) "Health care facility" has the same meaning as in RCW  
3 48.140.010(6).  
4 (c) "Health care provider" has the same meaning as in RCW  
5 48.140.010(7).  
6 (d) "Insuring entity" has the same meaning as in RCW  
7 48.140.010(8).  
8 (e) "Self-insurer" has the same meaning as in RCW 48.140.010(11);  
9 (11) Documents, materials, or information obtained by the  
10 insurance commissioner under RCW 48.135.060;  
11 (12) Documents, materials, or information obtained by the  
12 insurance commissioner under RCW 48.37.060;  
13 (13) Confidential and privileged documents obtained or produced  
14 by the insurance commissioner and identified in RCW 48.37.080;  
15 (14) Documents, materials, or information obtained by the  
16 insurance commissioner under RCW 48.37.140;  
17 (15) Documents, materials, or information obtained by the  
18 insurance commissioner under RCW 48.17.595;  
19 (16) Documents, materials, or information obtained by the  
20 insurance commissioner under RCW 48.102.051(1) and 48.102.140 (3) and  
21 (7)(a)(ii);  
22 (17) Documents, materials, or information obtained by the  
23 insurance commissioner in the commissioner's capacity as receiver  
24 under RCW 48.31.025 and 48.99.017, which are records under the  
25 jurisdiction and control of the receivership court. The commissioner  
26 is not required to search for, log, produce, or otherwise comply with  
27 the public records act for any records that the commissioner obtains  
28 under chapters 48.31 and 48.99 RCW in the commissioner's capacity as  
29 a receiver, except as directed by the receivership court;  
30 (18) Documents, materials, or information obtained by the  
31 insurance commissioner under RCW 48.13.151;  
32 (19) Data, information, and documents provided by a carrier  
33 pursuant to section 1, chapter 172, Laws of 2010;  
34 (20) Information in a filing of usage-based insurance about the  
35 usage-based component of the rate pursuant to RCW 48.19.040(5)(b);  
36 (21) Data, information, and documents that are submitted to the  
37 office of the insurance commissioner by an entity providing health  
38 care coverage pursuant to RCW 28A.400.275;  
39 (22) Data, information, and documents obtained by the insurance  
40 commissioner under RCW 48.29.017;

1 (23) Information not subject to public inspection or public  
2 disclosure under RCW 48.43.730(5);

3 (24) Documents, materials, or information obtained by the  
4 insurance commissioner under chapter 48.05A RCW;

5 (25) Documents, materials, or information obtained by the  
6 insurance commissioner under RCW 48.74.025, 48.74.028, 48.74.100(6),  
7 48.74.110(2) (b) and (c), and 48.74.120 to the extent such documents,  
8 materials, or information independently qualify for exemption from  
9 disclosure as documents, materials, or information in possession of  
10 the commissioner pursuant to a financial conduct examination and  
11 exempt from disclosure under RCW 48.02.065;

12 (26) Nonpublic personal health information obtained by, disclosed  
13 to, or in the custody of the insurance commissioner, as provided in  
14 RCW 48.02.068;

15 (27) Data, information, and documents obtained by the insurance  
16 commissioner under RCW 48.02.230;

17 (28) Documents, materials, or other information, including the  
18 corporate annual disclosure obtained by the insurance commissioner  
19 under RCW 48.195.020;

20 (29) Findings and orders disapproving acquisition of a trust  
21 institution under RCW 30B.53.100(3);

22 (30) All claims data, including health care and financial related  
23 data received under RCW 41.05.890, received and held by the health  
24 care authority; (~~and~~)

25 (31) Contracts not subject to public disclosure under RCW  
26 48.200.040 and 48.43.731; and

27 (32) All claims for reinsurance payments submitted under section  
28 7 of this act.

29 NEW SECTION. **Sec. 15.** The following acts or parts of acts are  
30 each repealed:

31 (1) RCW 50B.04.010 (Definitions) and 2021 c 113 s 1, 2020 c 98 s  
32 1, & 2019 c 363 s 2;

33 (2) RCW 50B.04.020 (Duties—Health care authority, department of  
34 social and health services, office of the state actuary, employment  
35 security department) and 2021 c 113 s 2, 2020 c 98 s 2, & 2019 c 363  
36 s 3;

37 (3) RCW 50B.04.030 (Long-term services and supports trust  
38 commission—Investment strategy subcommittee) and 2021 c 113 s 3 &  
39 2019 c 363 s 4;

- 1 (4) RCW 50B.04.040 (Long-term services and supports council—  
2 Benefit unit adjustment) and 2019 c 363 s 5;
- 3 (5) RCW 50B.04.050 (Qualified individuals) and 2021 c 113 s 4,  
4 2020 c 98 s 3, & 2019 c 363 s 6;
- 5 (6) RCW 50B.04.060 (Eligible beneficiaries—Determination—  
6 Services and benefits) and 2019 c 363 s 7;
- 7 (7) RCW 50B.04.070 (Payment of benefits) and 2019 c 363 s 8;
- 8 (8) RCW 50B.04.080 (Premium assessment—Rate—Collection) and 2020  
9 c 98 s 4 & 2019 c 363 s 9;
- 10 (9) RCW 50B.04.085 (Premium assessment—Exemptions) and 2021 c 113  
11 s 5 & 2020 c 98 s 7;
- 12 (10) RCW 50B.04.090 (Election of coverage—Self-employed persons)  
13 and 2021 c 113 s 6, 2020 c 98 s 5, & 2019 c 363 s 10;
- 14 (11) RCW 50B.04.095 (Election of coverage—Federally recognized  
15 tribe) and 2021 c 113 s 7;
- 16 (12) RCW 50B.04.100 (Long-term services and supports trust  
17 account) and 2019 c 363 s 11;
- 18 (13) RCW 50B.04.110 (Long-term services and supports trust  
19 account—Investment—Policies) and 2019 c 363 s 12;
- 20 (14) RCW 50B.04.120 (Appeal of determinations) and 2020 c 98 s 6  
21 & 2019 c 363 s 13;
- 22 (15) RCW 50B.04.130 (Medicare data and waiver—Report) and 2019 c  
23 363 s 14;
- 24 (16) RCW 50B.04.140 (Reports to legislature) and 2019 c 363 s 15;
- 25 (17) RCW 50B.04.150 (Benefits not income or resource) and 2019 c  
26 363 s 16;
- 27 (18) RCW 50B.04.160 (Entitlement not created) and 2019 c 363 s  
28 17; and
- 29 (19) RCW 50B.04.900 (Findings—2019 c 363) and 2019 c 363 s 1.

30 NEW SECTION. **Sec. 16.** CODIFICATION. Sections 1 through 12 of  
31 this act constitute a new chapter in Title 48 RCW.

32 NEW SECTION. **Sec. 17.** If any provision of this act or its  
33 application to any person or circumstance is held invalid, the  
34 remainder of the act or the application of the provision to other  
35 persons or circumstances is not affected.

1        NEW SECTION.    **Sec. 18.**    Section 15 of this act is necessary for  
2    the immediate preservation of the public peace, health, or safety, or  
3    support of the state government and its existing public institutions,  
4    and takes effect immediately.

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