
SENATE BILL 6258

State of Washington

68th Legislature

2024 Regular Session

By Senators Cleveland, Robinson, and Nobles

Read first time 01/17/24. Referred to Committee on Health & Long Term Care.

1 AN ACT Relating to phasing in the requirement that only
2 standardized health plans may be offered on the health benefit
3 exchange; amending RCW 43.71.095; and adding a new section to chapter
4 43.71 RCW.

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

6 **Sec. 1.** RCW 43.71.095 and 2021 c 246 s 7 are each amended to
7 read as follows:

8 (1) The exchange, in consultation with the commissioner, the
9 authority, an independent actuary, and other stakeholders, must
10 establish up to three standardized health plans for each of the
11 bronze, silver, and gold levels. Beginning in 2027, the exchange may
12 establish additional standardized plans at other actuarial value
13 levels, including catastrophic and platinum.

14 (a) The standardized health plans must be designed to reduce
15 deductibles, make more services available before the deductible,
16 provide predictable cost sharing, maximize subsidies, limit adverse
17 premium impacts, reduce barriers to maintaining and improving health,
18 and encourage choice based on value, while limiting increases in
19 health plan premium rates.

20 (b) The exchange may update the standardized health plans
21 annually.

1 (c) The exchange must provide a notice and public comment period
2 before finalizing each year's standardized health plans.

3 (d) The exchange must provide written notice of the standardized
4 health plans to licensed health carriers by January 31st before the
5 year in which the health plans are to be offered on the exchange. The
6 exchange may make modifications to the standardized plans after
7 January 31st to comply with changes to state or federal law or
8 regulations.

9 (2) (a) Beginning January 1, 2021, any health carrier offering a
10 qualified health plan on the exchange must offer the silver and gold
11 standardized health plans established under this section on the
12 exchange in each county where the carrier offers a qualified health
13 plan. If a health carrier offers a bronze health plan on the
14 exchange, it must offer the bronze standardized health plans
15 established under this section on the exchange in each county where
16 the carrier offers a qualified health plan.

17 (b) (i) ~~Until ((December 31, 2022, a health carrier offering a~~
18 ~~standardized health plan under this section may also offer~~
19 ~~nonstandardized health plans on the exchange. Beginning January 1,~~
20 ~~2023,)) January 1, 2026, a health carrier offering a standardized
21 health plan under this section may also offer up to two
22 nonstandardized gold health plans, two nonstandardized bronze health
23 plans, one nonstandardized silver health plan, one nonstandardized
24 platinum health plan, and one nonstandardized catastrophic health
25 plan in each county where the carrier offers a qualified health plan.~~

26 (ii) ~~((The exchange, in consultation with the office of the~~
27 ~~insurance commissioner, shall analyze the impact to exchange~~
28 ~~consumers of offering only standard plans beginning in 2025 and~~
29 ~~submit a report to the appropriate committees of the legislature by~~
30 ~~December 1, 2023. The report must include an analysis of how plan~~
31 ~~choice and affordability will be impacted for exchange consumers~~
32 ~~across the state, including an analysis of offering a bronze~~
33 ~~standardized high deductible health plan compatible with a health~~
34 ~~savings account, and a gold standardized health plan closer in~~
35 ~~actuarial value to the silver standardized health plan.)) Beginning
36 January 1, 2026, and until January 1, 2027, a health carrier offering
37 a standardized health plan under this section may also offer up to
38 two nonstandardized gold health plans, two nonstandardized bronze
39 health plans, one nonstandardized platinum health plan, and one~~

1 nonstandardized catastrophic health plan in each county where the
2 carrier offers a qualified health plan.

3 (iii) Beginning January 1, 2027, a health carrier offering health
4 plans on the exchange may only offer standardized health plans.

5 ~~((iii))~~ (iv) The actuarial value of nonstandardized silver
6 health plans offered on the exchange may not be less than the
7 actuarial value of the standardized silver health plan with the
8 lowest actuarial value.

9 (c) A health carrier offering a standardized health plan on the
10 exchange under this section must continue to meet all requirements
11 for qualified health plan certification under RCW 43.71.065
12 including, but not limited to, requirements relating to rate review
13 and network adequacy.

14 NEW SECTION. Sec. 2. A new section is added to chapter 43.71
15 RCW to read as follows:

16 (1) For 2027, the exchange must develop at least one standardized
17 gold plan at the lower range of allowable actuarial value, at least
18 one standardized high deductible health plan that is compatible with
19 a health savings account, and at least one standardized catastrophic
20 health plan. The exchange may also establish additional standardized
21 health plans at other actuarial value levels, including platinum and
22 catastrophic. When developing standardized health plans under this
23 section, the exchange must use the consultation process established
24 in RCW 43.71.095(1). Any standardized health plans developed under
25 this section must meet the requirements of RCW 43.71.095(1) (a)
26 through (d).

27 (2) Beginning January 1, 2027, a health carrier may elect to
28 offer standardized health plans developed under this section only if
29 the health carrier is also offering standardized health plans in full
30 compliance with RCW 43.71.095.

31 (3) The exchange may designate a standardized health plan
32 developed under this section for purposes of RCW 43.71.095.

33 (4) The exchange, using the consultation process established in
34 RCW 43.71.095(1), may evaluate and adjust standardized health plans
35 developed under this section to respond to changes in consumers'
36 choice of health plans offered on the exchange and market conditions.

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