
SUBSTITUTE SENATE BILL 5262

State of Washington

69th Legislature

2025 Regular Session

By Senate Business, Financial Services & Trade (originally sponsored by Senators Kauffman, J. Wilson, Nobles, Shewmake, and Trudeau; by request of Insurance Commissioner)

READ FIRST TIME 02/14/25.

1 AN ACT Relating to correcting obsolete or erroneous references in
2 statutes administered by the insurance commissioner, by repealing
3 defunct statutes and reports, aligning policy with federal law and
4 current interpretations, making timeline adjustments, protecting
5 patient data, and making technical corrections; amending RCW
6 42.56.400, 48.14.070, 48.19.460, 48.19.540, 48.37.050, 48.38.010,
7 48.38.012, 48.43.0128, 48.43.135, 48.43.743, 48.135.030, 48.140.040,
8 48.140.050, 48.150.100, and 48.160.020; repealing RCW 48.02.230,
9 48.02.240, 48.43.049, 48.43.650, 48.140.070, and 48.160.005; and
10 providing an effective date.

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

12 **Sec. 1.** RCW 42.56.400 and 2023 c 149 s 12 are each amended to
13 read as follows:

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

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

19 (2) Information obtained and exempted or withheld from public
20 inspection by the health care authority under RCW 41.05.026, whether
21 retained by the authority, transferred to another state purchased

1 health care program by the authority, or transferred by the authority
2 to a technical review committee created to facilitate the
3 development, acquisition, or implementation of state purchased health
4 care under chapter 41.05 RCW;

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

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

9 (5) Information provided under RCW 48.05.510 through 48.05.535,
10 48.43.200 through 48.43.225, 48.44.530 through 48.44.555, and
11 48.46.600 through 48.46.625;

12 (6) Examination reports and information obtained by the
13 department of financial institutions from banks under RCW 30A.04.075,
14 from savings banks under RCW 32.04.220, from savings and loan
15 associations under RCW 33.04.110, from credit unions under RCW
16 31.12.565, from check cashers and sellers under RCW 31.45.030(3), and
17 from securities brokers and investment advisers under RCW 21.20.100,
18 information that could reasonably be expected to reveal the identity
19 of a whistleblower under RCW 21.40.090, and information received
20 under RCW 43.320.190, all of which are confidential and privileged
21 information;

22 (7) Information provided to the insurance commissioner under RCW
23 48.110.040(3);

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

27 (9) Documents, materials, or information obtained or provided by
28 the insurance commissioner under RCW 48.31B.015(2) (l) and (m),
29 48.31B.025, 48.31B.030, 48.31B.035, and 48.31B.036, all of which are
30 confidential and privileged;

31 (10) Data filed under RCW 48.140.020, 48.140.030, 48.140.050, and
32 7.70.140 that, alone or in combination with any other data, may
33 reveal the identity of a claimant, health care provider, health care
34 facility, insuring entity, or self-insurer involved in a particular
35 claim or a collection of claims. For the purposes of this subsection:

36 (a) "Claimant" has the same meaning as in RCW 48.140.010(2).

37 (b) "Health care facility" has the same meaning as in RCW
38 48.140.010(6).

39 (c) "Health care provider" has the same meaning as in RCW
40 48.140.010(7).

1 (d) "Insuring entity" has the same meaning as in RCW
2 48.140.010(8).

3 (e) "Self-insurer" has the same meaning as in RCW 48.140.010(11);

4 (11) Documents, materials, or information obtained by the
5 insurance commissioner under RCW 48.135.060;

6 (12) Documents, materials, or information obtained by the
7 insurance commissioner under RCW 48.37.060;

8 (13) Confidential and privileged documents obtained or produced
9 by the insurance commissioner and identified in RCW 48.37.080;

10 (14) Documents, materials, or information obtained by the
11 insurance commissioner under RCW 48.37.140;

12 (15) Documents, materials, or information obtained by the
13 insurance commissioner under RCW 48.17.595;

14 (16) Documents, materials, or information obtained by the
15 insurance commissioner under RCW 48.102.051(1) and 48.102.140 (3) and
16 (7) (a) (ii);

17 (17) Documents, materials, or information obtained by the
18 insurance commissioner in the commissioner's capacity as receiver
19 under RCW 48.31.025 and 48.99.017, which are records under the
20 jurisdiction and control of the receivership court. The commissioner
21 is not required to search for, log, produce, or otherwise comply with
22 the public records act for any records that the commissioner obtains
23 under chapters 48.31 and 48.99 RCW in the commissioner's capacity as
24 a receiver, except as directed by the receivership court;

25 (18) Documents, materials, or information obtained by the
26 insurance commissioner under RCW 48.13.151;

27 (19) Data, information, and documents provided by a carrier
28 pursuant to section 1, chapter 172, Laws of 2010;

29 (20) Information in a filing of usage-based insurance about the
30 usage-based component of the rate pursuant to RCW 48.19.040(5)(b);

31 (21) Data, information, and documents that are submitted to the
32 office of the insurance commissioner by an entity providing health
33 care coverage pursuant to RCW 28A.400.275;

34 (22) Data, information, and documents obtained by the insurance
35 commissioner under RCW 48.29.017;

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

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

1 (25) Documents, materials, or information obtained by the
2 insurance commissioner under RCW 48.74.025, 48.74.028, 48.74.100(6),
3 48.74.110(2) (b) and (c), and 48.74.120 to the extent such documents,
4 materials, or information independently qualify for exemption from
5 disclosure as documents, materials, or information in possession of
6 the commissioner pursuant to a financial conduct examination and
7 exempt from disclosure under RCW 48.02.065;

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

11 ~~((Data, information, and documents obtained by the insurance
12 commissioner under RCW 48.02.230;~~

13 ~~(28))~~ Documents, materials, or other information, including the
14 corporate annual disclosure obtained by the insurance commissioner
15 under RCW 48.195.020;

16 ~~((29))~~ (28) Findings and orders disapproving acquisition of a
17 trust institution under RCW 30B.53.100(3);

18 ~~((30))~~ (29) All claims data, including health care and
19 financial related data received under RCW 41.05.890, received and
20 held by the health care authority; ~~(and~~

21 ~~(31))~~ (30) Documents, materials, or information obtained by the
22 insurance commissioner under RCW 48.150.100; and

23 (31) Contracts not subject to public disclosure under RCW
24 48.200.040 and 48.43.731.

25 **Sec. 2.** RCW 48.14.070 and 2009 c 549 s 7056 are each amended to
26 read as follows:

27 In event any person has paid to the commissioner any tax, license
28 fee or other charge in error or in excess of that which he or she is
29 lawfully obligated to pay, the commissioner shall upon written
30 request ~~((made to him or her))~~ make a refund thereof. A person may
31 only request a refund of taxes within six years ~~((from the date the
32 taxes were paid))~~ of the end of the calendar year for which the taxes
33 are owed. A person may only request a refund of fees or charges other
34 than taxes within ~~((thirteen))~~ 13 months of the date the fees or
35 charges were paid. Refunds may be made either by crediting the amount
36 toward payment of charges due or to become due from such person, or
37 by making a cash refund. ~~((To facilitate such cash refunds the
38 commissioner may establish a revolving fund out of funds appropriated
39 by the legislature for his use.))~~

1 **Sec. 3.** RCW 48.19.460 and 2007 c 258 s 1 are each amended to
2 read as follows:

3 Any schedule of rates or rating plan for personal automobile
4 liability and physical damage insurance submitted to or filed with
5 the commissioner shall provide for an appropriate reduction in
6 premium charges except for underinsured motorist coverage for those
7 insureds who are (~~fifty-five~~) 55 years of age and older, for a two-
8 year period after successfully completing a motor vehicle accident
9 prevention course meeting the criteria of the department of licensing
10 with a minimum of eight hours, or additional hours as determined by
11 rule of the department of licensing. The classroom course may be
12 conducted by a public or private agency approved by the department.
13 An eight-hour course meeting the criteria of the department of
14 licensing may be offered via an alternative delivery method of
15 instruction, which may include internet, video, or other technology-
16 based delivery methods. An agency seeking approval from the
17 department to offer an alternative delivery method course of
18 instruction is not required to conduct classroom courses under this
19 section. The department of licensing may adopt rules to ensure that
20 insureds who seek certification for taking a course offered via an
21 alternative delivery method have completed the course.

22 **Sec. 4.** RCW 48.19.540 and 2019 c 455 s 4 are each amended to
23 read as follows:

24 (1) In making rates for the insurance coverage for dwelling
25 units, insurers shall consider the benefits of fire alarms and smoke
26 detection devices in their rate making. If the insurer determines a
27 separate rate factor is valid, then an exhibit supporting these
28 changes and any credits or discounts resulting from any such changes
29 must be included in the initial filing supporting such change. An
30 insurer need not file any exhibits or offer any related discounts if:

31 (a) No changes are made to the credits or discounts already in
32 effect prior to July 28, 2019;

33 (b) It determines that there is no material anticipated change in
34 losses due to the use of such equipment; or

35 (c) Any potential credit or discount is not actuarially
36 supported.

37 (2) (~~The commissioner shall report to the appropriate committees~~
38 ~~of the legislature on any credits or discounts provided on insurance~~
39 ~~premiums for fire alarms and smoke detection devices installed in~~

1 dwelling units. By December 31, 2020, and in compliance with RCW
2 43.01.036, the commissioner must submit a report to the appropriate
3 committees of the legislature that details the use of discounts prior
4 to and after July 28, 2019, and the type of fire alarm or smoke
5 detection device qualifying for a credit or discount.

6 ~~(3)~~) For the purposes of this section:

7 (a) "Dwelling unit" means a residential dwelling of any type,
8 including a single-family residence, apartment, condominium, or
9 cooperative unit.

10 (b) "Smoke detection device" or "smoke detection devices" means
11 an assembly incorporating in one unit a device which detects visible
12 or invisible particles of combustion, the control equipment, and the
13 alarm-sounding device, operated from a power supply either in the
14 unit or obtained at the point of installation.

15 (c) "Fire alarm" or "fire alarms" means any mechanical,
16 electrical(~~(+)~~), or radio-controlled device that is designed to
17 emit a sound or transmit a signal or message when activated or any
18 such device that emits a sound and transmits a signal or message when
19 activated because of smoke, heat(~~(+)~~), or fire.

20 ~~((4))~~ (3) This section applies to rate filings for coverage for
21 dwelling units filed on or after January 1, 2020.

22 **Sec. 5.** RCW 48.37.050 and 2007 c 82 s 7 are each amended to read
23 as follows:

24 (1) Market conduct actions shall be taken as a result of market
25 analysis and shall focus on the general business practices and
26 compliance activities of insurers, rather than identifying obviously
27 infrequent or unintentional random errors that do not cause
28 significant consumer harm.

29 (2) (a) The commissioner is authorized to determine the frequency
30 and timing of such market conduct actions. The timing shall depend
31 upon the specific market conduct action to be initiated, unless
32 extraordinary circumstances indicating a risk to consumers require
33 immediate action.

34 (b) If the commissioner has information that more than one
35 insurer is engaged in common practices that may violate statutes or
36 rules, the commissioner may schedule and coordinate multiple
37 examinations simultaneously.

38 (3) The insurer shall be given reasonable opportunity to resolve
39 matters that arise as a result of a market analysis to the

1 satisfaction of the commissioner before any additional market conduct
2 actions are taken against the insurer.

3 (4) The commissioner shall adopt by rule, under chapter 34.05
4 RCW, procedures and documents that are substantially similar to the
5 NAIC work products defined or referenced in this chapter. Market
6 analysis, market conduct actions, and market conduct examinations
7 shall be performed in accordance with the rule.

8 ~~((5) At the beginning of the next legislative session after the
9 adoption of the rules adopted under the authority of this section,
10 the commissioner shall report to the appropriate policy committees of
11 the legislature what rules were adopted; what statutory policies
12 these rules were intended to implement; and such other matters as are
13 indicated for the legislature's understanding of the role played by
14 the NAIC in regulation of the insurance industry of Washington.))~~

15 **Sec. 6.** RCW 48.38.010 and 2012 c 211 s 5 are each amended to
16 read as follows:

17 The commissioner may grant a certificate of exemption to any
18 insurer or educational, religious, charitable, or scientific
19 institution conducting a charitable gift annuity business that:

20 (1) ~~((Which is))~~ Is organized and operated exclusively as, or for
21 the purpose of aiding, an educational, religious, charitable, or
22 scientific institution which is organized as a nonprofit organization
23 without profit to any person, firm, partnership, association,
24 corporation, or other entity;

25 (2) ~~((Which possesses))~~ Possesses a current tax exempt status
26 under the laws of the United States;

27 (3) ~~((Which serves))~~ Serves such purpose by issuing charitable
28 gift annuity contracts only for the benefit of such educational,
29 religious, charitable, or scientific institution;

30 (4) ~~((Which appoints))~~ Appoints the insurance commissioner as its
31 true and lawful attorney upon whom may be served lawful process in
32 any action, suit, or proceeding in any court, which appointment is
33 irrevocable, binds the insurer or institution or any successor in
34 interest, remains in effect as long as there is in force in this
35 state any contract made or issued by the insurer or institution, or
36 any obligation arising therefrom, and must be processed in accordance
37 with RCW 48.05.200;

38 (5) ~~((Which is))~~ Is fully and legally organized and qualified to
39 do business and has been actively doing business under the laws of

1 the state of its domicile for a period of at least three years prior
2 to its application for a certificate of exemption;

3 (6) (~~(Which has)~~) Has and maintains minimum (~~(unrestricted)~~) net
4 assets without donor restrictions of (~~(five hundred thousand~~
5 ~~dollars)~~) \$500,000. "~~(Unrestricted net)~~ Net assets without donor
6 restrictions" means the excess of total assets over total liabilities
7 that are neither permanently restricted nor temporarily restricted by
8 donor-imposed stipulations;

9 (7) (~~(Which files)~~) Files with the insurance commissioner its
10 application for a certificate of exemption showing:

11 (a) Its name, location, and organization date;

12 (b) The kinds of charitable annuities it proposes to offer;

13 (c) A statement of the financial condition, management, and
14 affairs of the organization and any affiliate thereof, as that term
15 is defined in RCW 48.31B.005, on a form satisfactory to, or furnished
16 by the insurance commissioner;

17 (d) Other documents, stipulations, or information as the
18 insurance commissioner may reasonably require to evidence compliance
19 with the provisions of this chapter;

20 (8) (~~(Which subjects)~~) Subjects itself and any affiliate thereof,
21 as that term is defined in RCW 48.31B.005, to periodic examinations
22 conducted under chapter 48.03 RCW as may be deemed necessary by the
23 insurance commissioner;

24 (9) (~~(Which files)~~) Files with the insurance commissioner for the
25 commissioner's advance approval a copy of any policy or contract form
26 to be offered or issued to residents of this state. The grounds for
27 disapproval of the policy or contract form are set forth in RCW
28 48.18.110; and

29 (10) (~~(Which:)~~) (a) Files with the insurance commissioner
30 annually, within (~~(sixty)~~) 60 days of the end of its fiscal year a
31 report of its current financial condition, management, and affairs,
32 on a form and in a manner prescribed by the commissioner, as well as
33 such other financial material as may be requested, including the
34 annual statement or other such financial materials as may be
35 requested relating to any affiliate, as that term is defined in RCW
36 48.31B.005;

37 (b) Attaches to the report of its current financial condition the
38 statement of a qualified actuary setting forth the actuary's opinion
39 relating to annuity reserves and other actuarial items for the fiscal
40 year covered by the report. "Qualified actuary" as used in this

1 subsection means a member in good standing of the American academy of
2 actuaries or a person who has otherwise demonstrated actuarial
3 competence to the satisfaction of the insurance regulatory official
4 of the domiciliary state; and

5 (c) (~~On or before March 1st of each year~~) Within 60 days of the
6 end of the fiscal year, pays an annual filing fee of (~~twenty-five~~
7 ~~dollars~~) \$25 plus (~~five dollars~~) \$5 for each charitable gift
8 annuity contract written for residents of this state during (~~its~~)
9 the preceding fiscal year (~~ending on or before December 31st of the~~
10 ~~previous calendar year~~)).

11 **Sec. 7.** RCW 48.38.012 and 1998 c 284 s 7 are each amended to
12 read as follows:

13 After June 30, 1998, an insurer or institution which does not
14 have the minimum (~~unrestricted~~) net assets without donor
15 restrictions required by RCW 48.38.010(6) may not issue any new
16 charitable gift annuities until the insurer or institution has and
17 maintains the minimum (~~unrestricted~~) net assets without donor
18 restrictions required by RCW 48.38.010(6).

19 **Sec. 8.** RCW 48.43.0128 and 2021 c 280 s 3 are each amended to
20 read as follows:

21 (1) A health carrier offering a nongrandfathered health plan or a
22 plan deemed by the commissioner to have a short-term limited purpose
23 or duration, or to be a student-only plan that is guaranteed
24 renewable while the covered person is enrolled as a regular, full-
25 time undergraduate student at an accredited higher education
26 institution may not:

27 (a) In its benefit design or implementation of its benefit
28 design, discriminate against individuals because of their age,
29 expected length of life, present or predicted disability, degree of
30 medical dependency, quality of life, or other health conditions; and

31 (b) With respect to the health plan or plan deemed by the
32 commissioner to have a short-term limited purpose or duration, or to
33 be a student-only plan that is guaranteed renewable while the covered
34 person is enrolled as a regular, full-time undergraduate student at
35 an accredited higher education institution, discriminate on the basis
36 of race, color, national origin, disability, age, sex, gender
37 identity, or sexual orientation.

1 (2) Nothing in this section may be construed to prevent a carrier
2 from appropriately utilizing reasonable medical management
3 techniques.

4 (3) For health plans issued or renewed on or after January 1,
5 2022:

6 (a) A health carrier may not deny or limit coverage for gender-
7 affirming treatment when that treatment is prescribed to an
8 individual because of, related to, or consistent with a person's
9 gender expression or identity, as defined in RCW 49.60.040, is
10 medically necessary, and is prescribed in accordance with accepted
11 standards of care.

12 (b) A health carrier may not apply categorical cosmetic or
13 blanket exclusions to gender-affirming treatment. When prescribed as
14 medically necessary gender-affirming treatment, a health carrier may
15 not exclude as cosmetic services facial feminization surgeries and
16 other facial gender-affirming treatment, such as tracheal shaves,
17 hair electrolysis, and other care such as mastectomies, breast
18 reductions, breast implants, or any combination of gender-affirming
19 procedures, including revisions to prior treatment.

20 (c) A health carrier may not issue an adverse benefit
21 determination denying or limiting access to gender-affirming
22 services, unless a health care provider with experience prescribing
23 or delivering gender-affirming treatment has reviewed and confirmed
24 the appropriateness of the adverse benefit determination.

25 (d) Health carriers must comply with all network access rules and
26 requirements established by the commissioner.

27 (4) For the purposes of this section, "gender-affirming
28 treatment" means a service or product that a health care provider, as
29 defined in RCW 70.02.010, prescribes to an individual to treat any
30 condition related to the individual's gender identity and is
31 prescribed in accordance with generally accepted standards of care.
32 Gender-affirming treatment must be covered in a manner compliant with
33 the federal mental health parity and addiction equity act of 2008 and
34 the federal affordable care act. Gender-affirming treatment can be
35 prescribed to two spirit, transgender, nonbinary, intersex, and other
36 gender diverse individuals.

37 (5) Nothing in this section may be construed to mandate coverage
38 of a service that is not medically necessary.

39 (6) By December 1, 2022, the commissioner, in consultation with
40 the health care authority and the department of health, must issue a

1 report on geographic access to gender-affirming treatment across the
2 state. The report must include the number of gender-affirming
3 providers offering care in each county, the carriers and medicaid
4 managed care organizations those providers have active contracts
5 with, and the types of services provided by each provider in each
6 region. The commissioner must update the report (~~biannually~~)
7 biennially and post the report on its website.

8 (7) The commissioner shall adopt any rules necessary to implement
9 subsections (3), (4), and (5) of this section.

10 (8) Unless preempted by federal law, the commissioner shall adopt
11 any rules necessary to implement subsections (1) and (2) of this
12 section, consistent with federal rules and guidance in effect on
13 January 1, 2017, implementing the patient protection and affordable
14 care act.

15 **Sec. 9.** RCW 48.43.135 and 2023 c 245 s 1 are each amended to
16 read as follows:

17 (1) For nongrandfathered group health plans other than small
18 group health plans issued or renewed on or after January 1, 2024, and
19 for health plans issued or renewed on or after January 1, 2026, a
20 health carrier shall include coverage for hearing instruments,
21 including bone conduction hearing devices. This section does not
22 include coverage of over-the-counter hearing instruments.

23 (2) Coverage shall also include the initial assessment, fitting,
24 adjustment, auditory training, and ear molds as necessary to maintain
25 optimal fit. Coverage of the services in this subsection shall
26 include services for enrollees who intend to obtain or have already
27 obtained any hearing instrument, including an over-the-counter
28 hearing instrument.

29 (3) ~~((A))~~ (a) Until the date specified in (b) of this subsection,
30 a health carrier shall provide coverage for hearing instruments as
31 provided in subsection (1) of this section at no less than \$3,000 per
32 ear with hearing loss every 36 months.

33 (b) For health plans issued or renewed on or after January 1,
34 2026, a health carrier shall provide coverage for hearing instruments
35 as provided in subsection (1) of this section every 36 months per ear
36 with hearing loss and may not establish any lifetime or annual limit
37 on the dollar amount of coverage for services described in subsection
38 (1) or (2) of this section for any individual, whether provided in-
39 network or out-of-network.

1 (c) A health carrier may require prior authorization or adopt
2 other appropriate utilization controls in approving coverage for
3 medically necessary hearing instruments.

4 (4) The services and hearing instruments covered under this
5 section are not subject to the enrollee's deductible unless the
6 health plan is offered as a qualifying health plan for a health
7 savings account. For such a qualifying health plan, the carrier may
8 apply a deductible to coverage of the services covered under this
9 section only at the minimum level necessary to preserve the
10 enrollee's ability to claim tax exempt contributions and withdrawals
11 from the enrollee's health savings account under internal revenue
12 service laws and regulations.

13 (5) Coverage for a minor under 18 years of age shall be available
14 under this section only after the minor has received medical
15 clearance within the preceding six months from:

16 (a) An otolaryngologist for an initial evaluation of hearing
17 loss; or

18 (b) A licensed physician, which indicates there has not been a
19 substantial change in clinical status since the initial evaluation by
20 an otolaryngologist.

21 (6) For the purposes of this section:

22 (a) "Hearing instrument" has the same meaning as defined in RCW
23 18.35.010.

24 (b) "Over-the-counter hearing instrument" has the same meaning as
25 "over-the-counter hearing aid" in 21 C.F.R. Sec. 800.30 as of
26 December 28, 2022.

27 **Sec. 10.** RCW 48.43.743 and 2015 c 9 s 2 are each amended to read
28 as follows:

29 (1) Each health carrier offering a dental only plan in Washington
30 shall submit to the commissioner on or before April 1st of each year
31 as part of the additional data statement, or as a supplemental data
32 statement (~~the following information~~), Washington specific data for
33 the preceding year that is derived from the carrier's annual
34 statement, including the exhibit of premiums, enrollments, and
35 utilization for the company at an aggregate level and the additional
36 data to the annual statement:

37 (a) The total number of dental members;

38 (b) The total amount of dental revenue;

39 (c) The total amount of dental payments;

1 (d) The dental loss ratio that is computed by dividing the total
2 amount of dental payments by the total amount of dental revenues;

3 (e) The average amount of premiums per member per month; and

4 (f) The percentage change in the average premium per member per
5 month, measured from the previous year.

6 (2) A carrier shall electronically submit the information
7 described in subsection (1) of this section in a format and according
8 to instructions prescribed by the commissioner.

9 (3) The commissioner shall make the information reported under
10 this section available to the public (~~(in a format that allows~~
11 ~~comparison among carriers through a searchable)~~) on the
12 commissioner's public website on the internet.

13 (4) For the purposes of licensed disability insurers and health
14 care service contractors, the commissioner shall work collaboratively
15 with insurers to develop an additional or supplemental data statement
16 that utilizes to the maximum extent possible information from the
17 annual statement forms that are currently filed by these entities.

18 (5) For purposes of this section, "health carrier," in addition
19 to the definition in RCW 48.43.005, also includes health care service
20 contractors, limited health care service contractors, and disability
21 insurers offering dental only coverage.

22 (6) Nothing in this section is intended to establish a minimum
23 dental loss ratio.

24 **Sec. 11.** RCW 48.135.030 and 2006 c 284 s 4 are each amended to
25 read as follows:

26 The annual cost of operating the fraud program is funded from the
27 insurance commissioner's (~~regulatory~~) fraud account under RCW
28 48.02.190 subject to appropriation by the legislature.

29 **Sec. 12.** RCW 48.140.040 and 2006 c 8 s 204 are each amended to
30 read as follows:

31 (~~The commissioner must prepare aggregate statistical summaries~~
32 ~~of closed claims based on data submitted under RCW 48.140.020.~~

33 ~~(1) At a minimum, the commissioner must summarize data by~~
34 ~~calendar year and calendar/incident year. The commissioner may also~~
35 ~~decide to display data in other ways if the commissioner:~~

36 ~~(a) Protects information as required under RCW 48.140.060(2); and~~

37 ~~(b) Exempts from disclosure data described in RCW 42.56.400(11).~~

1 ~~(2) The summaries must be available by April 30th of each year,~~
2 ~~unless the commissioner notifies legislative committees by March 15th~~
3 ~~that data are not available and informs the committees when the~~
4 ~~summaries will be completed.~~

5 ~~(3))~~ Information included in an individual closed claim report
6 submitted by an insuring entity, self-insurer, provider, or facility
7 under this chapter is confidential and exempt from public disclosure,
8 and the commissioner must not make these data available to the
9 public.

10 **Sec. 13.** RCW 48.140.050 and 2006 c 8 s 205 are each amended to
11 read as follows:

12 ~~((Beginning in 2010, the))~~ The commissioner must prepare an
13 annual report that summarizes and analyzes the medical malpractice
14 closed claim ~~((reports for medical malpractice))~~ data filed under RCW
15 48.140.020 and 7.70.140 and the annual financial ~~((reports))~~ data
16 filed ~~((by authorized insurers))~~ with the national association of
17 insurance commissioners by insuring entities writing medical
18 malpractice insurance in this state. The commissioner must complete
19 the report by ~~((June 30th, unless the commissioner notifies~~
20 ~~legislative committees by June 1st that data are not available and~~
21 ~~informs the committees when the summaries will be completed))~~
22 September 1st.

23 (1) The report must include:

24 (a) An analysis of reported closed claims from prior years for
25 which data are collected. The analysis must show:

26 (i) Trends in the frequency and severity of claim payments;

27 (ii) A comparison of economic and noneconomic damages;

28 (iii) A distribution of allocated loss adjustment expenses and
29 other legal expenses;

30 (iv) The types of medical malpractice for which claims have been
31 paid; and

32 (v) Any other information the commissioner finds relevant to
33 trends in medical malpractice closed claims if the commissioner:

34 (A) Protects information as required under RCW 48.140.060(2); and

35 (B) Exempts from disclosure data described in RCW
36 42.56.400 ~~((11))~~ (10);

37 (b) An analysis of the medical malpractice insurance market in
38 Washington state, including:

1 (i) An analysis of the financial (~~reports~~) data of the
2 authorized insurers with a combined market share of at least
3 (~~ninety~~) 90 percent of direct written medical malpractice premium
4 in Washington state for the prior calendar year;

5 (ii) A loss ratio analysis of medical malpractice insurance
6 written in Washington state; and

7 (iii) A profitability analysis of the authorized insurers with a
8 combined market share of at least (~~ninety~~) 90 percent of direct
9 written medical malpractice premium in Washington state for the prior
10 calendar year;

11 (c) A comparison of loss ratios and the profitability of medical
12 malpractice insurance in Washington state to other states based on
13 financial (~~reports~~) data filed with the national association of
14 insurance commissioners and any other source of information the
15 commissioner deems relevant; and

16 (d) A summary of the rate filings for medical malpractice that
17 have been approved by the commissioner for the prior calendar year,
18 including an analysis of the trend of direct incurred losses as
19 compared to prior years.

20 (2) The commissioner must post reports required by this section
21 on the internet no later than (~~thirty~~) 30 days after they are due.

22 (3) The commissioner may adopt rules that require insuring
23 entities and self-insurers required to report under RCW 48.140.020
24 and subsection (1)(a) of this section to report data related to:

25 (a) The frequency and severity of closed claims for the reporting
26 period; and

27 (b) Any other closed claim information that helps the
28 commissioner monitor losses and claim development patterns in the
29 Washington state medical malpractice insurance market.

30 **Sec. 14.** RCW 48.150.100 and 2007 c 267 s 12 are each amended to
31 read as follows:

32 (1) Direct practices must submit annual statements, beginning on
33 October 1, 2007, to the office of (~~the~~) the insurance
34 commissioner specifying the number of providers in each practice,
35 total number of patients being served, the average direct fee being
36 charged, providers' names, and the business address for each direct
37 practice. The form and content for the annual statement must be
38 developed in a manner prescribed by the commissioner. The annual
39 statements and the data reported in them are confidential and exempt

1 from public disclosure, and from the requirements of chapter 42.56
2 RCW.

3 (2) A health care provider may not act as, or hold himself or
4 herself out to be, a direct practice in this state, nor may a direct
5 agreement be entered into with a direct patient in this state, unless
6 the provider submits the annual statement in subsection (1) of this
7 section to the commissioner.

8 (3) The commissioner shall report annually to the legislature on
9 direct practices including, but not limited to, participation trends,
10 complaints received, voluntary data reported by the direct practices,
11 and any necessary modifications to this chapter. The commissioner's
12 report and the data in it shall be in aggregate form that does not
13 permit the identification of individual direct practices. The initial
14 report shall be due December 1, 2009.

15 **Sec. 15.** RCW 48.160.020 and 2009 c 334 s 3 are each amended to
16 read as follows:

17 (1) This chapter applies only to guaranteed asset protection
18 waivers for financing of motor vehicles as defined in this chapter.
19 Any person or entity must register with the commissioner before
20 marketing, offering for sale or selling a guaranteed asset protection
21 waiver, and before acting as an obligor for a guaranteed asset
22 protection waiver, in this state. However, a retail seller of motor
23 vehicles that assigns more than (~~eighty-five~~) 85 percent of
24 guaranteed asset protection waiver agreements within (~~thirty~~) 30
25 days of such agreements' effective date, or an insurer authorized to
26 transact such insurance business in this state, are not required to
27 register pursuant to this section. Failure of any retail seller of
28 motor vehicles to assign (~~one hundred~~) 100 percent of guaranteed
29 asset protection waiver agreements within (~~forty-five~~) 45 days of
30 such agreements' effective date will result in that retail seller
31 being required to comply with the registration requirements of this
32 chapter.

33 (2) No person may market, offer for sale, or sell a guaranteed
34 asset protection waiver, or act as an obligor on a guaranteed asset
35 protection waiver in this state without a registration as provided in
36 this chapter, except as set forth in subsection (1) of this section.

37 (3) The application for registration must include the following:

38 (a) The applicant's name, address, and telephone number;

1 (b) The identities of the applicant's executive officers or other
2 officers directly responsible for the waiver business;

3 (c) An application fee of (~~two hundred fifty dollars~~) \$250,
4 which shall be deposited into the (~~guaranteed asset protection~~
5 ~~waiver account~~) general fund;

6 (d) A copy filed by the applicant with the commissioner of the
7 waivers the applicant intends to offer in this state;

8 (e) A list of all unregistered marketers of guaranteed asset
9 protection waivers on which the applicant will be the obligor;

10 (f) Such additional information as the commissioner may
11 reasonably require.

12 (4) Once registered, the applicant shall keep the information
13 required for registration current by reporting changes within
14 (~~thirty~~) 30 days after the end of the month in which the change
15 occurs.

16 NEW SECTION. **Sec. 16.** The following acts or parts of acts are
17 each repealed:

18 (1) RCW 48.02.230 (Health insurance market stability program—
19 Confidentiality—Definitions—Reports—Commissioner's
20 responsibilities) and 2017 3rd sp.s. c 30 s 1;

21 (2) RCW 48.02.240 (Natural disaster and resiliency work group)
22 and 2019 c 388 s 2;

23 (3) RCW 48.43.049 (Health carrier data—Information from annual
24 statement—Format prescribed by commissioner—Public availability) and
25 2006 c 104 s 2;

26 (4) RCW 48.43.650 (Fixed payment insurance products—
27 Commissioner's annual report) and 2007 c 296 s 6;

28 (5) RCW 48.140.070 (Model statistical reporting standards—Report
29 to legislature) and 2006 c 8 s 207; and

30 (6) RCW 48.160.005 (Guaranteed asset protection waiver account)
31 and 2009 c 334 s 10.

32 NEW SECTION. **Sec. 17.** Section 6 of this act takes effect
33 January 1, 2026.

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