
SENATE BILL 5023

State of Washington

64th Legislature

2015 Regular Session

By Senators Parlette and Keiser

Prefiled 12/22/14.

1 AN ACT Relating to the filing of large group health benefit
2 plans, stand-alone dental plans, and stand-alone vision plans by
3 disability insurers, health care service contractors, and health
4 maintenance organizations; amending RCW 48.18.100; adding a new
5 section to chapter 48.43 RCW; and creating a new section.

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

7 NEW SECTION. **Sec. 1.** It is the intent of the legislature to
8 enhance competition and create regulatory uniformity in the filing
9 requirements for large group health benefit plans, as well as stand-
10 alone dental plan and stand-alone vision plan rates and forms in
11 order to increase competition among carriers and provide a more
12 competitive market for these products.

13 **Sec. 2.** RCW 48.18.100 and 2008 c 217 s 12 are each amended to
14 read as follows:

15 (1) No insurance policy form or application form where written
16 application is required and is to be attached to the policy, or
17 printed life or disability rider or endorsement form may be issued,
18 delivered, or used unless it has been filed with and approved by the
19 commissioner. This section does not apply to:

20 (a) Surety bond forms;

1 (b) Forms filed under RCW 48.18.103;

2 (c) Forms exempted from filing requirements by the commissioner
3 under RCW 48.18.103;

4 (d) Manuscript policies, riders, or endorsements of unique
5 character designed for and used with relation to insurance upon a
6 particular subject; ((~~or~~))

7 (e) Contracts of insurance procured under the provisions of
8 chapter 48.15 RCW; or

9 (f) Forms filed under the requirements of section 3 of this act.

10 (2) Every such filing containing a certification, in a form
11 approved by the commissioner, by either the chief executive officer
12 of the insurer or by an actuary who is a member of the American
13 academy of actuaries, attesting that the filing complies with Title
14 48 RCW and Title 284 of the Washington Administrative Code, may be
15 used by the insurer immediately after filing with the commissioner.
16 The commissioner may order an insurer to cease using a certified form
17 upon the grounds set forth in RCW 48.18.110. This subsection does not
18 apply to certain types of policy forms designated by the commissioner
19 by rule.

20 (3) Except as provided in RCW 48.18.103, every filing that does
21 not contain a certification pursuant to subsection (2) of this
22 section must be made not less than thirty days in advance of
23 issuance, delivery, or use. At the expiration of the thirty days, the
24 filed form shall be deemed approved unless prior thereto it has been
25 affirmatively approved or disapproved by order of the commissioner.
26 The commissioner may extend by not more than an additional fifteen
27 days the period within which he or she may affirmatively approve or
28 disapprove any form, by giving notice of the extension before
29 expiration of the initial thirty-day period. At the expiration of the
30 period that has been extended, and in the absence of prior
31 affirmative approval or disapproval, the form shall be deemed
32 approved. The commissioner may withdraw any approval at any time for
33 cause. By approval of any form for immediate use, the commissioner
34 may waive any unexpired portion of the initial thirty-day waiting
35 period.

36 (4) The commissioner's order disapproving any form or withdrawing
37 a previous approval must state the grounds for disapproval.

38 (5) No form may knowingly be issued or delivered as to which the
39 commissioner's approval does not then exist.

1 (6) The commissioner may, by rule, exempt from the requirements
2 of this section any class or type of insurance policy forms if filing
3 and approval is not desirable or necessary for the protection of the
4 public.

5 (7) Every member or subscriber to a rating organization must
6 adhere to the form filings made on its behalf by the organization.
7 Deviations from the organization are permitted only when filed with
8 the commissioner in accordance with this chapter.

9 (8) Medical malpractice insurance form filings are subject to the
10 provisions of this section.

11 (9) Variable contract forms; disability insurance policy forms;
12 individual life insurance policy forms; life insurance policy
13 illustration forms; industrial life insurance contract, individual
14 medicare supplement insurance policy, and long-term care insurance
15 policy forms, which are amended solely to comply with the changes in
16 nomenclature required by RCW 48.18A.035, 48.20.013, 48.20.042,
17 48.20.072, 48.23.380, 48.23A.040, 48.23A.070, 48.25.140, 48.66.120,
18 and 48.76.090 are exempt from this section.

19 NEW SECTION. **Sec. 3.** A new section is added to chapter 48.43
20 RCW to read as follows:

21 (1) All rates and forms of large group health benefit plans and
22 all stand-alone dental and stand-alone vision plans offered by a
23 health carrier or limited health care service contractor and
24 modification of a contract form or rate must be filed before the
25 contract form is offered for sale to the public and before the rate
26 schedule is used.

27 (2) Filings of negotiated contract forms, and applicable rate
28 schedules, that are placed into effect at time of negotiation or that
29 have a retroactive effective date are not required to be filed in
30 accordance with subsection (1) of this section, but must be filed
31 within thirty working days after the earlier of:

32 (a) The date group contract negotiations are completed; or

33 (b) The date renewal premiums are implemented.

34 (3) The commissioner may, subject to a carrier's or limited
35 health care service contractor's right to demand and receive a
36 hearing under chapters 48.04 and 34.05 RCW, disapprove filings
37 submitted under this section, as permitted under RCW 48.18.110,
38 48.44.020, and 48.46.060.

1 (4) The commissioner shall adopt rules to standardize the rate
2 and form filing requirements under this section. The rules may not
3 impose additional requirements beyond those in place for health care
4 service contractors and health maintenance organizations as of
5 January 1, 2015.

6 (5) The requirements of this section apply to all large group
7 health benefit plans, stand-alone dental plans, and stand-alone
8 vision plans issued or renewed on or after January 1, 2016.

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