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HOUSE BILL 1266

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State of Washington                      54th Legislature                      1995 Regular Session

By Representatives Mastin, Sheldon, Quall, Basich and Grant

Read first time 01/19/95. Referred to Committee on Health Care.

1            AN ACT Relating to health care reform; amending RCW 43.72.010,  
2 43.72.040, 43.72.060, and 43.72.170; repealing RCW 43.72.210 and  
3 43.72.220; providing an effective date; and declaring an emergency.

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

5            **Sec. 1.** RCW 43.72.010 and 1994 c 4 s 1 are each amended to read as  
6 follows:

7            In this chapter, unless the context otherwise requires:

8            (1) "Certified health plan" or "plan" means a disability insurer  
9 regulated under chapter 48.20 or 48.21 RCW, a health care service  
10 contractor as defined in RCW 48.44.010, a health maintenance  
11 organization as defined in RCW 48.46.020, or an entity certified in  
12 accordance with RCW 48.43.020 through 48.43.120.

13            (2) "Chair" means the presiding officer of the Washington health  
14 services commission.

15            (3) "Commission" or "health services commission" means the  
16 Washington health services commission.

17            (4) "Community rate" means the rating method used to establish the  
18 premium for the uniform benefits package adjusted to reflect  
19 actuarially demonstrated differences in utilization or cost

1 attributable to geographic region ((and)), age, family size, and  
2 enrollee participation in wellness programs as determined by the  
3 commission.

4 (5) "Continuous quality improvement and total quality management"  
5 means a continuous process to improve health services while reducing  
6 costs.

7 (6) "Employee" means a resident who is in the employment of an  
8 employer, as defined by chapter 50.04 RCW.

9 (7) "Enrollee" means any person who is a Washington resident  
10 enrolled in a certified health plan.

11 (8) "Enrollee point of service cost-sharing" means amounts paid to  
12 certified health plans directly providing services, health care  
13 providers, or health care facilities by enrollees for receipt of  
14 specific uniform benefits package services, and may include copayments,  
15 coinsurance, or deductibles, that together must be actuarially  
16 equivalent across plans and within overall limits established by the  
17 commission.

18 (9) "Enrollee premium sharing" means that portion of the premium  
19 that is paid by enrollees or their family members.

20 (10) "Federal poverty level" means the federal poverty guidelines  
21 determined annually by the United States department of health and human  
22 services or successor agency.

23 (11) "Health care facility" or "facility" means hospices licensed  
24 under chapter 70.127 RCW, hospitals licensed under chapter 70.41 RCW,  
25 rural health care facilities as defined in RCW 70.175.020, psychiatric  
26 hospitals licensed under chapter 71.12 RCW, nursing homes licensed  
27 under chapter 18.51 RCW, community mental health centers licensed under  
28 chapter 71.05 or 71.24 RCW, kidney disease treatment centers licensed  
29 under chapter 70.41 RCW, ambulatory diagnostic, treatment or surgical  
30 facilities licensed under chapter 70.41 RCW, drug and alcohol treatment  
31 facilities licensed under chapter 70.96A RCW, and home health agencies  
32 licensed under chapter 70.127 RCW, and includes such facilities if  
33 owned and operated by a political subdivision or instrumentality of the  
34 state and such other facilities as required by federal law and  
35 implementing regulations, but does not include Christian Science  
36 sanatoriums operated, listed, or certified by the First Church of  
37 Christ Scientist, Boston, Massachusetts.

38 (12) "Health care provider" or "provider" means:

1 (a) A person regulated under Title 18 RCW and chapter 70.127 RCW,  
2 to practice health or health-related services or otherwise practicing  
3 health care services in this state consistent with state law; or

4 (b) An employee or agent of a person described in (a) of this  
5 subsection, acting in the course and scope of his or her employment.

6 (13) "Health insurance purchasing cooperative" or "cooperative"  
7 means a member-owned and governed nonprofit organization certified in  
8 accordance with RCW 43.72.080 and 48.43.160.

9 (14) "Long-term care" means institutional, residential, outpatient,  
10 or community-based services that meet the individual needs of persons  
11 of all ages who are limited in their functional capacities or have  
12 disabilities and require assistance with performing two or more  
13 activities of daily living for an extended or indefinite period of  
14 time. These services include case management, protective supervision,  
15 in-home care, nursing services, convalescent, custodial, chronic, and  
16 terminally ill care.

17 (15) "Major capital expenditure" means any project or expenditure  
18 for capital construction, renovations, or acquisition, including  
19 medical technological equipment, as defined by the commission, costing  
20 more than one million dollars.

21 (16) "Managed care" means an integrated system of insurance,  
22 financing, and health services delivery functions that: (a) Assumes  
23 financial risk for delivery of health services and uses a defined  
24 network of providers; or (b) assumes financial risk for delivery of  
25 health services and promotes the efficient delivery of health services  
26 through provider assumption of some financial risk including  
27 capitation, prospective payment, resource-based relative value scales,  
28 fee schedules, or similar method of limiting payments to health care  
29 providers.

30 (17) "Maximum enrollee financial participation" means the income-  
31 related total annual payments that may be required of an enrollee per  
32 family who chooses one of the three lowest priced uniform benefits  
33 packages offered by plans in a geographic region including both premium  
34 sharing and enrollee point of service cost-sharing.

35 (18) "Persons of color" means Asians/Pacific Islanders, African,  
36 Hispanic, and Native Americans.

37 (19) "Premium" means all sums charged, received, or deposited by a  
38 certified health plan as consideration for a uniform benefits package  
39 or the continuance of a uniform benefits package. Any assessment, or

1 any "membership," "policy," "contract," "service," or similar fee or  
2 charge made by the certified health plan in consideration for the  
3 uniform benefits package is deemed part of the premium. "Premium"  
4 shall not include amounts paid as enrollee point of service cost-  
5 sharing.

6 ~~(20) ("Qualified employee" means an employee who is employed at  
7 least thirty hours during a week or one hundred twenty hours during a  
8 calendar month.~~

9 ~~(21) "Registered employer health plan" means a health plan  
10 established by a private employer of more than seven thousand active  
11 employees in this state solely for the benefit of such employees and  
12 their dependents and that meets the requirements of RCW 43.72.120.  
13 Nothing contained in this subsection shall be deemed to preclude the  
14 plan from providing benefits to retirees of the employer.~~

15 ~~(22))~~ "Supplemental benefits" means those appropriate and  
16 effective health services that are not included in the uniform benefits  
17 package or that expand the type or level of health services available  
18 under the uniform benefits package and that are offered to all  
19 residents in accordance with the provisions of RCW 43.72.160 and  
20 43.72.170.

21 ~~((23))~~ (21) "Technology" means the drugs, devices, equipment, and  
22 medical or surgical procedures used in the delivery of health services,  
23 and the organizational or supportive systems within which such services  
24 are provided. It also means sophisticated and complicated machinery  
25 developed as a result of ongoing research in the basic biological and  
26 physical sciences, clinical medicine, electronics, and computer  
27 sciences, as well as specialized professionals, medical equipment,  
28 procedures, and chemical formulations used for both diagnostic and  
29 therapeutic purposes.

30 ~~((24))~~ (22) "Uniform benefits package" or "package" means those  
31 appropriate and effective health services, defined by the commission  
32 under RCW 43.72.130, that must be offered to all Washington residents  
33 through certified health plans.

34 ~~((25))~~ (23) "Washington resident" or "resident" means a person  
35 who intends to reside in the state permanently or indefinitely and who  
36 did not move to Washington for the primary purpose of securing health  
37 services under RCW 43.72.090 through 43.72.240, 43.72.300, 43.72.310,  
38 43.72.800, and chapters 48.43 and 48.85 RCW. "Washington resident"  
39 also includes people and their accompanying family members who are

1 residing in the state for the purpose of engaging in employment for at  
2 least one month, who did not enter the state for the primary purpose of  
3 obtaining health services. The confinement of a person in a nursing  
4 home, hospital, or other medical institution in the state shall not by  
5 itself be sufficient to qualify such person as a resident.

6 **Sec. 2.** RCW 43.72.040 and 1994 c 4 s 3 are each amended to read as  
7 follows:

8 The commission has the following powers and duties:

9 (1) Ensure that all residents of Washington state are enrolled in  
10 a certified health plan to receive the uniform benefits package,  
11 regardless of age, sex, family structure, ethnicity, race, health  
12 condition, geographic location, employment, or economic status.

13 (2) Endeavor to ensure that all residents of Washington state have  
14 access to appropriate, timely, confidential, and effective health  
15 services, and monitor the degree of access to such services. If the  
16 commission finds that individuals or populations lack access to  
17 certified health plan services, the commission shall:

18 (a) Authorize appropriate state agencies, local health departments,  
19 community or migrant health clinics, public hospital districts, or  
20 other nonprofit health service entities to take actions necessary to  
21 assure such access. This includes authority to contract for or  
22 directly deliver services described within the uniform benefits package  
23 to special populations; or

24 (b) Notify appropriate certified health plans and the insurance  
25 commissioner of such findings. The commission shall adopt by rule  
26 standards by which the insurance commissioner may, in such event,  
27 require certified health plans in closest proximity to such individuals  
28 and populations to extend their catchment areas to those individuals  
29 and populations and offer them enrollment.

30 (3) Adopt necessary rules in accordance with chapter 34.05 RCW to  
31 carry out the purposes of chapter 492, Laws of 1993. An initial set of  
32 draft rules establishing at least the commission's organization  
33 structure, the uniform benefits package, and standards for certified  
34 health plan certification, must be submitted in draft form to  
35 appropriate committees of the legislature by December 1, 1994.

36 (4) Establish and modify as necessary, in consultation with the  
37 state board of health and the department of health, and coordination  
38 with the planning process set forth in RCW 43.70.520 a uniform set of

1 health services based on the recommendations of the health care cost  
2 control and access commission established under House Concurrent  
3 Resolution No. 4443 adopted by the legislature in 1990.

4 (5) Establish and modify as necessary the uniform benefits package  
5 as provided in RCW 43.72.130, which shall be offered to enrollees of a  
6 certified health plan. The benefit package shall be provided at no  
7 more than the maximum premium specified in subsection (6) of this  
8 section.

9 (6)(a) Establish for each year a community-rated maximum premium  
10 for the uniform benefits package that shall operate to control overall  
11 health care costs. The maximum premium cost of the uniform benefits  
12 package in the base year 1995 shall be established upon an actuarial  
13 determination of the costs of providing the uniform benefits package  
14 and such other cost impacts as may be deemed relevant by the  
15 commission. Beginning in 1996, the growth rate of the premium cost of  
16 the uniform benefits package for each certified health plan shall be  
17 allowed to increase by a rate no greater than the average growth rate  
18 in the cost of the package between 1990 and 1993 as actuarially  
19 determined, reduced by two percentage points per year until the growth  
20 rate is no greater than the five-year rolling average of growth in  
21 Washington per capita personal income, as determined by the office of  
22 financial management.

23 (b) In establishing the community-rated maximum premium under this  
24 subsection, the commission shall review various methods for  
25 establishing the community-rated maximum premium and shall recommend  
26 such methods to the legislature by December 1, 1994.

27 ~~((The commission may develop and recommend a rate for employees  
28 that provides nominal, if any, variance between the rate for individual  
29 employees and employees with dependents to minimize any economic  
30 incentive to an employer to discriminate between prospective employees  
31 based upon whether or not they have dependents for whom coverage would  
32 be required.))~~

33 (c) If the commission adds or deletes services or benefits to the  
34 uniform benefits package in subsequent years, it may increase or  
35 decrease the maximum premium to reflect the actual cost experience of  
36 a broad sample of providers of that service in the state, considering  
37 the factors enumerated in (a) of this subsection and adjusted  
38 actuarially. The addition of services or benefits shall not result in  
39 a redetermination of the entire cost of the uniform benefits package.

1 (d) The level of state expenditures for the uniform benefits  
2 package shall be limited to the appropriation of funds specifically for  
3 this purpose.

4 (7) Determine the need for medical risk adjustment mechanisms to  
5 minimize financial incentives for certified health plans to enroll  
6 individuals who present lower health risks and avoid enrolling  
7 individuals who present higher health risks, and to minimize financial  
8 incentives for employer hiring practices that discriminate against  
9 individuals who present higher health risks. In the design of medical  
10 risk distribution mechanisms under this subsection, the commission  
11 shall (a) balance the benefits of price competition with the need to  
12 protect certified health plans from any unsustainable negative effects  
13 of adverse selection; (b) consider the development of a system that  
14 creates a risk profile of each certified health plan's enrollee  
15 population that does not create disincentives for a plan to control  
16 benefit utilization, that requires contributions from plans that enjoy  
17 a low-risk enrollee population to plans that have a high-risk enrollee  
18 population, and that does not permit an adjustment of the premium  
19 charged for the uniform benefits package or supplemental coverage based  
20 upon either receipt or contribution of assessments; and (c) consider  
21 whether registered employer health plans should be included in any  
22 medical risk adjustment mechanism. Proposed medical risk adjustment  
23 mechanisms shall be submitted to the legislature as provided in RCW  
24 43.72.180.

25 (8) Design a mechanism to assure minors have access to confidential  
26 health care services as currently provided in RCW 70.24.110 and  
27 71.34.030.

28 (9) Monitor the actual growth in total annual health services  
29 costs.

30 (10) Monitor the increased application of technology as required by  
31 chapter 492, Laws of 1993 and take necessary action to ensure that such  
32 application is made in a cost-effective and efficient manner and  
33 consistent with existing laws that protect individual privacy.

34 (11) Establish reporting requirements for certified health plans  
35 that own or manage health care facilities, health care facilities, and  
36 health care providers to periodically report to the commission  
37 regarding major capital expenditures of the plans. The commission  
38 shall review and monitor such reports and shall report to the  
39 legislature regarding major capital expenditures on at least an annual

1 basis. The Washington health care facilities authority and the  
2 commission shall develop standards jointly for evaluating and approving  
3 major capital expenditure financing through the Washington health care  
4 facilities authority, as authorized pursuant to chapter 70.37 RCW. By  
5 December 1, 1994, the commission and the authority shall submit jointly  
6 to the legislature such proposed standards. The commission and the  
7 authority shall, after legislative review, but no later than June 1,  
8 1995, publish such standards. Upon publication, the authority may not  
9 approve financing for major capital expenditures unless approved by the  
10 commission.

11 (12) Establish maximum enrollee financial participation levels.  
12 The levels shall be related to enrollee household income.

13 (13) Establish rules requiring employee enrollee premium sharing,  
14 as defined in RCW 43.72.010(9), be paid through deductions from wages  
15 or earnings.

16 (14) For health services provided under the uniform benefits  
17 package and supplemental benefits, adopt standards for enrollment, and  
18 standardized billing and claims processing forms. The standards shall  
19 ensure that these procedures minimize administrative burdens on health  
20 care providers, health care facilities, certified health plans, and  
21 consumers. Subject to federal approval or phase-in schedules whenever  
22 necessary or appropriate, the standards also shall apply to state-  
23 purchased health services, as defined in RCW 41.05.011.

24 (15) Propose that certified health plans adopt certain practice  
25 indicators or risk management protocols for quality assurance,  
26 utilization review, or provider payment. The commission may consider  
27 indicators or protocols recommended according to RCW 43.70.500 for  
28 these purposes.

29 (16) Propose other guidelines to certified health plans for  
30 utilization management, use of technology and methods of payment, such  
31 as diagnosis-related groups and a resource-based relative value scale.  
32 Such guidelines shall be voluntary and shall be designed to promote  
33 improved management of care, and provide incentives for improved  
34 efficiency and effectiveness within the delivery system.

35 (17) Adopt standards and oversee and develop policy for personal  
36 health data and information system as provided in chapter 70.170 RCW.

37 (18) Adopt standards that prevent conflict of interest by health  
38 care providers as provided in RCW 18.130.320.

1 (19) At the appropriate juncture and in the fullness of time,  
2 consider the extent to which medical research and health professions  
3 training activities should be included within the health service system  
4 set forth in chapter 492, Laws of 1993.

5 (20) Evaluate and monitor the extent to which racial and ethnic  
6 minorities have access to and receive health services within the state,  
7 and develop strategies to address barriers to access.

8 (21) Develop standards for the certification process to certify  
9 health plans and employer health plans to provide the uniform benefits  
10 package, according to the provisions for certified health plans and  
11 registered employer health plans under chapter 492, Laws of 1993.

12 ~~(22) ((Develop rules for implementation of individual and employer  
13 participation under RCW 43.72.210 and 43.72.220 specifically applicable  
14 to persons who work in this state but do not live in the state or  
15 persons who live in this state but work outside of the state. The  
16 rules shall be designed so that these persons receive coverage and  
17 financial requirements that are comparable to that received by persons  
18 who both live and work in the state.~~

19 ~~(23))~~ After receiving advice from the health services  
20 effectiveness committee, adopt rules that must be used by certified  
21 health plans, disability insurers, health care service contractors, and  
22 health maintenance organizations to determine whether a procedure,  
23 treatment, drug, or other health service is no longer experimental or  
24 investigative.

25 ~~((24))~~ (23) Establish a process for purchase of uniform benefits  
26 package services by enrollees when they are out-of-state.

27 ~~((25))~~ (24) Develop recommendations to the legislature as to  
28 whether state and school district employees, on whose behalf health  
29 benefits are or will be purchased by the health care authority pursuant  
30 to chapter 41.05 RCW, should have the option to purchase health  
31 benefits through health insurance purchasing cooperatives on and after  
32 July 1, 1997. In developing its recommendations, the commission shall  
33 consider:

34 (a) The impact of state or school district employees purchasing  
35 through health insurance purchasing cooperatives on the ability of the  
36 state to control its health care costs; and

37 (b) Whether state or school district employees purchasing through  
38 health insurance purchasing cooperatives will result in inequities in

1 health benefits between or within groups of state and school district  
2 employees.

3 ~~((26))~~ (25) Establish guidelines for providers dealing with  
4 terminal or static conditions, taking into consideration the ethics of  
5 providers, patient and family wishes, costs, and survival  
6 possibilities.

7 ~~((27) Evaluate the extent to which Taft Hartley health care trusts  
8 provide benefits to certain individuals in the state; review the  
9 federal laws under which these trusts are organized; and make  
10 appropriate recommendations to the governor and the legislature on or  
11 before December 1, 1994, as to whether these trusts should be brought  
12 under the provisions of chapter 492, Laws of 1993 when it is fully  
13 implemented, and if the commission recommends inclusion of the trusts,  
14 how to implement such inclusion.~~

15 ~~(28))~~ (26) Evaluate whether Washington is experiencing a higher  
16 percentage in in-migration of residents from other states and  
17 territories than would be expected by normal trends as a result of the  
18 availability of unsubsidized and subsidized health care benefits for  
19 all residents and report to the governor and the legislature their  
20 findings.

21 ~~((29))~~ (27) In developing the uniform benefits package and other  
22 standards pursuant to this section, consider the likelihood of the  
23 establishment of a national health services plan adopted by the federal  
24 government and its implications.

25 ~~((30))~~ (28) Evaluate the effect of reforms under chapter 492,  
26 Laws of 1993 on access to care and economic development in rural areas.

27 To the extent that the exercise of any of the powers and duties  
28 specified in this section may be inconsistent with the powers and  
29 duties of other state agencies, offices, or commissions, the authority  
30 of the commission shall supersede that of such other state agency,  
31 office, or commission, except in matters of personal health data, where  
32 the commission shall have primary data system policy-making authority  
33 and the department of health shall have primary responsibility for the  
34 maintenance and routine operation of personal health data systems.

35 **Sec. 3.** RCW 43.72.060 and 1994 c 4 s 2 are each amended to read as  
36 follows:

37 (1)(a) The chair shall appoint an advisory committee with balanced  
38 representation from consumers, business, government, labor, certified

1 health plans, practicing health care providers, health care facilities,  
2 and health services researchers reflecting ethnic and racial diversity.  
3 In addition, the chair may appoint special committees for specified  
4 periods of time.

5 (b) The chair shall also appoint a five-member health services  
6 effectiveness committee whose members possess a breadth of experience  
7 and knowledge in the treatment, research, and public and private  
8 funding of health care services. The committee shall meet at the call  
9 of the chair. The health services effectiveness committee shall advise  
10 the commission on: (i) Those health services that may be determined by  
11 the commission to be appropriate and effective; (ii) use of technology  
12 and practice indicators; (iii) the uniform benefits package; and (iv)  
13 rules that insurers and certified health plans must use to determine  
14 whether a procedure, treatment, drug, or other health service is no  
15 longer experimental or investigative.

16 (c) The commission shall also appoint a small business advisory  
17 committee composed of seven owners of businesses with twenty-five or  
18 fewer full-time equivalent employees reflecting ethnic and racial  
19 diversity, to assist the commission in development of the small  
20 business economic impact statement and the small business assistance  
21 program, as provided in RCW 43.72.140 and 43.72.240.

22 (d) The commission shall also appoint an organized labor advisory  
23 committee composed of seven representatives of employee organizations  
24 representing employees of public or private employers. The committee  
25 shall ~~((assist the commission in conducting the evaluation of Taft-~~  
26 ~~Hartley health care trusts and self-insured employee health benefits~~  
27 ~~plans, as provided in RCW 43.72.040(26), and shall))~~ advise the  
28 commission on issues related to ~~((the impact of chapter 492, Laws of~~  
29 ~~1993 on negotiated health benefits agreements and other))~~ employee  
30 health benefits plans.

31 (e) The commission shall appoint a seasonal employment advisory  
32 committee composed of equal numbers of seasonal employee and employer  
33 representatives to assist the commission in development of coverage  
34 mechanisms for seasonal employees and employers and other related  
35 issues as provided in RCW 43.72.225.

36 (2) Members of committees and panels shall serve without  
37 compensation for their services but shall be reimbursed for their  
38 expenses while attending meetings on behalf of the commission in  
39 accordance with RCW 43.03.050 and 43.03.060.

1       **Sec. 4.** RCW 43.72.170 and 1993 c 492 s 453 are each amended to  
2 read as follows:

3       (1) Premium rates for uniform benefits package and supplemental  
4 benefits shall not be excessive or inadequate, and shall not  
5 discriminate in a manner prohibited by RCW 43.72.100(3). (~~Premium~~  
6 ~~rates, enrollee point of service cost sharing, or maximum enrollee~~  
7 ~~financial participation amounts for a uniform benefits package may not~~  
8 ~~exceed the limits established by the health services commission in~~  
9 ~~accordance with RCW 43.72.040.~~) Premium rates for uniform benefits  
10 package and supplemental benefits shall be developed on a community-  
11 rated basis as determined by the health services commission.

12       (2) Prior to using, every certified health plan shall file with the  
13 commissioner its enrollee point of service, cost-sharing amounts,  
14 enrollee financial participation amounts, rates, its rating plan, and  
15 any other information used to determine the specific premium to be  
16 charged any enrollee and every modification of any of the foregoing.

17       (3) Every such filing shall indicate the type and extent of the  
18 health services contemplated and must be accompanied by sufficient  
19 information to permit the commissioner to determine whether it meets  
20 the requirements of this chapter. A plan shall offer in support of any  
21 filing:

22       (a) Any historical data and actuarial projections used to establish  
23 the rate filed;

24       (b) An exhibit detailing the major elements of operating expense  
25 for the types of health services affected by the filing;

26       (c) An explanation of how investment income has been taken into  
27 account in the proposed rates;

28       (d) Any other information that the plan deems relevant; and

29       (e) Any other information that the commissioner requires by rule.

30       (4) If a plan has insufficient loss experience to support its  
31 proposed rates, it may submit loss experience for similar exposures of  
32 other plans within the state.

33       (5) Every filing shall state its proposed effective date.

34       (6) Actuarial formulas, statistics, and assumptions submitted in  
35 support of a rate or form filing by a plan or submitted to the  
36 commissioner at the commissioner's request shall be withheld from  
37 public inspection in order to preserve trade secrets or prevent unfair  
38 competition.

1 (7) No plan may make or issue a benefits package except in  
2 accordance with its filing then in effect.

3 (8) The commissioner shall review a filing as soon as reasonably  
4 possible after made, to determine whether it meets the requirements of  
5 this section.

6 (9)(a) No filing may become effective within thirty days after the  
7 date of filing with the commissioner, which period may be extended by  
8 the commissioner for an additional period not to exceed fifteen days if  
9 the commissioner gives notice within such waiting period to the plan  
10 that the commissioner needs additional time to consider the filing.

11 (b) A filing shall be deemed to meet the requirements of this  
12 section unless disapproved by the commissioner within the waiting  
13 period or any extension period.

14 (c) If within the waiting or any extension period, the commissioner  
15 finds that a filing does not meet the requirements of this section, the  
16 commissioner shall disapprove the filing, shall notify the plan of the  
17 grounds for disapproval, and shall prohibit the use of the disapproved  
18 filing.

19 (10) If at any time after the applicable review period provided in  
20 this section, the commissioner finds that a filing does not meet the  
21 requirements of this section, the commissioner shall, after notice and  
22 hearing, issue an order specifying in what respect the commissioner  
23 finds that such filing fails to meet the requirements of this section,  
24 and stating when, within a reasonable period thereafter, the filings  
25 shall be deemed no longer effective.

26 The order shall not affect any benefits package made or issued  
27 prior to the expiration of the period set forth in the order.

28 NEW SECTION. **Sec. 5.** The following acts or parts of acts are each  
29 repealed:

30 (1) RCW 43.72.210 and 1993 c 492 s 463; and

31 (2) RCW 43.72.220 and 1993 c 494 s 3 & 1993 c 492 s 464.

32 NEW SECTION. **Sec. 6.** This act is necessary for the immediate  
33 preservation of the public peace, health, or safety, or support of the  
34 state government and its existing public institutions, and shall take  
35 effect July 1, 1995.

--- END ---