

ORIGINAL HOUSE  
BILL NO. HB0007

ENROLLED ACT NO. 2, HOUSE OF REPRESENTATIVES

SIXTY-FIFTH LEGISLATURE OF THE STATE OF WYOMING  
2019 GENERAL SESSION

AN ACT relating to insurance; extending the sunset date for the Wyoming health insurance pool; clarifying the types of health insurance to which the pool applies; amending and repealing outdated provisions; amending the types of conditions covered by the pool; amending pool eligibility; removing maximum benefit limitations; amending premium rates; amending the entities who provide coverage and benefit related recommendations; and providing for an effective date.

*Be It Enacted by the Legislature of the State of Wyoming:*

**Section 1.** W.S. 26-43-101(a)(vi), (xi) and (xviii)(C), 26-43-102(d)(i) and (ii), 26-43-103(b)(iv), 26-43-106(a), (b)(ii), (vi) and (c)(intro), 26-43-107(c) and 26-43-113 are amended to read:

**26-43-101. Definitions.**

(a) As used in this act:

(vi) "Health insurance" means any public health benefit plan, private health benefit plan, hospital and medical expense incurred policy, Medicare supplement policy, nonprofit health care service plan contract and health maintenance organization subscriber contract. The term does not include any hospital or medical service plan which by contract or product design is intended to provide coverage for six (6) months or less, fixed indemnity, limited benefit or credit insurance, coverage issued as a supplement to liability insurance, insurance arising from a workers' compensation or similar law, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault and which is statutorily required to be contained in any liability insurance policy or equivalent self-insurance;

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(xi) "Insurer" means any insurance company authorized to transact disability insurance business in this state, Medicare supplement insurance issuer, health maintenance organization or health service plan operation under W.S. 26-22-301;

(xviii) "Federally defined eligible individual" means an individual:

(C) Who is not eligible for coverage under a group health plan, part A or part B of ~~title XVIII of the Social Security Act, Medicare~~ or Medicaid, and who does not have other health insurance coverage;

**26-43-102. Operation of the pool; board membership; board powers and duties.**

(d) The board shall:

(i) Select ~~the administrator within one hundred twenty (120) days of appointment of the board. If the administrator is not selected within one hundred twenty (120) days, the commissioner shall appoint~~ an administrator of the pool;

(ii) Submit to the commissioner a plan of operation for the pool and any amendments to the plan necessary or suitable to assure the fair, reasonable and equitable administration of the pool. The commissioner shall approve the plan of operation after notice and hearing provided the plan is determined suitable to assure the fair, reasonable and equitable administration of the pool and provides for the sharing of pool gains or losses on an equitable proportionate basis. The plan of operation is effective upon approval in writing by the commissioner. If

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the board ~~fails to submit a suitable plan of operation within one hundred eighty (180) days after appointment of the board or~~ at any time thereafter fails to submit suitable amendments to the plan, the commissioner shall adopt reasonable rules after notice and hearing as necessary or advisable to effectuate the provisions of this section. The rules shall continue in force until modified by the commissioner or superseded by a plan submitted by the board and approved by the commissioner;

**26-43-103. Eligibility.**

(b) The following persons are not eligible for pool coverage:

(iv) For pool coverage, ~~other than coverage under the alternative plan provided by the pool,~~ any person on whose behalf the pool has paid two hundred fifty thousand dollars (\$250,000.00) in benefits. ~~For coverage under the alternative plan provided by the pool, any person on whose behalf the pool has paid five hundred thousand dollars (\$500,000.00) in benefits or a greater amount if required to meet the definition of a comprehensive level of benefits under federal regulation.~~ The board shall adjust these amounts annually to reflect the effects of inflation. The adjustment shall not be less than the annual change in the medical component of the "Consumer Price Index for All Urban Consumers" of the department of labor, bureau of statistics, unless the board proposes and the commissioner approves a lower adjustment factor;

**26-43-106. Minimum benefits; limitations.**

(a) ~~Major medical expense~~ Pool coverage shall be offered to eligible persons subject to the termination and disenrollment provisions of W.S. 26-43-103(e). The

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commissioner shall establish by rule and regulation the pool coverage, its schedule of benefits, exclusions and other limitations consistent with this act and taking into consideration the advice and recommendations of the board and the health benefits plan committee created pursuant to W.S. 26-2-132. The commissioner and the board annually shall review the pool coverage, its schedule of benefits, exclusions and limitations and make changes to reflect the levels of health insurance coverage provided in this state.

(b) In establishing the pool coverage, the commissioner shall:

(ii) Promulgate benefit levels, deductibles, coinsurance factors, exclusions and limitations determined to be generally reflective of and commensurate with health insurance plans marketed in the state and required by this act. ~~The commissioner shall also establish benefit levels, deductibles, coinsurance factors, exclusions and limitations for alternative plan coverage under the pool meeting the requirements of this act and the requirements for an acceptable alternative mechanism under section 2744 of the federal Public Health Service Act as defined in P.L. 104-191. For both categories of coverage,~~ The commissioner shall offer at least two (2) plans that may include a higher deductible option or a health savings account option in order to provide less expensive coverage alternatives for pool participants;

(vi) Offer for those individuals described in W.S. 26-43-103(d) a catastrophic health plan having a deductible level of twenty-five thousand dollars (\$25,000.00), subject to the termination and disenrollment provisions of W.S. 26-43-103(e).

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(c) Pool coverage, ~~except for coverage under the alternative plan~~ shall not include medical costs associated with:

**26-43-107. Premiums; standard risk rate.**

(c) Initial rates for pool coverage in the first year coverage is provided pursuant to this act shall not be less than one hundred fifty percent (150%) of rates established as applicable for individual standard risks. Subsequent rates may provide for the expected costs of claims including recovery of prior losses, expenses of operation, investment income of claim reserves, and any other costs factors subject to the limitations provided by this subsection. Beginning July 1, 2007, except as provided in subsection (e) of this section, there shall be two (2) levels of eligibility. Level one (1) eligibility applies to persons with income equal to or greater than two hundred fifty percent (250%) of the federal poverty guideline. Level two (2) eligibility applies to persons with income below two hundred fifty percent (250%) of the federal poverty guideline. Premium rates for level one (1) eligibility shall be set at one hundred fifty percent (150%) to ~~two hundred percent (200%)~~ two hundred five percent (205%) of rates applicable to individual standard risks. Premium rates for level two (2) eligibility shall be set at one hundred percent (100%) to ~~one hundred thirty five percent (135%)~~ one hundred forty percent (140%) of rates applicable to individual standard risks. All rates and rate schedules shall be submitted to the commissioner for approval. The rates shall be set as close as practical to the lower end of the range provided. ~~For the period July 1, 2013 through June 30, 2015, premium rates shall be as provided in subsection (e) of this section.~~

**26-43-113. Termination of provisions.**

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This act is not effective after June 30, ~~2020~~2030.

**Section 2.** W.S. 26-43-101(a)(xvi), 26-43-102(d)(vii) and (f)(v), 26-43-103(c), 26-43-106(c)(i) and (d) and 26-43-107(e) are repealed.

**Section 3.** This act is effective immediately upon completion of all acts necessary for a bill to become law as provided by Article 4, Section 8 of the Wyoming Constitution.

(END)

\_\_\_\_\_  
Speaker of the House

\_\_\_\_\_  
President of the Senate

\_\_\_\_\_  
Governor

TIME APPROVED: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_

I hereby certify that this act originated in the House.

\_\_\_\_\_  
Chief Clerk