

CERTIFICATION OF ENROLLMENT  
ENGROSSED SUBSTITUTE SENATE BILL 5940

62nd Legislature  
2012 2nd Special Session

Passed by the Senate April 11, 2012  
YEAS 25 NAYS 20

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President of the Senate

Passed by the House April 11, 2012  
YEAS 53 NAYS 45

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Speaker of the House of Representatives

Approved

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Governor of the State of Washington

CERTIFICATE

I, Thomas Hoemann, Secretary of the Senate of the State of Washington, do hereby certify that the attached is ENGROSSED SUBSTITUTE SENATE BILL 5940 as passed by the Senate and the House of Representatives on the dates hereon set forth.

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Secretary

FILED

Secretary of State  
State of Washington

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ENGROSSED SUBSTITUTE SENATE BILL 5940

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Passed Legislature - 2012 2nd Special Session

State of Washington                      62nd Legislature                      2012 2nd Special Session

By Senate Ways & Means (originally sponsored by Senators Hobbs, Ericksen, Keiser, Tom, Kastama, and Zarelli)

READ FIRST TIME 04/06/12.

1            AN ACT Relating to public school employees' insurance benefits;  
2 amending RCW 28A.400.280, 28A.400.350, 28A.400.275, and 42.56.400;  
3 adding a new section to chapter 48.02 RCW; adding a new section to  
4 chapter 41.05 RCW; adding a new section to chapter 44.28 RCW; adding a  
5 new section to chapter 48.62 RCW; and creating a new section.

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

7            NEW SECTION.    **Sec. 1.**    (1) The legislature finds that:

8            (a) Each year, nearly one billion dollars in public funds are spent  
9 on the purchase of employee insurance benefits for more than two  
10 hundred thousand public school employees and their dependents;

11            (b) The legislature and school districts and their employees need  
12 better information to improve current practices and inform future  
13 decisions with regard to health insurance benefits;

14            (c) Recent work by the state auditor's office and the state health  
15 care authority have advanced discussions throughout the state on  
16 opportunities to improve the current system; and

17            (d) Two major themes have emerged:    (i) The state, school  
18 districts, and employees need better information and data to make  
19 better health insurance purchasing decisions within the K-12 system;

(ii) affordability is a significant concern for all employees, especially for employees seeking full family insurance coverage and for the lowest-paid and part-time employees.

(2) The legislature establishes the following goals:

(a) Improve the transparency of health benefit plan claims and financial data to assure prudent and efficient use of taxpayers' funds at the state and local levels;

(b) Create greater affordability for full family coverage and greater equity between premium costs for full family coverage and for employee only coverage for the same health benefit plan;

(c) Promote health care innovations and cost savings, and significantly reduce administrative costs; and

(d) Provide greater parity in state allocations for state employee and K-12 employee health benefits.

(3) The legislature intends to retain current collective bargaining for benefits, and retain state, school district, and employee contributions to benefits.

**Sec. 2.** RCW 28A.400.280 and 2011 c 269 s 1 are each amended to read as follows:

(1) Except as provided in subsection (2) of this section, school districts may provide employer fringe benefit contributions after October 1, 1990, only for basic benefits. However, school districts may continue payments under contracts with employees or benefit providers in effect on April 13, 1990, until the contract expires.

(2) School districts may provide employer contributions after October 1, 1990, for optional benefit plans, in addition to basic benefits, only for employees included in pooling arrangements under this subsection. Optional benefits may include direct agreements as defined in chapter 48.150 RCW, but may not include employee beneficiary accounts that can be liquidated by the employee on termination of employment. Optional benefit plans may be offered only if:

(a) The school district pools benefit allocations among employees using a pooling arrangement that includes at least one employee bargaining unit and/or all nonbargaining group employees;

(b) Each full-time employee included in the pooling arrangement is offered basic benefits, including coverage for dependents(~~((, without a payroll deduction for premium charges))~~);

1       (c) Each employee included in the pooling arrangement who elects  
2 medical benefit coverage pays a minimum premium charge subject to  
3 collective bargaining under chapter 41.59 or 41.56 RCW;

4       (d) The employee premiums are structured to ensure employees  
5 selecting richer benefit plans pay the higher premium;

6       (e) Each full-time employee included in the pooling arrangement,  
7 regardless of the number of dependents receiving basic coverage,  
8 receives the same additional employer contribution for other coverage  
9 or optional benefits; and

10       ~~((d))~~ (f) For part-time employees included in the pooling  
11 arrangement, participation in optional benefit plans shall be governed  
12 by the same eligibility criteria and/or proration of employer  
13 contributions used for allocations for basic benefits.

14       (3) Savings accruing to school districts due to limitations on  
15 benefit options under this section shall be pooled and made available  
16 by the districts to reduce out-of-pocket premium expenses for employees  
17 needing basic coverage for dependents. School districts are not  
18 intended to divert state benefit allocations for other purposes.

19       **Sec. 3.** RCW 28A.400.350 and 2011 c 269 s 2 are each amended to  
20 read as follows:

21       (1) The board of directors of any of the state's school districts  
22 or educational service districts may make available liability, life,  
23 health, health care, accident, disability, and salary protection or  
24 insurance, direct agreements as defined in chapter 48.150 RCW, or any  
25 one of, or a combination of the types of employee benefits enumerated  
26 in this subsection, or any other type of insurance or protection, for  
27 the members of the boards of directors, the students, and employees of  
28 the school district or educational service district, and their  
29 dependents. Such coverage may be provided by contracts or agreements  
30 with private carriers, with the state health care authority after July  
31 1, 1990, pursuant to the approval of the authority administrator, or  
32 through self-insurance or self-funding pursuant to chapter 48.62 RCW,  
33 or in any other manner authorized by law. Any direct agreement must  
34 comply with RCW 48.150.050.

35       (2) Whenever funds are available for these purposes the board of  
36 directors of the school district or educational service district may  
37 contribute all or a part of the cost of such protection or insurance

1 for the employees of their respective school districts or educational  
2 service districts and their dependents. The premiums on such liability  
3 insurance shall be borne by the school district or educational service  
4 district.

5 After October 1, 1990, school districts may not contribute to any  
6 employee protection or insurance other than liability insurance unless  
7 the district's employee benefit plan conforms to RCW 28A.400.275 and  
8 28A.400.280.

9 (3) For school board members, educational service district board  
10 members, and students, the premiums due on such protection or insurance  
11 shall be borne by the assenting school board member, educational  
12 service district board member, or student. The school district or  
13 educational service district may contribute all or part of the costs,  
14 including the premiums, of life, health, health care, accident or  
15 disability insurance which shall be offered to all students  
16 participating in interschool activities on the behalf of or as  
17 representative of their school, school district, or educational service  
18 district. The school district board of directors and the educational  
19 service district board may require any student participating in  
20 extracurricular interschool activities to, as a condition of  
21 participation, document evidence of insurance or purchase insurance  
22 that will provide adequate coverage, as determined by the school  
23 district board of directors or the educational service district board,  
24 for medical expenses incurred as a result of injury sustained while  
25 participating in the extracurricular activity. In establishing such a  
26 requirement, the district shall adopt regulations for waiving or  
27 reducing the premiums of such coverage as may be offered through the  
28 school district or educational service district to students  
29 participating in extracurricular activities, for those students whose  
30 families, by reason of their low income, would have difficulty paying  
31 the entire amount of such insurance premiums. The district board shall  
32 adopt regulations for waiving or reducing the insurance coverage  
33 requirements for low-income students in order to assure such students  
34 are not prohibited from participating in extracurricular interschool  
35 activities.

36 (4) All contracts or agreements for insurance or protection written  
37 to take advantage of the provisions of this section shall provide that

1 the beneficiaries of such contracts may utilize on an equal  
2 participation basis the services of those practitioners licensed  
3 pursuant to chapters 18.22, 18.25, 18.53, 18.57, and 18.71 RCW.

4 (5) School districts offering medical, vision, and dental benefits  
5 shall:

6 (a) Offer a high deductible health plan option with a health  
7 savings account that conforms to section 223, part VII of subchapter 1  
8 of the internal revenue code of 1986. School districts shall comply  
9 with all applicable federal standards related to the establishment of  
10 health savings accounts;

11 (b) Make progress toward employee premiums that are established to  
12 ensure that full family coverage premiums are not more than three times  
13 the premiums for employees purchasing single coverage for the same  
14 coverage plan, unless a subsequent premium differential target is  
15 defined as a result of the review and subsequent actions described in  
16 section 6 of this act;

17 (c) Offer employees at least one health benefit plan that is not a  
18 high deductible health plan offered in conjunction with a health  
19 savings account in which the employee share of the premium cost for a  
20 full-time employee, regardless of whether the employee chooses  
21 employee-only coverage or coverage that includes dependents, does not  
22 exceed the share of premium cost paid by state employees during the  
23 state employee benefits year that started immediately prior to the  
24 school year.

25 (6) All contracts or agreements for employee benefits must be held  
26 to responsible contracting standards, meaning a fair, prudent, and  
27 accountable competitive procedure for procuring services that includes  
28 an open competitive process, except where an open process would  
29 compromise cost-effective purchasing, with documentation justifying the  
30 approach.

31 (7) School districts offering medical, vision, and dental benefits  
32 shall also make progress on promoting health care innovations and cost  
33 savings and significantly reduce administrative costs.

34 (8) All contracts or agreements for insurance or protection  
35 described in this section shall be in compliance with this act.

36 (9) Upon notification from the office of the insurance commissioner  
37 of a school district's substantial noncompliance with the data  
38 reporting requirements of RCW 28A.400.275, and the failure is due to

1 the action or inaction of the school district, and if the noncompliance  
2 has occurred for two reporting periods, the superintendent is  
3 authorized and required to limit the school district's authority  
4 provided in subsection (1) of this section regarding employee health  
5 benefits to the provision of health benefit coverage provided by the  
6 state health care authority.

7       **Sec. 4.** RCW 28A.400.275 and 1990 1st ex.s. c 11 s 5 are each  
8 amended to read as follows:

9       (1) Any contract or agreement for employee benefits executed after  
10 April 13, 1990, between a school district and a benefit provider or  
11 employee bargaining unit is null and void unless it contains an  
12 agreement to abide by state laws relating to school district employee  
13 benefits. The term of the contract or agreement may not exceed one  
14 year.

15       (2) School districts and their benefit providers shall annually  
16 submit, by a date determined by the office of the insurance  
17 commissioner, the following information and data for the prior calendar  
18 year to the ((Washington state health care authority a summary  
19 descriptions of all benefits offered under the district's employee  
20 benefit plan. The districts shall also submit data to the health care  
21 authority specifying the total number of employees and, for each  
22 employee, types of coverage or benefits received including numbers of  
23 covered dependents, the number of eligible dependents, the amount of  
24 the district's contribution, additional premium costs paid by the  
25 employee through payroll deductions, and the age and sex of the  
26 employee and each dependent.)) office of the insurance commissioner:

27       (a) Progress by the district and its benefit providers toward  
28 greater affordability for full family coverage, health care cost  
29 savings, and significantly reduced administrative costs;

30       (b) Compliance with the requirement to provide a high deductible  
31 health plan option with a health savings account;

32       (c) An overall plan summary including the following:

33       (i) The financial plan structure and overall performance of each  
34 health plan including:

35       (A) Total premium expenses;

36       (B) Total claims expenses;

37       (C) Claims reserves; and

1       (D) Plan administration expenses, including compensation paid to  
2 brokers;

3       (ii) A description of the plan's use of innovative health plan  
4 features designed to reduce health benefit premium growth and reduce  
5 utilization of unnecessary health services including but not limited to  
6 the use of enrollee health assessments or health coach services, care  
7 management for high cost or high-risk enrollees, medical or health home  
8 payment mechanisms, and plan features designed to create incentives for  
9 improved personal health behaviors;

10       (iii) Data to provide an understanding of employee health benefit  
11 plan coverage and costs, including: The total number of employees and,  
12 for each employee, the employee's full-time equivalent status, types of  
13 coverage or benefits received including numbers of covered dependents,  
14 the number of eligible dependents, the amount of the district's  
15 contribution to premium, additional premium costs paid by the employee  
16 through payroll deductions, and the age and sex of the employee and  
17 each dependent;

18       (iv) Data necessary for school districts to more effectively and  
19 competitively manage and procure health insurance plans for employees.  
20 The data must include, but not be limited to, the following:

21       (A) A summary of the benefit packages offered to each group of  
22 district employees, including covered benefits, employee deductibles,  
23 coinsurance, and copayments, and the number of employees and their  
24 dependents in each benefit package;

25       (B) Aggregated employee and dependent demographic information,  
26 including age band and gender, by insurance tier and by benefit  
27 package;

28       (C) Total claim payments by benefit package, including premiums  
29 paid, inpatient facility claims paid, outpatient facility claims paid,  
30 physician claims paid, pharmacy claims paid, capitation amounts paid,  
31 and other claims paid;

32       (D) Total premiums paid by benefit package;

33       (E) A listing of large claims defined as annual amounts paid in  
34 excess of one hundred thousand dollars including the amount paid, the  
35 member enrollment status, and the primary diagnosis.

36       (3) Annually, school districts and their benefit providers shall  
37 jointly report to the office of the insurance commissioner on their  
38 health insurance-related efforts and achievements to:



- 1        (a) Significantly reduce administrative costs for school districts;  
2        (b) Improve customer service;  
3        (c) Reduce differential plan premium rates between employee only  
4        and family health benefit premiums;  
5        (d) Protect access to coverage for part-time K-12 employees.

6        (4) The ((plan descriptions and the)) information and data shall be  
7        submitted in a format and according to a schedule established by the  
8        ((health care authority)) office of the insurance commissioner under  
9        section 5 of this act to enable the commissioner to meet the reporting  
10       obligations under that section.

11       ~~((3))~~ (5) Any benefit provider offering a benefit plan by  
12       contract or agreement with a school district under subsection (1) of  
13       this section shall ((agree to)) make available to the school district  
14       the benefit plan descriptions and, where available, the demographic  
15       information on plan subscribers that the district ((is)) and benefit  
16       provider are required to report to the ((Washington state health care  
17       authority)) office of the insurance commissioner under this section.

18       ~~((4))~~ (6) This section shall not apply to benefit plans offered  
19       in the 1989-90 school year.

20       NEW SECTION. Sec. 5. A new section is added to chapter 48.02 RCW  
21       to read as follows:

22       (1) For purposes of this section, "benefit provider" has the same  
23       meaning as provided in RCW 28A.400.270.

24       (2)(a) By December 1, 2013, and December 1st of each year  
25       thereafter, the commissioner shall submit a report to the governor, the  
26       health care authority, and the legislature on school district health  
27       insurance benefits. The report shall be available to the public on the  
28       commissioner's web site. The confidentiality of personally  
29       identifiable district employee data shall be safeguarded consistent  
30       with the provisions of RCW 42.56.400(21).

31       (b) The report shall include a summary of each school district's  
32       health insurance benefit plans and each district's aggregated financial  
33       data and other information as required in RCW 28A.400.275.

34       (3) The commissioner shall collect data from school districts or  
35       their benefit providers to fulfill the requirements of this section.  
36       The commissioner may adopt rules necessary to implement the data  
37       submission requirements under this section and RCW 28A.400.275,

1 including, but not limited to, the format, timing of data reporting,  
2 data elements, data standards, instructions, definitions, and data  
3 sources.

4 (4) In fulfilling the duties under this act, the commissioner shall  
5 consult with school district representatives to ensure that the data  
6 and reports from benefit providers will give individual school  
7 districts sufficient information to enhance districts' ability to  
8 understand, manage, and seek competitive alternatives for health  
9 insurance coverage for their employees.

10 (5) If the commissioner determines that a school district has not  
11 substantially complied with the reporting requirements of RCW  
12 28A.400.275, and the failure is due to the action or inaction of the  
13 school district, the commissioner will inform the superintendent of  
14 public instruction of the noncompliance.

15 (6) Data, information, and documents, other than those described in  
16 subsection (2) of this section, that are provided by a school district  
17 or an entity providing coverage pursuant to this section are exempt  
18 from public inspection and copying under this act and chapters 42.17A  
19 and 42.56 RCW.

20 (7) If a school district or benefit provider does not comply with  
21 the data reporting requirements of this section or RCW 28A.400.275, and  
22 the failure is due to the actions of an entity providing coverage  
23 authorized under Title 48 RCW, the commissioner may take enforcement  
24 actions under this chapter.

25 (8) The commissioner may enter into one or more personal services  
26 contracts with third-party contractors to provide services necessary to  
27 accomplish the commissioner's responsibilities under this act.

28 NEW SECTION. **Sec. 6.** A new section is added to chapter 41.05 RCW  
29 to read as follows:

30 By June 1, 2015, the health care authority must report to the  
31 governor, legislature, and joint legislative audit and review committee  
32 the following duties and analyses, based on two years of reports on  
33 school district health benefits submitted to it by the office of the  
34 insurance commissioner:

35 (1) The director shall establish a specific target to realize the  
36 goal of greater equity between premium costs for full family coverage  
37 and employee only coverage for the same health benefit plan. In

1 developing this target, the director shall consider the appropriateness  
2 of the three-to-one ratio of employee premium costs between full family  
3 coverage and employee only coverage, and consider alternatives based on  
4 the data and information received from the office of the insurance  
5 commissioner.

6 (2) The director shall also study and report the advantages and  
7 disadvantages to the state, local school districts, and district  
8 employees:

9 (a) Whether better progress on the legislative goals could be  
10 achieved through consolidation of school district health insurance  
11 purchasing through a single consolidated school employee health  
12 benefits purchasing plan;

13 (b) Whether better progress on the legislative goals could be  
14 achieved by consolidating K-12 health insurance purchasing through the  
15 public employees' benefits board program, and whether consolidation  
16 into the public employees' benefits board program would be preferable  
17 to the creation of a consolidated school employee health benefits  
18 purchasing plan;

19 (c) Whether certificated or classified employees, as separate  
20 groups, would be better served by purchasing health insurance through  
21 a single consolidated school employee health benefits purchasing plan  
22 or through participation in the public employees' benefits board  
23 program; and

24 (d) Analyses shall include implications of taking any of the  
25 actions described in (a) through (c) of this subsection to include, at  
26 a minimum, the following: The costs for the state and school  
27 employees, impacts for existing purchasing programs, a proposed  
28 timeline for the implementation of any recommended actions.

29 NEW SECTION. **Sec. 7.** A new section is added to chapter 44.28 RCW  
30 to read as follows:

31 (1) By December 31, 2015, the joint committee must review the  
32 reports on school district health benefits submitted to it by the  
33 office of the insurance commissioner and the health care authority and  
34 report to the legislature on the progress by school districts and their  
35 benefit providers in meeting the following legislative goals to:

36 (a) Improve the transparency of health benefit plan claims and

1 financial data to assure prudent and efficient use of taxpayers' funds  
2 at the state and local levels;

3 (b) Create greater affordability for full family coverage and  
4 greater equity between premium costs for full family coverage and  
5 employee only coverage for the same health benefit plan;

6 (c) Promote health care innovations and cost savings and  
7 significantly reduce administrative costs.

8 (2) The joint committee shall also make a recommendation regarding  
9 a specific target to realize the goal in subsection (1)(b) of this  
10 section.

11 (3) The joint committee shall report on the status of individual  
12 school districts' progress in achieving the goals in subsection (1) of  
13 this section.

14 (4)(a) In the 2015-2016 school year, the joint committee shall  
15 determine which school districts have met the requirements of RCW  
16 28A.400.350 (5) and (6), and shall rank order these districts from  
17 highest to lowest in term of their performance in meeting the  
18 requirements.

19 (b) The joint committee shall then allocate performance grants to  
20 the highest performing districts from a performance fund of five  
21 million dollars appropriated by the legislature for this purpose.  
22 Performance grants shall be used by school districts only to reduce  
23 employee health insurance copayments and deductibles. In determining  
24 the number of school districts to receive awards, the joint committee  
25 must consider the impact of the award on district employee copayments  
26 and deductibles in such a manner that the award amounts have a  
27 meaningful impact.

28 (5) If the joint committee determines that districts and their  
29 benefit providers have not made adequate progress, in the judgment of  
30 the joint committee, in achieving one or more of the legislative goals  
31 in subsection (1) of this section, the joint committee report to the  
32 legislature must contain advantages, disadvantages, and recommendations  
33 on the following:

34 (a) Why adequate progress has not been made, to the extent the  
35 joint committee is able to determine the reason or reasons for the  
36 insufficient progress;

37 (b) What legislative or agency actions would help remove barriers  
38 to improvement;

1 (c) Whether school district health insurance purchasing should be  
2 accomplished through a single consolidated school employee health  
3 benefits purchasing plan;

4 (d) Whether school district health insurance purchasing should be  
5 accomplished through the public employees' benefits board program, and  
6 whether consolidation into the public employees' benefits board program  
7 would be preferable to the creation of a consolidated school employee  
8 health benefits purchasing plan; and

9 (e) Whether certificated or classified employees, as separate  
10 groups, would be better served by purchasing health insurance through  
11 a single consolidated school employee health benefits purchasing plan  
12 or through participation in the public employees' benefits board  
13 program.

14 (6) The report shall contain any legislation necessary to implement  
15 the recommendations of the joint committee.

16 (7) The legislature shall take all steps necessary to implement the  
17 recommendations of the joint committee unless the legislature adopts  
18 alternative strategies to meet its goals during the 2016 session.

19 **Sec. 8.** RCW 42.56.400 and 2012 c 222 s 2 are each amended to read  
20 as follows:

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

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

26 (2) Information obtained and exempted or withheld from public  
27 inspection by the health care authority under RCW 41.05.026, whether  
28 retained by the authority, transferred to another state purchased  
29 health care program by the authority, or transferred by the authority  
30 to a technical review committee created to facilitate the development,  
31 acquisition, or implementation of state purchased health care under  
32 chapter 41.05 RCW;

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

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

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

(6) Examination reports and information obtained by the department of financial institutions from banks under RCW 30.04.075, from savings banks under RCW 32.04.220, from savings and loan associations under RCW 33.04.110, from credit unions under RCW 31.12.565, from check cashers and sellers under RCW 31.45.030(3), and from securities brokers and investment advisers under RCW 21.20.100, all of which is confidential and privileged information;

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

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

(9) Confidential proprietary and trade secret information provided to the commissioner under RCW 48.31C.020 through 48.31C.050 and 48.31C.070;

(10) Data filed under RCW 48.140.020, 48.140.030, 48.140.050, and 48.140.070 that, alone or in combination with any other data, may reveal the identity of a claimant, health care provider, health care facility, insuring entity, or self-insurer involved in a particular claim or a collection of claims. For the purposes of this subsection:

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

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

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

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

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

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

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

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

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

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

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

5 (17) Documents, materials, or information obtained by the insurance  
6 commissioner in the commissioner's capacity as receiver under RCW  
7 48.31.025 and 48.99.017, which are records under the jurisdiction and  
8 control of the receivership court. The commissioner is not required to  
9 search for, log, produce, or otherwise comply with the public records  
10 act for any records that the commissioner obtains under chapters 48.31  
11 and 48.99 RCW in the commissioner's capacity as a receiver, except as  
12 directed by the receivership court;

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

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

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

19 (21) Data, information, and documents, other than those described  
20 in section 5(2) of this act, that are submitted to the office of the  
21 insurance commissioner by an entity providing health care coverage  
22 pursuant to RCW 28A.400.275 and section 5 of this act.

23 NEW SECTION. Sec. 9. A new section is added to chapter 48.62 RCW  
24 to read as follows:

25 If an individual or joint local government self-insured health and  
26 welfare benefits program formed by a school district or educational  
27 service district does not comply with the data reporting requirements  
28 of RCW 28A.400.275 and section 5 of this act, the self-insured health  
29 and welfare benefits program is no longer authorized to operate in the  
30 state. The state risk manager shall notify the state auditor and the  
31 attorney general of the violation and the attorney general, on behalf  
32 of the state risk manager, must take all necessary action to terminate  
33 the operation of the self-insured health and welfare benefits program.

--- END ---

