

ENROLLED ACT NO. 30, HOUSE OF REPRESENTATIVES

FIFTY-EIGHTH LEGISLATURE OF THE STATE OF WYOMING
2005 GENERAL SESSION

AN ACT relating to the Wyoming Health Insurance Pool Act; directing the commissioner of insurance to offer low cost coverage alternatives as specified; limiting persons eligible for pool coverage; repealing specified deductible amounts; restricting premiums as specified; extending the sunset date of the act by six years; and providing for an effective date.

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

Section 1. W.S. 26-43-103(b)(i), (v) and by creating a new paragraph (vi), 26-43-106(b)(ii), 26-43-107(c) and 26-43-113 are amended to read:

26-43-103. Eligibility.

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

(i) Persons who have coverage under health insurance or an insurance arrangement on the issue date of pool coverage; ~~except those who provide evidence of termination of the coverage to the administrator within seven (7) months of the effective date of the pool coverage;~~

(v) Inmates of public institutions; ~~;~~

(vi) Persons who are eligible for group health insurance or a group health insurance arrangement provided in connection with a policy, plan or program sponsored by an employer and subject to regulation as a group health plan under federal or state law, even though the employer coverage is declined.

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26-43-106. Minimum benefits; limitations.

(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;

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. For the period from July 1, 1995 through June 30, 2001, rates for pool coverage shall not be less than one hundred twenty-five percent (125%) nor greater than one hundred fifty percent (150%) of rates established as applicable for individual standard risks for comparable

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coverage. Subsequent pool rates shall not exceed two hundred percent (200%) 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 by this subsection without undue risk of shifting more than fifty percent (50%) of the burden of assessments to private health insurance.

26-43-113. Termination of provisions.

This act is not effective after June 30, ~~2005~~2011.

Section 2. W.S. 26-43-106(b)(iii) and (iv) is repealed.

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Section 3. This act is effective July 1, 2005.

(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