

HOUSE BILL NO. HB0108

Health insurance reform.

Sponsored by: Representative(s) Simpson, Lubnau and Madden  
and Senator(s) Scott

A BILL

for

1 AN ACT relating to insurance; creating the Wyoming  
2 Affordable HSA Eligible High Deductible Health Plan Act;  
3 prescribing duties of the insurance commissioner; providing  
4 exceptions to the Unfair Trade Practices Act; limiting  
5 provisions for reimbursement of preferred and nonpreferred  
6 providers as specified; and providing for an effective  
7 date.

8

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

10

11 **Section 1.** W.S. 26-51-101 through 26-51-107 are  
12 created to read:

13

14

CHAPTER 51

15

AFFORDABLE HEALTH PLANS

16

1           **26-51-101. Short title.**

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3       This chapter shall be known and may be cited as the  
4       "Wyoming Affordable HSA Eligible High Deductible Health  
5       Plan Act".

6

7           **26-51-102. Legislative intent.**

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9           (a) It is the intent of the legislature:

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11                   (i) To authorize the commissioner to establish  
12       flexible guidelines for health savings account eligible  
13       high deductible plan designs which will be affordable and  
14       to increase the availability of these types of plans by an  
15       authorized insurer in this state;

16

17                   (ii) To encourage the offering of affordable  
18       health savings account eligible high deductible plans, as  
19       required under the rules of the federal Internal Revenue  
20       Service related to the establishment of health savings  
21       accounts, with the specific intent of reaching many  
22       otherwise uninsured Wyoming residents and the general  
23       intent of creating affordable comprehensive health  
24       insurance for all Wyoming residents; and

1

2 (iii) To enhance the affordability of insurance  
3 with the flexible health savings account eligible high  
4 deductible plans authorized under this chapter by allowing  
5 rewards and incentives for participation in and adherence  
6 to health behaviors that recognize the value of the  
7 personal responsibility of each citizen to maintain good  
8 health, seek preventative care services and comply with  
9 approved treatments.

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11 **26-51-103. Health savings account eligible high**  
12 **deductible plans; guidelines; commissioner's duties.**

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14 (a) The commissioner shall develop flexible  
15 guidelines for coverage and approval of health savings  
16 account eligible high deductible plans which are designed  
17 to qualify under federal and state requirements as high  
18 deductible health plans for use with health savings  
19 accounts and which comply with federal requirements under  
20 the applicable provisions of the federal Internal Revenue  
21 Code for high deductible health plans sold in connection  
22 with health savings accounts.

23

1           (b) The commissioner shall be authorized to conduct a  
2 national study of health savings account eligible high  
3 deductible plans available in other states and to determine  
4 if and how these products serve the uninsured and if they  
5 should be made available to residents of this state.

6

7           (c) The commissioner shall be authorized to develop  
8 an automatic or fast track approval process for health  
9 savings account eligible high deductible plans already  
10 approved under the laws and regulations of this state or  
11 other states.

12

13           (d) The commissioner shall be authorized to  
14 promulgate rules and regulations as necessary and  
15 appropriate for the design, promotion and regulation of  
16 health savings account eligible high deductible plans,  
17 including rules and regulations for the expedited review of  
18 standardized policies, advertisements and solicitations and  
19 other matters deemed relevant by the commissioner.

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21           **26-51-104. Wellness programs not considered unfair**  
22 **trade practices.**

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1 Insurers that include and operate wellness and health  
2 promotion programs, disease and condition management  
3 programs, health risk appraisal programs and similar  
4 provisions in their high deductible health policies in  
5 keeping with federal requirements shall not be considered  
6 to be engaging in unfair trade practices under the Unfair  
7 Trade Practices Act with respect to references to the  
8 practices of illegal inducements, unfair discrimination and  
9 rebating.

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11 **26-51-105. Preferred and nonpreferred providers;**  
12 **prohibited provisions.**

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14 (a) There shall be no required relationship between  
15 preferred provider and nonpreferred provider plan  
16 reimbursements for health savings account eligible high  
17 deductible plans using nonpreferred provider  
18 reimbursements. Such plans, however, shall not:

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20 (i) Unfairly deny health benefits for medically  
21 necessary covered services;

22

1           (ii) Have differences in benefit levels payable  
2 to preferred providers compared to other providers that  
3 unfairly deny benefits for covered services;

4

5           (iii) Have a plan coinsurance percentage  
6 applicable to benefit levels for services provided by  
7 nonpreferred providers that is less than sixty percent  
8 (60%) of the benefit levels under the policy for those  
9 services; or

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11           (iv) Have an adverse effect on the availability  
12 or the quality of services.

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14           **26-51-106. Health cost reimbursement arrangements.**

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16           (a) The commissioner shall be authorized to allow  
17 health reimbursement arrangement only plans that encourage  
18 employer financial support of health insurance or health  
19 related expenses recognized under the rules of the federal  
20 Internal Revenue Service to be approved for sale in  
21 connection with or packaged with individual health  
22 insurance policies otherwise approved by the commissioner.

23

1           (b) Health reimbursement arrangement only plans that  
2 are not sold in connection with or packaged with individual  
3 health insurance policies shall not be considered insurance  
4 under this title.

5  
6           (c) Individual insurance policies offered or funded  
7 through health reimbursement arrangements shall not be  
8 considered employer sponsored or group coverage for  
9 purposes of this title, and nothing in this section shall  
10 be interpreted to require an insurer to offer an individual  
11 health insurance policy for sale in connection with or  
12 packaged with a health reimbursement arrangement or to  
13 accept premiums from health reimbursement arrangement plans  
14 for individual health insurance policies.

15

16           **26-51-107. Pharmaceutical and dental provider parity.**

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18 Health benefit plans providing incentives for covered  
19 persons to use pharmaceutical or dental services of  
20 preferred providers shall provide, and clearly indicate,  
21 that the payment or reimbursement for a noncontracting  
22 provider of covered pharmaceutical or dental services shall  
23 be the same as the payment or reimbursement for a preferred  
24 provider of covered pharmaceutical or dental services;

1 provided, however, that the health benefit plan shall not  
2 be required to make payment or reimbursement in an amount  
3 which is greater than the actual fee charged by the  
4 provider for the dental or pharmaceutical services.

5

6 **Section 2.** This act is effective July 1, 2010.

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8

(END)