

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 providing a limited insurance premium tax waiver as
4 specified; prescribing duties of the insurance
5 commissioner; providing exceptions to the Unfair Trade
6 Practices Act; limiting provisions for reimbursement of
7 preferred and nonpreferred providers as specified; and
8 providing for an effective date.

9

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

11

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

14

15

CHAPTER 51

16

AFFORDABLE HEALTH PLANS

1

2

26-51-101. Short title.

3

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

7

8

26-51-102. Legislative intent.

9

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

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

17

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

1 intent of creating affordable comprehensive health
2 insurance for all Wyoming residents; and

3

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

12

13 **26-51-103. Health savings account eligible high**
14 **deductible plans; guidelines; commissioner's duties.**

15

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

1

2 (b) The commissioner shall be authorized to encourage
3 and promote the marketing of health savings account
4 eligible high deductible plans by authorized disability
5 insurers and health maintenance organizations in this
6 state; provided, however, that nothing in this section
7 shall be construed to authorize the sale of insurance in
8 violation of chapter 3 of this title or interstate sales of
9 insurance.

10

11 (c) The commissioner shall be authorized to conduct a
12 national study of health savings account eligible high
13 deductible plans available in other states and to determine
14 if and how these products serve the uninsured and if they
15 should be made available to residents of this state.

16

17 (d) The commissioner shall be authorized to develop
18 an automatic or fast track approval process for health
19 savings account eligible high deductible plans already
20 approved under the laws and regulations of this state or
21 other states.

22

23 (e) The commissioner shall be authorized to
24 promulgate rules and regulations as necessary and

1 appropriate for the design, promotion and regulation of
2 health savings account eligible high deductible plans,
3 including rules and regulations for the expedited review of
4 standardized policies, advertisements and solicitations and
5 other matters deemed relevant by the commissioner.

6

7 **26-51-104. Wellness programs not considered unfair**
8 **trade practices.**

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10 Insurers that include and operate wellness and health
11 promotion programs, disease and condition management
12 programs, health risk appraisal programs and similar
13 provisions in their high deductible health policies in
14 keeping with federal requirements shall not be considered
15 to be engaging in unfair trade practices under the Unfair
16 Trade Practices Act with respect to references to the
17 practices of illegal inducements, unfair discrimination and
18 rebating.

19

20 **26-51-105. Preferred and nonpreferred providers;**
21 **prohibited provisions.**

22

23 (a) There shall be no required relationship between
24 preferred provider and nonpreferred provider plan

1 reimbursements for health savings account eligible high
2 deductible plans using nonpreferred provider
3 reimbursements. Such plans, however, shall not:

4

5 (i) Unfairly deny health benefits for medically
6 necessary covered services;

7

8 (ii) Have differences in benefit levels payable
9 to preferred providers compared to other providers that
10 unfairly deny benefits for covered services;

11

12 (iii) Have a plan coinsurance percentage
13 applicable to benefit levels for services provided by
14 nonpreferred providers that is less than sixty percent
15 (60%) of the benefit levels under the policy for those
16 services; or

17

18 (iv) Have an adverse effect on the availability
19 or the quality of services.

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21 **26-51-106. Health cost reimbursement arrangements.**

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23 (a) The commissioner shall be authorized to allow
24 health reimbursement arrangement only plans that encourage

1 employer financial support of health insurance or health
2 related expenses recognized under the rules of the federal
3 Internal Revenue Service to be approved for sale in
4 connection with or packaged with individual health
5 insurance policies otherwise approved by the commissioner.

6

7 (b) Health reimbursement arrangement only plans that
8 are not sold in connection with or packaged with individual
9 health insurance policies shall not be considered insurance
10 under this title.

11

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

21

22 **26-51-107. Pharmaceutical and dental provider parity.**

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1 Health benefit plans providing incentives for covered
2 persons to use pharmaceutical or dental services of
3 preferred providers shall provide, and clearly indicate,
4 that the payment or reimbursement for a noncontracting
5 provider of covered pharmaceutical or dental services shall
6 be the same as the payment or reimbursement for a preferred
7 provider of covered pharmaceutical or dental services;
8 provided, however, that the health benefit plan shall not
9 be required to make payment or reimbursement in an amount
10 which is greater than the actual fee charged by the
11 provider for the dental or pharmaceutical services.

12

13 **Section 2.** W.S. 26-4-103 by creating a new subsection
14 (m) is amended to read:

15

16 **26-4-103. Premium taxes; generally; preemption by**
17 **state.**

18

19 (m) For all taxable years beginning on or after
20 January 1, 2011, insurers shall be exempt from otherwise
21 applicable state premium taxes as provided for in
22 subsections (b) and (k) of this section on premiums paid by
23 Wyoming residents for high deductible health plans sold or
24 maintained in connection with a health savings account

1 pursuant to W.S. 26-51-101 through 26-51-107 and under the
2 applicable provisions of section 223 of the Internal
3 Revenue Code.

4

5 **Section 3.** This act is effective July 1, 2010.

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7

(END)