

Safeguard Exchange consumers

Establish access and affordability criteria in the health plan certification process

SB 6210/HB 2564 Frequently asked questions

Background

Among more than 20 state-based exchanges, Washington is an outlier in its inability to safeguard consumers through Exchange Board enhancements to the health plan certification process. With Washingtonians facing unprecedented access and affordability challenges due to federal policy changes, it is more important than ever that the Exchange is able to stabilize the market and help people stay covered.

The Exchange uses basic criteria to review and certify health plans, which do not address access or affordability issues. State law, which adopted the current framework more than a decade ago, does not allow the Exchange to add new certification criteria.

Why is this change needed?

Washington has built a robust exchange marketplace, with 12 carriers offering more than 80 health plans. The Exchange is looking to ensure the market continues to support Washingtonians' ability to afford and keep their coverage.

What additional access and affordability criteria is the Exchange exploring for 2027?

This year, the exchange market is already reacting to federal policy changes. San Juan County, for example, only has one carrier and no Bronze plan available to its residents (see below). Proposed 2027 criteria ask carriers to serve San Juan County if they also serve nearby counties or want to expand services in counties that already have more than six carriers and to offer plans at all metal levels, including Bronze.

Hasn't the Legislature already addressed unserved counties? Why is more focus needed?

Several years ago, the Legislature tried to minimize the possibility of unserved (bare) counties by requiring any carrier that offers fully insured coverage for public or school employees in a county to also offer a qualified health plan on the exchange in that county. This has been successful — reaching 34 of the state's 39 counties.

This intervention, however, leaves out Clallam, Douglas, Jefferson, Klickitat and San Juan counties and does not address underserved counties (areas that are served by only one carrier). The Exchange is trying to safeguard consumers and ensure that all Washingtonians in all counties are able to select from more than one carrier.

Why is the availability of Bronze plans important?

Bronze health plans offer consumers the lowest monthly premiums but with higher out-of-pocket costs (deductibles and copays). With federal policy changes making insurance premiums more expensive, more Washingtonians are looking for lower priced health care options. Bronze plans offer an alternative to being uninsured or enrolling in plans such as health care sharing ministries, short-term medical plans or direct health care practices that do not have the critical consumer protections available on the exchange market.

Historically, the Exchange has encouraged customers to choose Silver and Gold plans. But with the reality of federal changes for many people, Bronze plans are meeting a need for many people who without access to a Bronze plan would forgo coverage.

How will stakeholders be engaged in determining the new criteria?

The bill requires the Exchange to engage closely with the Office of the Insurance Commissioner (OIC) and the Health Care Authority (HCA) in determining access and affordability criteria. It also requires the Exchange to publish draft criteria, hold a public comment period and solicit comments from carriers, Tribes and others.

When can the access and affordability criteria be final?

Health plans for the coming year are certified in September. All state exchanges are subject to federal guidance, which is not published until spring. The earliest the Exchange can finalize criteria is after the release of federal guidance.

How does this bill address broader health care access or affordability issues?

While broader access and affordability issues need to be addressed in the long term, adding additional criteria to the health plan certification process addresses some of the current detrimental shifts in the market.

Is the Exchange subject to any legislative oversight?

Yes. The Legislature created the Exchange as a public-private partnership governed by an 11-member bipartisan board, with eight members nominated by the caucuses and appointed by the governor, and the chair appointed by the governor. The OIC Commissioner and HCA Director are non-voting members.

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