

RCW 41.05.413 Qualified health plans—Reimbursement limit—

Waiver. The director may, in his or her sole discretion, waive the requirements of *RCW 41.05.410(2)(g)(i) if he or she finds that:

(1) A health carrier offering a qualified health plan under RCW 41.05.410 is unable to form a provider network that meets the network access standards adopted by the insurance commissioner due to the requirements of *RCW 41.05.410(2)(g)(i); and

(2) The health carrier is able to achieve actuarially sound premiums that are ten percent lower than the previous plan year through other means. [2019 c 364 § 4.]

***Reviser's note:** RCW 41.05.410 was amended by 2021 c 246 § 6, changing subsection (2)(g)(i) to subsection (2)(g).