RCW 48.18.547  Underwriting restrictions that apply to medical malpractice insurance—Rules. (1) For the purposes of this section:
   (a) "Affiliate" has the same meaning as in RCW 48.31B.005(1).
   (b) "Claim" means a demand for monetary damages by a claimant.
   (c) "Claimant" means a person, including a decedent's estate, who is seeking or has sought monetary damages for injury or death caused by medical malpractice.
   (d) "Tier" has the same meaning as in RCW 48.18.545(1)(h).
   (e) "Underwrite" or "underwriting" means the process of selecting, rejecting, or pricing a risk, and includes each of these activities:
      (i) Evaluation, selection, and classification of risk, including placing a risk with an affiliate insurer that has higher rates and/or rating plan components that will result in higher premiums;
      (ii) Application of classification plans, rates, rating rules, and rating tiers to an insured risk; and
      (iii) Determining eligibility for:
            (A) Insurance coverage provisions;
            (B) Higher policy limits; or
            (C) Premium payment plans.
(2) During each underwriting process, an insurer may consider the following factors only in combination with other substantive underwriting factors:
   (a) An insured has inquired about the nature or scope of coverage under a medical malpractice insurance policy;
   (b) An insured has notified their insurer about an incident that may be covered under the terms of their medical malpractice insurance policy, and that incident does not result in a claim; or
   (c) A claim made against an insured was closed by the insurer without payment. An insurer may consider the effect of multiple claims if they have a significant effect on the insured's risk profile.
(3) If any underwriting activity related to the insured's risk profile results in higher premiums as described under subsection (1)(e)(i) and (ii) of this section or reduced coverage as described under subsection (1)(e)(iii) of this section, the insurer must provide written notice to the insured, in clear and simple language, that describes the significant risk factors which led to the underwriting action. The commissioner must adopt rules that define the components of a risk profile that require notice under this subsection. [2006 c 8 § 211.]

Application—2006 c 8 §§ 211-213: "Sections 211, 212, and 213 of this act apply to insurance policies issued or renewed on or after January 1, 2007." [2006 c 8 § 403.]

Findings—Intent—Part headings and subheadings not law—Severability—2006 c 8: See notes following RCW 5.64.010.