

# SENATE BILL REPORT

## SHB 2467

---

---

As of February 25, 2014

**Title:** An act relating to dental benefits offered in the Washington state health benefit exchange.

**Brief Description:** Allowing dental benefits to be offered in the Washington state health benefit exchange separately or within a qualified health plan.

**Sponsors:** House Committee on Health Care & Wellness (originally sponsored by Representatives Jinkins, Manweller, Cody, DeBolt, Green, Lias, Dunshee, Ryu, Tarleton, Goodman, Gregerson, Morrell, Kagi and Ormsby).

**Brief History:** Passed House: 2/13/14, 85-13.

**Committee Activity:** Health Care: 2/27/14.

---

### SENATE COMMITTEE ON HEALTH CARE

**Staff:** Mich'l Needham (786-7442)

**Background:** Under the federal Affordable Care Act (ACA), most individual and small group health insurance plans must cover ten categories of essential health benefits, one of which is pediatric dental coverage. The ACA allows stand-alone dental coverage to be offered in states' health benefit exchanges. If stand-alone dental coverage is offered, states may allow health plans to be offered in their health benefit exchanges that do not cover pediatric dental services.

State law allows stand-alone dental coverage to be offered in Washington's health benefit exchange, also known as the Washington Healthplanfinder. Such coverage must be priced and offered separately to assure transparency to consumers.

In the market outside of the Washington exchange, pediatric dental coverage may only be offered as part of a health benefit plan. Beginning January 1, 2015, the Insurance Commissioner must allow stand-alone pediatric oral coverage to be offered in the non-grandfathered individual and small group market plans offered outside of the exchange.

**Summary of Bill:** For plan years 2014 and 2015, the exchange board must allow stand-alone dental plans. The benefits must be offered and priced separately.

---

*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

Beginning in 2016, the exchange board must allow stand-alone dental benefits to offer coverage in the exchange. Dental benefits may be offered separately or within a qualified health plan. The requirement that the benefits be offered and priced separately is eliminated.

**Appropriation:** None.

**Fiscal Note:** Available.

**Committee/Commission/Task Force Created:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.