
ENGROSSED SUBSTITUTE HOUSE BILL 1846

State of Washington

63rd Legislature

2013 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Schmick, Cody, and Ryu)

READ FIRST TIME 02/22/13.

1 AN ACT Relating to stand-alone dental coverage; and amending RCW
2 48.43.715.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 **Sec. 1.** RCW 48.43.715 and 2012 c 87 s 13 are each amended to read
5 as follows:

6 (1) Consistent with federal law, the commissioner, in consultation
7 with the board and the health care authority, shall, by rule, select
8 the largest small group plan in the state by enrollment as the
9 benchmark plan for the individual and small group market for purposes
10 of establishing the essential health benefits in Washington state under
11 P.L. 111-148 of 2010, as amended.

12 (2) If the essential health benefits benchmark plan for the
13 individual and small group market does not include all of the ten
14 benefit categories specified by section 1302 of P.L. 111-148, as
15 amended, the commissioner, in consultation with the board and the
16 health care authority, shall, by rule, supplement the benchmark plan
17 benefits as needed to meet the minimum requirements of section 1302.

18 (3) A health plan required to offer the essential health benefits,
19 other than a health plan offered through the federal basic health

1 program or medicaid, under P.L. 111-148 of 2010, as amended, may not be
2 offered in the state unless the commissioner finds that it is
3 substantially equal to the benchmark plan. When making this
4 determination, the commissioner (~~must~~):

5 (a) Must ensure that the plan covers the ten essential health
6 benefits categories specified in section 1302 of P.L. 111-148 of 2010,
7 as amended; (~~and~~)

8 (b) May consider whether the health plan has a benefit design that
9 would create a risk of biased selection based on health status and
10 whether the health plan contains meaningful scope and level of benefits
11 in each of the ten essential health benefit categories specified by
12 section 1302 of P.L. 111-148 of 2010, as amended;

13 (c) Notwithstanding the foregoing, for benefit years beginning
14 January 1, 2015, and only to the extent permitted by federal law and
15 guidance, must establish by rule the review and approval requirements
16 and procedures for pediatric oral services when offered in stand-alone
17 dental plans in the nongrandfathered individual and small group markets
18 outside of the exchange; and

19 (d) Unless prohibited by federal law and guidance, must allow
20 health carriers to also offer pediatric oral services within the health
21 benefit plan in the nongrandfathered individual and small group markets
22 outside of the exchange.

23 (4) Beginning December 15, 2012, and every year thereafter, the
24 commissioner shall submit to the legislature a list of state-mandated
25 health benefits, the enforcement of which will result in federally
26 imposed costs to the state related to the plans sold through the
27 exchange because the benefits are not included in the essential health
28 benefits designated under federal law. The list must include the
29 anticipated costs to the state of each state-mandated health benefit on
30 the list and any statutory changes needed if funds are not appropriated
31 to defray the state costs for the listed mandate. The commissioner may
32 enforce a mandate on the list for the entire market only if funds are
33 appropriated in an omnibus appropriations act specifically to pay the
34 state portion of the identified costs.

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