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HOUSE BILL 1846

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State of Washington                      63rd Legislature                      2013 Regular Session

By Representatives Schmick, Cody, and Ryu

Read first time 02/12/13. Referred to Committee on Health Care & Wellness.

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; and

13 (c) Notwithstanding the foregoing, for the benefit year beginning  
14 January 1, 2015, must establish by rule the requirements and procedures  
15 for pediatric oral services to be purchased as stand-alone dental  
16 coverage in the nongrandfathered individual and small group markets of  
17 the exchange, if permitted by federal law or guidance.

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

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