
Health Care & Wellness Committee

HB 1846

Brief Description: Concerning stand-alone dental coverage.

Sponsors: Representatives Schmick, Cody and Ryu.

<p style="text-align: center;">Brief Summary of Bill</p> <ul style="list-style-type: none">• Requires the Insurance Commissioner to establish the requirements and procedures for stand-alone pediatric dental coverage in the Washington Health Benefit Exchange.

Hearing Date: 2/21/13

Staff: Jim Morishima (786-7191).

Background:

I. The Washington Health Benefit Exchange.

Under the federal Patient Protection and Affordable Care Act (PPACA), states must establish a health benefits exchange through which consumers may compare and purchase individual and small group coverage. If a state does not establish an exchange, the federal government will operate the state's exchange. Washington established its exchange, known as the Washington Healthplanfinder, in 2011 as a public-private partnership.

II. Essential Health Benefits.

The PPACA requires qualified health plans offered in the exchange to cover 10 categories of essential health benefits. In order to determine the benefits that must be offered in each of the categories, federal law allows states to designate a benchmark plan and supplement that plan to ensure that all 10 benefits of essential health benefits are covered. Washington has designated the largest small group plan in the state as its benchmark and the Insurance Commissioner is currently adopting rules to supplement the plan to ensure that all 10 essential health benefit categories are included.

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.

III. Pediatric Oral Coverage.

One of the essential health benefits categories in the PPACA is pediatric oral care. The PPACA also allows stand-alone dental coverage to be offered in an exchange. If a stand-alone dental plan is offered in the exchange, another health plan offered in the exchange is not disqualified from becoming a qualified health plan if it does not include pediatric oral coverage.

Under state law, the Washington Healthplanfinder must allow stand-alone dental plans to be offered in the exchange. To assure transparency to consumers, dental benefits offered in the exchange must be priced separately.

Washington's essential health benefits benchmark plan does not cover pediatric oral services. The Insurance Commissioner is currently in the process of adopting rules that will supplement the benchmark plan to include pediatric dental. Under these proposed rules, a health plan must cover pediatric oral services as an embedded set of services, offered through a rider or as a contracted service. If a health plan is subsequently certified as a qualified health plan, this requirement is met if a stand-alone dental plan covering pediatric oral services is offered in the exchange.

Summary of Bill:

For the benefit year beginning January 1, 2015, the Insurance Commissioner must establish by rule the requirements and procedures for pediatric oral services to be purchased as stand-alone dental coverage in the exchange, if permitted by federal guidance.

Appropriation: None.

Fiscal Note: Requested on February 13, 2013.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.