
HOUSE BILL 2467

State of Washington

63rd Legislature

2014 Regular Session

By Representatives Jinkins, Manweller, Cody, DeBolt, Green, Lias, Dunshee, Ryu, Tarleton, Goodman, Gregerson, Morrell, Kagi, and Ormsby

Read first time 01/17/14. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to dental benefits offered in the Washington state
2 health benefit exchange; and amending RCW 43.71.065.

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

4 **Sec. 1.** RCW 43.71.065 and 2012 c 87 s 8 are each amended to read
5 as follows:

6 (1) The board shall certify a plan as a qualified health plan to be
7 offered through the exchange if the plan is determined by the:

8 (a) Insurance commissioner to meet the requirements of Title 48 RCW
9 and rules adopted by the commissioner pursuant to chapter 34.05 RCW to
10 implement the requirements of Title 48 RCW;

11 (b) Board to meet the requirements of the affordable care act for
12 certification as a qualified health plan; and

13 (c) Board to include tribal clinics and urban Indian clinics as
14 essential community providers in the plan's provider network consistent
15 with federal law. If consistent with federal law, integrated delivery
16 systems shall be exempt from the requirement to include essential
17 community providers in the provider network.

18 (2) Consistent with section 1311 of P.L. 111-148 of 2010, as
19 amended, the board shall allow stand-alone dental plans to offer

1 coverage in the exchange beginning January 1, 2014. Dental benefits
2 offered in the exchange (~~must be offered and priced separately to~~
3 ~~assure transparency for consumers~~) may be offered separately or within
4 a qualified health plan.

5 (3) The board may permit direct primary care medical home plans,
6 consistent with section 1301 of P.L. 111-148 of 2010, as amended, to be
7 offered in the exchange beginning January 1, 2014.

8 (4) Upon request by the board, a state agency shall provide
9 information to the board for its use in determining if the requirements
10 under subsection (1)(b) or (c) of this section have been met. Unless
11 the agency and the board agree to a later date, the agency shall
12 provide the information within sixty days of the request. The exchange
13 shall reimburse the agency for the cost of compiling and providing the
14 requested information within one hundred eighty days of its receipt.

15 (5) A decision by the board denying a request to certify or
16 recertify a plan as a qualified health plan may be appealed according
17 to procedures adopted by the board.

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