Washington State House of Representatives Office of Program Research

BILL ANALYSIS

Health Care & Wellness Committee

HB 1852

Brief Description: Addressing the pediatric oral services essential health benefit category.

Sponsors: Representatives Caldier, Jinkins, Young, Moeller, Short, Manweller, Hayes, Riccelli, Cody and Tharinger.

Brief Summary of Bill

- Allows pediatric dental coverage to be offered as part of a qualified health plan within Washington's health benefit exchange.
- Requires certain pediatric oral services to be paid for prior to a plan's deductible is reached

Hearing Date: 2/17/15

Staff: Jim Morishima (786-7191).

Background:

Under the federal Patient Protection and Affordable Care Act (PPACA), most individual and small group health insurance plans must cover 10 categories of essential health benefits, one of which is pediatric dental coverage. The PPACA 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 Healthplanfinder, pediatric dental coverage was only allowed to be offered as part of a health benefit plan until December 31, 2014. However, beginning January 1, 2015, pediatric oral coverage is allowed to be offered within a health

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benefit plan for non-grandfathered individual and small group market plans offered outside of the Washington Healthplanfinder.

Summary of Bill:

Dental benefits inside the Washington Healthplanfinder may be offered within a qualified health plan.

Beginning January 1, 2017, all plans that offer pediatric oral services (both inside and outside of the Washington Healthplanfinder) must pay for the following pediatric oral services before the plan's deductible is reached, unless prohibited by federal law and guidance: pediatric oral services classified as "diagnostic," "preventive," "amalgam restorations," and "resin-based composite restorations" in the American Dental Association's Code on Dental Procedures and Nomenclature.

Appropriation: None.

Fiscal Note: Available.

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