
HOUSE BILL 1852

State of Washington 64th Legislature 2015 Regular Session

By Representatives Caldier, Jinkins, Young, Moeller, Short,
Manweller, Hayes, Riccelli, Cody, and Tharinger

Read first time 01/30/15. Referred to Committee on Health Care &
Wellness.

1 AN ACT Relating to the pediatric oral services essential health
2 benefit category; and amending RCW 43.71.065 and 48.43.715.

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
7 be offered through the exchange if the plan is determined by the:

8 (a) Insurance commissioner to meet the requirements of Title 48
9 RCW and rules adopted by the commissioner pursuant to chapter 34.05
10 RCW to 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
15 consistent with federal law. If consistent with federal law,
16 integrated delivery systems shall be exempt from the requirement to
17 include essential 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
20 coverage in the exchange beginning January 1, 2014. Dental benefits
21 offered in the exchange (~~must~~) may be offered (~~and priced~~)

1 separately (~~to assure transparency for consumers~~) or within a
2 qualified health plan.

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

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

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

17 **Sec. 2.** RCW 48.43.715 and 2013 c 325 s 1 are each amended to
18 read as follows:

19 (1) Consistent with federal law, the commissioner, in
20 consultation with the board and the health care authority, shall, by
21 rule, select the largest small group plan in the state by enrollment
22 as the benchmark plan for the individual and small group market for
23 purposes of establishing the essential health benefits in Washington
24 state under P.L. 111-148 of 2010, as amended.

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

31 (3) A health plan required to offer the essential health
32 benefits, other than a health plan offered through the federal basic
33 health program or medicaid, under P.L. 111-148 of 2010, as amended,
34 may not be offered in the state unless the commissioner finds that it
35 is substantially equal to the benchmark plan. When making this
36 determination, the commissioner:

37 (a) Must ensure that the plan covers the ten essential health
38 benefits categories specified in section 1302 of P.L. 111-148 of
39 2010, as amended;

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

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

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

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

28 (5) Beginning January 1, 2017, all plans which offer pediatric
29 oral services must pay for pediatric oral services classified as
30 "diagnostic," "preventive," "amalgam restorations," and "resin-based
31 composite restorations" in the American dental association's code on
32 dental procedures and nomenclature before the plan's deductible is
33 reached, unless prohibited by federal law and guidance.

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