
SENATE BILL 5637

State of Washington 65th Legislature 2017 Regular Session

By Senators Becker, Rivers, Bailey, and O'Ban

Read first time 02/01/17. Referred to Committee on Health Care.

1 AN ACT Relating to health insurance mandates in the individual
2 and small group markets; amending RCW 48.43.715; and creating a new
3 section.

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

5 NEW SECTION. **Sec. 1.** It is the intent of the legislature to
6 provide additional options for health insurance coverage in the
7 commercial individual and small group markets. Further, it is the
8 intent of the legislature to increase the variety of health benefit
9 plans available to meet the individual needs of consumers, and
10 improve affordability.

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

13 (1) Consistent with federal law, the commissioner, in
14 consultation with the board and the health care authority, shall, by
15 rule, select the largest small group plan in the state by enrollment
16 as the benchmark plan for the individual and small group market for
17 purposes of establishing the essential health benefits in Washington
18 state under P.L. 111-148 of 2010, as amended.

19 (2) If the essential health benefits benchmark plan for the
20 individual and small group market does not include all of the ten

1 benefit categories specified by section 1302 of P.L. 111-148, as
2 amended, the commissioner, in consultation with the board and the
3 health care authority, shall, by rule, supplement the benchmark plan
4 benefits as needed to meet the minimum requirements of section 1302.

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

11 (a) Must ensure that the plan covers the ten essential health
12 benefits categories specified in section 1302 of P.L. 111-148 of
13 2010, as amended;

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

19 (c) Notwithstanding (~~the foregoing~~) this subsection (3), for
20 benefit years beginning January 1, 2015, and only to the extent
21 permitted by federal law and guidance, must establish by rule the
22 review and approval requirements and procedures for pediatric oral
23 services when offered in stand-alone dental plans in the
24 nongrandfathered individual and small group markets outside of the
25 exchange; and

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

30 (4) Beginning December 15, 2012, and every year thereafter, the
31 commissioner shall submit to the legislature a list of state-mandated
32 health benefits, the enforcement of which will result in federally
33 imposed costs to the state related to the plans sold through the
34 exchange because the benefits are not included in the essential
35 health benefits designated under federal law. The list must include
36 the anticipated costs to the state of each state-mandated health
37 benefit on the list and any statutory changes needed if funds are not
38 appropriated to defray the state costs for the listed mandate. The
39 commissioner may enforce a mandate on the list for the entire market

1 only if funds are appropriated in an omnibus appropriations act
2 specifically to pay the state portion of the identified costs.

3 (5) Commercial health benefit plans offered in the individual and
4 small group markets are exempt from all state mandated benefits
5 beyond those required by the federal government as the ten essential
6 health benefits specified in section 1302 of P.L. 111-148 of 2010.

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