

IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 46

BY HEALTH AND WELFARE COMMITTEE

AN ACT

RELATING TO HEALTH BENEFIT PLANS; AMENDING SECTION 41-6103, IDAHO CODE, TO
DEFINE A TERM AND TO MAKE A TECHNICAL CORRECTION.

Be It Enacted by the Legislature of the State of Idaho:

SECTION 1. That Section 41-6103, Idaho Code, be, and the same is hereby
amended to read as follows:

41-6103. DEFINITIONS. For the purposes of this chapter:

(1) "Board" means those individuals who, acting as a board of directors of the exchange, govern and act for the exchange, pursuant to section 41-6104, Idaho Code.

(2) "Conflict of interest" means that by taking any action or making any decision or recommendation on a matter within the authority of the board, a member of the board, or a person within the member's household, or any entity with which the member, or a person within the member's household is associated, would receive a pecuniary benefit or detriment, unless the pecuniary benefit or detriment would apply to the same degree to a class consisting of all persons within the particular class in this state.

(3) "Director" means the director of the department of insurance of the state of Idaho.

(4) "Exchange" means the Idaho health insurance exchange established pursuant to this chapter.

(5) "Health carrier" has the same meaning as "carrier" as set forth in section 41-5203(5), Idaho Code.

(6) "Person" has the same meaning as set forth in section 41-104, Idaho Code.

(7) "Producer" has the same meaning as set forth in section 41-1003(8), Idaho Code.

(8) "Stand-alone dental plan" means a policy, certificate of insurance or subscriber contract that provides only dental health plan benefits, which may include adult, pediatric or both, and is approved by the department of insurance as being in compliance with the requirements of state law and departmental rules relating to such policy, certificate of insurance or subscriber contract.