
SUBSTITUTE HOUSE BILL 1002

State of Washington 64th Legislature 2015 Regular Session

By House Health Care & Wellness (originally sponsored by Representative DeBolt)

READ FIRST TIME 02/17/15.

1 AN ACT Relating to prohibiting unfair and deceptive dental
2 insurance practices; adding new sections to chapter 48.43 RCW; and
3 providing an effective date.

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

5 NEW SECTION. **Sec. 1.** A new section is added to chapter 48.43
6 RCW to read as follows:

7 (1) A health carrier offering a dental only plan may not deny
8 coverage for treatment of emergency dental conditions that would
9 otherwise be considered a covered service of an existing benefit
10 contract on the basis that the services were provided on the same day
11 the covered person was examined and diagnosed for the emergency
12 dental condition.

13 (2) For purposes of this section:

14 (a) "Emergency dental condition" means a dental condition
15 manifesting itself by acute symptoms of sufficient severity,
16 including severe pain or infection such that a prudent layperson, who
17 possesses an average knowledge of health and dentistry, could
18 reasonably expect the absence of immediate dental attention to result
19 in:

1 (i) Placing the health of the individual, or with respect to a
2 pregnant woman the health of the woman or her unborn child, in
3 serious jeopardy;

4 (ii) Serious impairment to bodily functions; or

5 (iii) Serious dysfunction of any bodily organ or part.

6 (b) "Health carrier," in addition to the definition in RCW
7 48.43.005, also includes health care service contractors, limited
8 health care service contractors, and disability insurers offering
9 dental only coverage.

10 NEW SECTION. **Sec. 2.** A new section is added to chapter 48.43
11 RCW to read as follows:

12 (1) Each health carrier offering a dental only plan shall submit
13 to the commissioner on or before April 1st of each year as part of
14 the additional data statement or as a supplemental data statement the
15 following information for the preceding year that is derived from the
16 carrier's annual statement, including the exhibit of premiums,
17 enrollments, and utilization for the company at an aggregate level
18 and the additional data to the annual statement:

19 (a) The total number of dental members;

20 (b) The total amount of dental revenue;

21 (c) The total amount of dental payments;

22 (d) The dental loss ratio that is computed by dividing the total
23 amount of dental payments by the total amount of dental revenues;

24 (e) The average amount of premiums per member per month; and

25 (f) The percentage change in the average premium per member per
26 month, measured from the previous year.

27 (2) A carrier shall electronically submit the information
28 described in subsection (1) of this section in a format and according
29 to instructions prescribed by the commissioner.

30 (3) The commissioner shall make the information reported under
31 this section available to the public in a format that allows
32 comparison among carriers through a searchable public web site on the
33 internet.

34 (4) For the purposes of licensed disability insurers and health
35 care service contractors, the commissioner shall work collaboratively
36 with insurers to develop an additional or supplemental data statement
37 that utilizes to the maximum extent possible information from the
38 annual statement forms that are currently filed by these entities.

1 (5) For purposes of this section, "health carrier," in addition
2 to the definition in RCW 48.43.005, also includes health care service
3 contractors, limited health care service contractors, and disability
4 insurers offering dental only coverage.

5 (6) Nothing in this section is intended to establish a minimum
6 dental loss ratio.

7 NEW SECTION. **Sec. 3.** This act takes effect January 1, 2017.

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