

SENATE BILL REPORT

SHB 2686

As of February 19, 2010

Title: An act relating to fees for dental services that are not covered services under dental insurance or dental health care service contracts.

Brief Description: Concerning fees for dental services that are not covered by insurance or contract.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Driscoll, Hinkle, Condotta, Moeller and Goodman).

Brief History: Passed House: 2/10/10, 97-0.

Committee Activity: Health & Long-Term Care: 2/18/10.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Staff: Mich'l Needham (786-7442)

Background: Washington Dental Services notified participating dentists it was planning to change provider contract provisions to allow it to limit fees charged by contracted dentists for dental services not covered by the insurer's dental plans.

Summary of Bill: Disability insurers and health care service contractors are prohibited from requiring a contracting dentist to provide services to a subscriber at a fee set by, or subject to, the approval of the insurer, unless the dental services are covered services under the applicable contract. Covered services include services that would be reimbursable but for the application of contractual limitations such as benefit maximums, deductibles, coinsurance, waiting periods, or frequency limitations.

Appropriation: None.

Fiscal Note: Not requested.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Staff Summary of Public Testimony: PRO: Some insurance companies are inserting limiting language in their contracts that address non-covered services and the fees charged for those services. We believe this is an unfair practice since non-covered services should be outside the contract. Fees for non-covered items, like tooth whitening, implants, or posterior composites, can be negotiated between the patient and the dentist. Any attempt to limit the fees will result in a cost-shift to other patients. Dental care is pivotal for the low-income population and critical for their link to gainful employment. Any opportunity to expand access to dental care should be supported.

CON: Many plans have contracts with fee agreements that apply to a broad set of services, some of which may be covered or non-covered by various contracts. The fee agreements don't vary by benefit contract since they are a contract with the provider for a number of different benefit packages, potentially. This language would preclude these broader fee agreements. There is also a concern raised that once a person reaches their benefit maximums the charges for covered services may no longer be limited by the fee agreement. This will be a disadvantage for consumers if there is no limit on charges from dentists.

Persons Testifying: PRO: David Hemion, Washington State Dental Association; Daria Raven, student from Whitman College.

CON: Mel Sorensen, America's Health Insurance Plans; Jack McRae, Premera Blue Cross.