
SUBSTITUTE HOUSE BILL 2686

State of Washington 61st Legislature 2010 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Driscoll, Hinkle, Condotta, Moeller, and Goodman)

READ FIRST TIME 02/03/10.

1 AN ACT Relating to fees for dental services that are not covered
2 services under dental insurance or dental health care service
3 contracts; adding a new section to chapter 48.20 RCW; adding a new
4 section to chapter 48.21 RCW; and adding a new section to chapter 48.44
5 RCW.

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

7 NEW SECTION. **Sec. 1.** A new section is added to chapter 48.20 RCW
8 to read as follows:

9 (1) Notwithstanding any other provisions of law, no disability
10 insurance policy of any disability insurer as provided in this chapter
11 subject to the jurisdiction of the state of Washington that covers any
12 dental services, and no contract or participating provider agreement
13 with a dentist may:

14 (a) Require, directly or indirectly, that a dentist who is a
15 participating provider provide services to a subscriber at a fee set
16 by, or at a fee subject to the approval of, the disability insurer
17 unless the dental services are covered services, including services
18 that would be reimbursable but for the application of contractual

1 limitations such as benefit maximums, waiting periods, or frequency
2 limitations, under the applicable disability insurance policy; nor

3 (b) Prohibit, directly or indirectly, a dentist who is a
4 participating provider from offering or providing to a subscriber
5 dental services that are not covered services on any terms or
6 conditions acceptable to the dentist and the subscriber.

7 (2) For the purposes of this section, "covered services" means
8 dental services that are reimbursable under the applicable insurance
9 policy or subscriber agreement or would be reimbursable but for the
10 application of contractual limitations such as benefit maximums,
11 deductibles, coinsurance, waiting periods or frequency limitations.

12 NEW SECTION. **Sec. 2.** A new section is added to chapter 48.21 RCW
13 to read as follows:

14 (1) Notwithstanding any other provisions of law, no group
15 disability insurance contract or blanket disability insurance contract
16 of any disability insurer as provided for in this chapter subject to
17 the jurisdiction of the state of Washington that covers any dental
18 services, and no contract or participating provider agreement with a
19 dentist may:

20 (a) Require, directly or indirectly, that a dentist who is a
21 participating provider provide services to a subscriber at a fee set
22 by, or at a fee subject to the approval of, the disability insurer
23 unless the dental services are covered services, including services
24 that would be reimbursable but for the application of contractual
25 limitations such as benefit maximums, waiting periods, or frequency
26 limitations, under the applicable group plan or disability insurance
27 policy; nor

28 (b) Prohibit, directly or indirectly, a dentist who is a
29 participating provider from offering or providing to a subscriber
30 dental services that are not covered services on any terms or
31 conditions acceptable to the dentist and the subscriber.

32 (2) For the purposes of this section, "covered services" means
33 dental services that are reimbursable under the applicable insurance
34 policy, group plan, or subscriber agreement or would be reimbursable
35 but for the application of contractual limitations such as benefit
36 maximums, deductibles, coinsurance, waiting periods or frequency
37 limitations.

1 NEW SECTION. **Sec. 3.** A new section is added to chapter 48.44 RCW
2 to read as follows:

3 (1) Notwithstanding any other provisions of law, no contract of any
4 health care service contractor subject to the jurisdiction of the state
5 of Washington that covers any dental services, and no contract or
6 participating provider agreement with a dentist may:

7 (a) Require, directly or indirectly, that a dentist who is a
8 participating provider provide services to an enrolled participant at
9 a fee set by, or at a fee subject to the approval of, the health care
10 service contractor unless the dental services are covered services,
11 including services that would be reimbursable but for the application
12 of contractual limitations such as benefit maximums, waiting periods,
13 or frequency limitations, under the applicable group contract or
14 individual contract; nor

15 (b) Prohibit, directly or indirectly, a dentist who is a
16 participating provider from offering or providing to an enrolled
17 participant dental services that are not covered services on any terms
18 or conditions acceptable to the dentist and the enrolled participant.

19 (2) For the purposes of this section, "covered services" means
20 dental services that are reimbursable under the applicable subscriber
21 agreement or would be reimbursable but for the application of
22 contractual limitations such as benefit maximums, deductibles,
23 coinsurance, waiting periods or frequency limitations.

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