FINAL BILL REPORT
SHB 1002

C 9 L 15
Synopsis as Enacted

Brief Description: Prohibiting unfair and deceptive dental insurance practices.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representative DeBolt).

House Committee on Health Care & Wellness
Senate Committee on Health Care

Background:

Health carriers may enter into contracts with health care providers under which the providers agree to accept a specified reimbursement rate for their services. Health carriers require prior authorization for certain health procedures. Prior authorization is the requirement that a health care provider seek approval of a drug, procedure, or test before seeking reimbursement from a health carrier.

A health carrier offering a health benefit plan must annually submit certain data to the Office of the Insurance Commissioner (OIC), including:

- the total number of members;
- the total amount of hospital and medical payments;
- the medical loss ratio;
- the average amount of premiums per member per month;
- the percentage change in the average premium per member per month;
- the total amount of claim adjustment expenses;
- the total amount of general administrative expenses;
- the amount of reserves for unpaid claims;
- the total net underwriting gain or loss;
- the carrier's net income after taxes;
- dividends to stockholders;
- the net change in capital and surplus from the prior year; and
- the total amount of the capital and surplus from the prior year.

The OIC must make this information available to the public through a searchable public website.

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.

Summary:

Emergency Dental Conditions.

A health carrier offering a dental-only plan may not deny coverage for treatment of an emergency dental condition that would otherwise be considered a covered service of an existing benefit contract on the basis that the service was provided on the same day the covered person was examined and diagnosed for the emergency dental condition.

An emergency dental condition is a dental condition manifesting itself by acute symptoms of sufficient severity that a prudent layperson possessing an average knowledge of health and dentistry could reasonably expect the absence of immediate dental attention to result in:

- placing the patient, or her unborn child, in serious jeopardy;
- serious impairment of bodily functions; or
- serious dysfunction of any bodily organ or part.

Dental-Only Plan Reporting.

A health carrier offering a dental-only plan must annually submit the following data to the OIC on an aggregate level:

- the total number of dental members;
- the total amount of dental revenue;
- the total amount of dental payments;
- the dental loss ratio;
- the average amount of premiums per month; and
- the percentage change in the average premium per member per month measured from the previous year.

The OIC must make this information available to the public through a searchable public website.

Votes on Final Passage:

House	97	0
Senate	45	0

Effective: January 1, 2017