
SUBSTITUTE HOUSE BILL 1316

State of Washington 65th Legislature 2017 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Caldier, Cody, Jinkins, Wylie, Bergquist, Harris, Clibborn, Rodne, Griffey, and Appleton)

READ FIRST TIME 02/17/17.

1 AN ACT Relating to fair dental insurance practices; amending RCW
2 48.43.520, 48.43.525, and 48.43.740; creating a new section; and
3 providing an expiration date.

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

5 **Sec. 1.** RCW 48.43.520 and 2000 c 5 s 8 are each amended to read
6 as follows:

7 (1) Carriers that offer a health plan shall maintain a documented
8 utilization review program description and written utilization review
9 criteria based on reasonable medical evidence. The program must
10 include a method for reviewing and updating criteria. Carriers shall
11 make clinical protocols, medical management standards, (~~and~~) or
12 other review criteria available upon request to participating
13 providers.

14 (2) A carrier that offers a dental plan shall maintain a
15 documented utilization review program description and written
16 utilization criteria based on prevention of dental disease and
17 chronic disease implications.

18 (3) The commissioner shall adopt, in rule, standards for this
19 section after considering relevant standards adopted by national
20 managed care accreditation organizations (~~and~~) or state agencies
21 that purchase managed health care services.

1 (~~(3)~~) (4) A carrier that offers a health plan shall not be
2 required to use medical evidence or standards in its utilization
3 review of religious nonmedical treatment or religious nonmedical
4 nursing care.

5 **Sec. 2.** RCW 48.43.525 and 2000 c 5 s 9 are each amended to read
6 as follows:

7 (1) A health carrier that offers a health plan or a dental plan
8 shall not retrospectively deny coverage for emergency and
9 nonemergency care that had prior authorization under the plan's
10 written policies at the time the care was rendered.

11 (2) The commissioner shall adopt, in rule, standards for this
12 section after considering relevant standards adopted by national
13 managed care accreditation organizations (~~and~~) or state agencies
14 that purchase managed health care services.

15 **Sec. 3.** RCW 48.43.740 and 2015 c 9 s 1 are each amended to read
16 as follows:

17 (1) A health carrier offering a dental (~~only~~) plan may not:

18 (a) Deny coverage for treatment of emergency dental conditions
19 that would otherwise be considered a covered service of an existing
20 benefit contract on the basis that the services were provided on the
21 same day the covered person was examined and diagnosed for the
22 emergency dental condition; or

23 (b) Subject a provider to an additional level of oversight under
24 the health carrier's provider agreement solely because the provider,
25 on behalf of a patient, files an appeal or grievance.

26 (2) This section does not apply to a fully capitated dental plan.

27 (3) For purposes of this section:

28 (a) "Emergency dental condition" means a dental condition
29 manifesting itself by acute symptoms of sufficient severity,
30 including severe pain or infection such that a prudent layperson, who
31 possesses an average knowledge of health and dentistry, could
32 reasonably expect the absence of immediate dental attention to result
33 in:

34 (i) Placing the health of the individual, or with respect to a
35 pregnant woman the health of the woman or her unborn child, in
36 serious jeopardy;

37 (ii) Serious impairment to bodily functions; or

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

1 (b) "Health carrier," in addition to the definition in RCW
2 48.43.005, also includes health care service contractors, limited
3 health care service contractors, and disability insurers offering
4 dental (~~only~~) coverage.

5 NEW SECTION. **Sec. 4.** (1) The office of the insurance
6 commissioner shall convene a work group of interested stakeholders,
7 including health care service contractors that offer dental benefit
8 plans, to examine current carrier practices related to explanations
9 of benefits sent to covered persons. By December 15, 2017, the
10 insurance commissioner must report to the legislature whether
11 additional statutory guidance related to carrier explanations of
12 benefits is necessary in the future.

13 (2) This section expires January 1, 2018.

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