

# HOUSE BILL REPORT

## SHB 1683

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### As Amended by the Senate

**Title:** An act relating to health carriers offering dental only coverage.

**Brief Description:** Concerning health carriers offering dental only coverage.

**Sponsors:** House Committee on Health Care & Wellness (originally sponsored by Representatives Barnard, Macri, Harris, Walen, Caldier, Gregerson, Christian and Riccelli).

### Brief History:

#### Committee Activity:

Health Care & Wellness: 2/7/23, 2/10/23 [DPS].

#### Floor Activity:

Passed House: 3/4/23, 95-0.

Senate Amended.

Passed Senate: 4/11/23, 49-0.

### Brief Summary of Substitute Bill

- Requires health carriers offering dental-only coverage or dental coverage included within a health plan to permit licensed denturists to provide covered dental services or care within that provider's scope, subject to certain limitations.

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### HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 17 members: Representatives Riccelli, Chair; Bateman, Vice Chair; Schmick, Ranking Minority Member; Hutchins, Assistant Ranking Minority Member; Barnard, Bronoske, Davis, Graham, Harris, Macri, Maycumber, Mosbrucker, Orwall, Simmons, Stonier, Thai and Tharinger.

**Staff:** Ingrid Lewis (786-7293).

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

## **Background:**

### Every Category of Provider.

Under the "Every Category of Provider" law, health carriers must permit every category of health care provider to provide health services or care included in the Basic Essential Health Benefits Benchmark Plan (BHP) established by the Office of the Insurance Commissioner (OIC) provided that the services or care are within the providers' permitted scope of practice; the plan covers the services or care in the BHP; and the providers agree to health plan standards related to the provision of care, utilization review, cost containment, management and administrative procedures, and the provision of cost-effective and clinically efficacious care.

All medical providers who are licensed, registered, or certified by the Department of Health are covered by the Every Category of Provider law. Certain health plans are not covered, including self-funded employer plans, Medicare supplemental plans, long-term care insurance, workers' compensation coverage, disability income, short-term medical plans, and limited health plans, such as dental, vision, specific disease, or accident-only plans.

### Denturists.

Denturists are licensed by the Secretary of Health and disciplined by the Board of Denturists. Licensed denturists are authorized to make, place, construct, alter, reproduce, or repair dentures and nonorthodontic removable oral devices, and provide teeth whitening services. In addition, denturists are authorized to take impressions and furnish or supply a denture directly to a person or advise the use of a denture and maintain a facility for the same.

## **Summary of Substitute Bill:**

Every health carrier offering dental-only coverage or offering dental coverage included within a health plan delivered, issued, or renewed on or after January 1, 2024, must permit licensed denturists to provide dental services or care within that provider's scope included in the carrier's benefit package to the extent that the providers agree to abide by standards related to the provision of care, utilization review, cost containment, management and administrative procedures, and the provision of cost-effective and clinically efficacious care. The provisions do not apply to a plan that offers dental-only coverage when the plan relies solely on employees of the health carrier for provision of the benefits.

These requirements do not apply to a licensed health care profession regulated under Title 18 RCW if the licensing statute for the profession states that such requirements do not apply.

## **EFFECT OF SENATE AMENDMENT(S):**

### The Senate amendment:

- modifies the definition of "health carrier" to also include the existing definition of "health carrier" in the chapter; and
- modifies the application of the requirements of the bill so that they apply to health carriers offering dental-only coverage and dental-only coverage in addition to a health plan rather than dental only-coverage and dental coverage included with the health plan.

**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.

**Staff Summary of Public Testimony:**

(In support) This bill requires stand-alone dental plans to bring denturists into their networks. Many of the larger dental plans like Delta Dental recognize denturists and pay them. As more managed dental plans enter the state, we find that they are not including denturists in their networks which creates significant access to care concerns for enrollees.

When a long-time patient changes plans and purchases a dental-only plan, the denturist that they have been seeing for years has to tell them that they are no longer covered. Many of those patients end up having to leave their denturist's practice. Those that choose to stay with their denturist end up paying out of pocket, borrow money from family, or rely on charity. Many patients choose to pay out of pocket because they want the expertise of their denturists. In-network dentists refer to denturists, only to find out that the denturists are out-of-network providers. Patients should be allowed to pick the provider that they want to use instead of the insurance company dictating who is in network.

This has been a patient and profession priority for the last six years. Washington ranks eleventh among the worst states for dental provider shortages. Cutting denturists out of plans is exacerbating the problem. Passing this bill would be a simple way to expand dental health care access, reduce the burden of the current shortage of dental providers, and improve access to care for many vulnerable individuals.

(Opposed) None.

(Other) Language should be included to exempt fully capitated managed care plans that do not have networks or pay claims and whose clinical personnel are employees. The reporting requirements are duplicative for plans that are already subject to annual reporting requirements.

**Persons Testifying:** (In support) Representative Stephanie Barnard, prime sponsor; Carol

Carbone, Lilly Denture Center; Carolyn Logue, Washington Denturist Association; Melissa Brulotte, Northwest Dental and Washington Denturist Association; and Capri Fox, Fox's Spokane Denture Clinic.

(Other) Melissa Johnson, Willamette Dental of Washington; and Sean Pickard, Delta Dental of Washington.

**Persons Signed In To Testify But Not Testifying:** None.