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SENATE BILL 6427

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State of Washington                      61st Legislature                      2010 Regular Session

By Senators Hobbs, Keiser, Pridemore, and Berkey

Read first time 01/14/10. Referred to Committee on Health & Long-Term Care.

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 under the applicable  
18 disability insurance policy; nor

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

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

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

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

18 (a) Require, directly or indirectly, that a dentist who is a  
19 participating provider provide services to a subscriber at a fee set  
20 by, or at a fee subject to the approval of, the disability insurer  
21 unless the dental services are covered services under the applicable  
22 group plan or disability insurance policy; nor

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

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

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

35 (1) Notwithstanding any other provisions of law, no contract of any

1 health care service contractor subject to the jurisdiction of the state  
2 of Washington that covers any dental services, and no contract or  
3 participating provider agreement with a dentist may:

4 (a) Require, directly or indirectly, that a dentist who is a  
5 participating provider provide services to an enrolled participant at  
6 a fee set by, or at a fee subject to the approval of, the health care  
7 service contractor unless the dental services are covered services  
8 under the applicable group contract or individual contract; nor

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

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

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