
HOUSE BILL 2121

State of Washington 60th Legislature 2007 Regular Session

By Representatives Green, Roberts, Morrell, Lantz, Hasegawa, Flannigan, Appleton, Kenney, Lovick, Moeller, Simpson and Ormsby

Read first time 02/09/2007. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to oral health parity; adding a new section to
2 chapter 48.21 RCW; adding a new section to chapter 48.44 RCW; and
3 adding a new section to chapter 48.46 RCW.

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

5 NEW SECTION. **Sec. 1.** A new section is added to chapter 48.21 RCW
6 to read as follows:

7 (1) For the purposes of this section, "oral health services" means
8 necessary outpatient and inpatient services provided to treat oral
9 health disorders covered by the diagnostic categories listed in the
10 most current version of the current dental terminology, published by
11 the American dental association, on the effective date of this section,
12 or such subsequent date as may be provided by the insurance
13 commissioner by rule, consistent with the purposes of this act, but
14 limited to the following categories and services: Restorative
15 treatment, exams, radiographs, preventive services, tobacco cessation,
16 restorations, crowns, endodontics, periodontics, removable
17 prosthodontics, relines, repair of partial or complete dentures, tissue
18 conditioning, cast partial dentures, denture rebase procedures,
19 maxillofacial prosthetics, oral surgery, orthodontia, and anesthesia.

1 (2) All group disability insurance contracts and blanket disability
2 insurance contracts providing health benefit plans that provide
3 coverage for medical and surgical services shall provide, for all
4 health benefit plans established or renewed on or after January 1,
5 2008, for groups of more than one and less than fifty employees,
6 coverage for:

7 (a) Oral health services. The copayment or coinsurance for oral
8 health services may be no more than the copayment or coinsurance for
9 medical and surgical services otherwise provided under the health
10 benefit plan. Wellness and preventive services that are provided or
11 reimbursed at a lesser copayment, coinsurance, or other cost sharing
12 than other medical and surgical services are excluded from this
13 comparison; and

14 (b) Prescription drugs intended to treat any of the disorders
15 covered in subsection (1) of this section to the same extent, and under
16 the same terms and conditions, as other prescription drugs covered by
17 the health benefit plan.

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

20 (1) For the purposes of this section, "oral health services" means
21 necessary outpatient and inpatient services provided to treat oral
22 health disorders covered by the diagnostic categories listed in the
23 most current version of the current dental terminology, published by
24 the American dental association, on the effective date of this section,
25 or such subsequent date as may be provided by the insurance
26 commissioner by rule, consistent with the purposes of this act, but
27 limited to the following categories and services: Restorative
28 treatment, exams, radiographs, preventive services, tobacco cessation,
29 restorations, crowns, endodontics, periodontics, removable
30 prosthodontics, relines, repair of partial or complete dentures, tissue
31 conditioning, cast partial dentures, denture rebase procedures,
32 maxillofacial prosthetics, oral surgery, orthodontia, and anesthesia.

33 (2) All health care service contracts providing health benefit
34 plans that provide coverage for medical and surgical services shall
35 provide, for all health benefit plans established or renewed on or
36 after January 1, 2008, for groups of more than one and less than fifty
37 employees, coverage for:

1 (a) Oral health services. The copayment or coinsurance for oral
2 health services may be no more than the copayment or coinsurance for
3 medical and surgical services otherwise provided under the health
4 benefit plan. Wellness and preventive services that are provided or
5 reimbursed at a lesser copayment, coinsurance, or other cost sharing
6 than other medical and surgical services are excluded from this
7 comparison; and

8 (b) Prescription drugs intended to treat any of the disorders
9 covered in subsection (1) of this section to the same extent, and under
10 the same terms and conditions, as other prescription drugs covered by
11 the health benefit plan.

12 NEW SECTION. **Sec. 3.** A new section is added to chapter 48.46 RCW
13 to read as follows:

14 (1) For the purposes of this section, "oral health services" means
15 necessary outpatient and inpatient services provided to treat oral
16 health disorders covered by the diagnostic categories listed in the
17 most current version of the current dental terminology, published by
18 the American dental association, on the effective date of this section,
19 or such subsequent date as may be provided by the insurance
20 commissioner by rule, consistent with the purposes of this act, but
21 limited to the following categories and services: Restorative
22 treatment, exams, radiographs, preventive services, tobacco cessation,
23 restorations, crowns, endodontics, periodontics, removable
24 prosthodontics, relines, repair of partial or complete dentures, tissue
25 conditioning, cast partial dentures, denture rebase procedures,
26 maxillofacial prosthetics, oral surgery, orthodontia, and anesthesia.

27 (2) All health benefit plans providing health benefit plans that
28 provide coverage for medical and surgical services shall provide, for
29 all health benefit plans established or renewed on or after January 1,
30 2008, for groups of more than one and less than fifty employees,
31 coverage for:

32 (a) Oral health services. The copayment or coinsurance for oral
33 health services may be no more than the copayment or coinsurance for
34 medical and surgical services otherwise provided under the health
35 benefit plan. Wellness and preventive services that are provided or
36 reimbursed at a lesser copayment, coinsurance, or other cost sharing

1 than other medical and surgical services are excluded from this
2 comparison; and

3 (b) Prescription drugs intended to treat any of the disorders
4 covered in subsection (1) of this section to the same extent, and under
5 the same terms and conditions, as other prescription drugs covered by
6 the health benefit plan.

--- END ---