

CERTIFICATION OF ENROLLMENT

**SUBSTITUTE SENATE BILL 5351**

Chapter 219, Laws of 2025

(partial veto)

69th Legislature  
2025 Regular Session

DENTAL INSURANCE—UNFAIR AND DECEPTIVE PRACTICES

EFFECTIVE DATE: July 27, 2025

Passed by the Senate March 10, 2025  
Yeas 49 Nays 0

DENNY HECK

**President of the Senate**

Passed by the House April 11, 2025  
Yeas 94 Nays 0

LAURIE JINKINS

**Speaker of the House of  
Representatives**

Approved May 12, 2025 9:51 AM with  
the exception of section 6, which is  
vetoed.

BOB FERGUSON

**Governor of the State of Washington**

CERTIFICATE

I, Sarah Bannister, Secretary of  
the Senate of the State of  
Washington, do hereby certify that  
the attached is **SUBSTITUTE SENATE  
BILL 5351** as passed by the Senate  
and the House of Representatives on  
the dates hereon set forth.

SARAH BANNISTER

**Secretary**

FILED

May 14, 2025

**Secretary of State  
State of Washington**

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**SUBSTITUTE SENATE BILL 5351**

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Passed Legislature - 2025 Regular Session

**State of Washington**

**69th Legislature**

**2025 Regular Session**

**By** Senate Health & Long-Term Care (originally sponsored by Senators King, Chapman, Cleveland, Muzzall, Orwall, Christian, Nobles, Harris, Salomon, Conway, Frame, Hasegawa, Holy, Shewmake, and Trudeau)

READ FIRST TIME 02/21/25.

1           AN ACT Relating to ensuring patient choice and access to care by  
2 prohibiting unfair and deceptive dental insurance practices; amending  
3 RCW 48.43.743; adding new sections to chapter 48.43 RCW; creating new  
4 sections; providing an effective date; and declaring an emergency.

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

6           NEW SECTION.   **Sec. 1.**   A new section is added to chapter 48.43  
7 RCW to read as follows:

8           (1) A dental only plan offered by a carrier or limited health  
9 care service contractor, as defined in RCW 48.44.035, may not deny  
10 coverage for procedures solely on the basis that the procedures were  
11 performed on the same day.

12           (2) Nothing in this section shall prevent a dental only plan  
13 offered by a carrier or limited health care service contractor from  
14 denying a claim for coverage where such denial relates in whole or in  
15 part to any of the following:

16           (a) Limitations intended to prevent fraud, waste, and abuse;

17           (b) A claim indicating unbundling of procedure elements where  
18 payment for a service bundles multiple procedure elements;

19           (c) Clinical appropriateness;

20           (d) Medical necessity;

- 1 (e) A final benefit decision that has been pended due to the need  
2 for further documentation or provider narrative; or  
3 (f) Plan benefit limitations.

4 NEW SECTION. **Sec. 2.** A new section is added to chapter 48.43  
5 RCW to read as follows:

6 (1) A dental only plan offered by a carrier or limited health  
7 care service contractor, as defined in RCW 48.44.035, may pay a claim  
8 for reimbursement made by a dental care provider using a credit card  
9 if:

10 (a) The carrier or limited health care service contractor  
11 notifies the provider, in advance, of any fees associated with the  
12 use of the credit card;

13 (b) The carrier or limited health care service contractor offers  
14 the provider an alternative payment method that does not impose fees  
15 or similar charges on the provider; and

16 (c) The carrier or limited health care service contractor advises  
17 the provider of available methods of payment and provides clear  
18 instructions to the provider as to how to select an alternative  
19 payment method.

20 (2) If a carrier or limited health care service contractor  
21 contracts with a vendor to process payments of dental providers'  
22 claims, the carrier or limited health care service contractor shall  
23 require the vendor to comply with the provisions of subsection (1)(a)  
24 of this section.

25 NEW SECTION. **Sec. 3.** The insurance commissioner may adopt any  
26 rules necessary to implement sections 1 and 2 of this act.

27 NEW SECTION. **Sec. 4.** (1) The office of the insurance  
28 commissioner shall enter into a contract with the William D.  
29 Ruckelshaus center to:

30 (a) Design, convene, and facilitate a collaborative forum with  
31 participation from:

32 (i) The Washington state dental association;

33 (ii) A representative of the Washington denturist association;

34 (iii) Dental insurance carriers, including those carriers with a  
35 significant commercial market share in Washington state;

36 (iv) Consumer representatives;

37 (v) The office of the insurance commissioner; and

1 (vi) Other relevant interested organizations as appropriate;

2 (b) Facilitate discussions to address issues related to:

3 (i) Dental loss ratio; and

4 (ii) Relative payment for dentists or denturists based upon their  
5 provider network status including, but not limited to, payment based  
6 on the usual and customary rate; and

7 (c) Develop recommendations for legislative or regulatory action.

8 (2) The William D. Ruckelshaus center shall:

9 (a) Provide quarterly progress updates to legislative members  
10 designated by the chairs of the appropriate legislative committees;  
11 and

12 (b) Submit a final report, summarizing findings, areas of  
13 agreement, and recommendations for legislative or regulatory action,  
14 to the legislature by June 30, 2026.

15 **Sec. 5.** RCW 48.43.743 and 2015 c 9 s 2 are each amended to read  
16 as follows:

17 (1) Each health carrier offering a dental only plan shall submit  
18 to the commissioner on or before April 1st of each year as part of  
19 the additional data statement or as a supplemental data statement the  
20 following information for the preceding year that is derived from the  
21 carrier's annual statement, including the exhibit of premiums,  
22 enrollments, and utilization for the company at an aggregate level  
23 and the additional data to the annual statement, which must be based  
24 on Washington data and may not include data from other states:

25 (a) The total number of dental members;

26 (b) The total amount of dental revenue;

27 (c) The total amount of dental payments;

28 (d) The dental loss ratio that is computed by dividing the total  
29 amount of dental payments by the total amount of dental revenues;

30 (e) The average amount of premiums per member per month; and

31 (f) The percentage change in the average premium per member per  
32 month, measured from the previous year.

33 (2) A carrier shall electronically submit the information  
34 described in subsection (1) of this section in a format and according  
35 to instructions prescribed by the commissioner.

36 (3) The commissioner shall make the information reported under  
37 this section available to the public in a format that allows  
38 comparison among carriers through a searchable public website on the  
39 internet.

1 (4) For the purposes of licensed disability insurers and health  
2 care service contractors, the commissioner shall work collaboratively  
3 with insurers to develop an additional or supplemental data statement  
4 that utilizes to the maximum extent possible information from the  
5 annual statement forms that are currently filed by these entities.

6 (5) For purposes of this section, "health carrier," in addition  
7 to the definition in RCW 48.43.005, also includes health care service  
8 contractors, limited health care service contractors, and disability  
9 insurers offering dental only coverage.

10 (6) Nothing in this section is intended to establish a minimum  
11 dental loss ratio.

12 ***\*NEW SECTION. Sec. 6. Section 4 of this act is necessary for***  
13 ***the immediate preservation of the public peace, health, or safety, or***  
14 ***support of the state government and its existing public institutions,***  
15 ***and takes effect July 1, 2025.***

***\*Sec. 6 was vetoed. See message at end of chapter.***

Passed by the Senate March 10, 2025.

Passed by the House April 11, 2025.

Approved by the Governor May 12, 2025, with the exception of  
certain items that were vetoed.

Filed in Office of Secretary of State May 14, 2025.

Note: Governor's explanation of partial veto is as follows:

"I am returning herewith, without my approval as to Section 6,  
Substitute Senate Bill No. 5351 entitled:

"AN ACT Relating to ensuring patient choice and access to care  
by prohibiting unfair and deceptive dental insurance practices."

Section 6 is an emergency clause that would make Section 4 effective  
as of July 1, 2025. The Office of the Insurance Commissioner has  
already begun working to ensure that the contract with the  
Ruckelshaus Center described in Section 4 will be entered by July 1,  
2025. As such, there is no need for an emergency clause with respect  
to Section 4.

For these reasons I have vetoed Section 6 of Substitute Senate Bill  
No. 5351.

With the exception of Section 6, Substitute Senate Bill No. 5351 is  
approved."

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