SSB 5351 Collaborative

June 30, 2026 Final Report

Prepared for:
The Washington State Legislature

WASHINGTON STATE UNIVERSITY

THE WILLIAM D. RUCKELSHAUS CENTER

UNIVERSITY OF WASHINGTON

SSB 5351 Collaborative Final Report

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Final Draft June 30, 2026

The William D. Ruckelshaus Center is an impartial resource for collaborative problem solving in the State of Washington and the Pacific Northwest, dedicated to assisting public, private, tribal, non-profit, and other community leaders in their efforts to build consensus and resolve conflicts around difficult public policy issues. It is a joint effort of Washington State University and the University of Washington.

For more information visit www.ruckelshauscenter.wsu.edu

DISCLAIMER

The following report was prepared by the William D. Ruckelshaus Center, a joint effort of the University of Washington and Washington State University whose mission is to help parties involved in complex public policy challenges in the State of Washington and Pacific Northwest to develop collaborative, durable and effective solutions. University leadership and the Center's Advisory Board support the preparation of this, and other reports produced under the Center's auspices. However, the recommendations contained in this report are those of the SSB 5351 Collaborative. These recommendations do not represent the views of the Center, universities, or Advisory Board members.

Facilitation Team

Amanda Murphy, Ruckelshaus Center Director of Projects, WSU Extension Associate Professor
Chris Page, Ruckelshaus Center Director of Projects, WSU Extension Associate Professor
Gaby Diamond, Ruckelshaus Center Project Specialist

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EXECUTIVE SUMMARY

In 2025, Substitute Senate Bill (SSB) 5351directed the William D. Ruckelshaus Center (the Center) to contract with the Office of the Insurance Commissioner (OIC) to design, convene, and facilitate a collaborative process on issues related to:

1. Dental Loss Ratio (DLR)
2. Relative payment for dentists or denturists based upon their provider network status including, but not limited to, payment based on the usual and customary rate.

SSB 5351 specified the following participation:

- The Washington State Dental Association
- A representative of the Washington Denturist Association
- Dental insurance carriers, including those carriers with a significant commercial market share in Washington state
- Consumer representatives
- The Office of the Insurance Commissioner; and
- Other relevant interested organizations as appropriate.

The legislation (Appendix A) also directed the Center to provide quarterly progress updates to legislative members (Appendix B) and to submit a final report summarizing findings, areas of agreement, and recommendations for legislative or regulatory action to the Legislature by June 30, 2026.

The Center served as an impartial facilitator of the SSB 5351 Collaborative. In the fall of 2025, before bringing the parties together, the Center's Facilitation Team assessed how best to convene and design the collaborative process by meeting individually with each party to better understand the interests and substantive issues that needed to be addressed along with the likely challenges, barriers, and opportunities for moving forward. The Facilitation Team used this information to guide the design of the process in a way that would help the members of the SSB 5351 Collaborative build capacity towards consensus and create mutual understanding through the use of information sharing and thinking exercises, productive inquiry and dialogue sessions, and deliberation guided by shared principles and group agreements.

The SSB 5351 Collaborative met monthly from October 2025 – June 2026 for full-day, in-person facilitated meetings. In January 2026, a Workgroup comprised of members willing to invest additional time outside of the monthly meeting, began meeting for two hours every other week to discuss and draft potential recommendations to present to the full Collaborative at the monthly meetings. Beginning in February 2026, the SSB Collaborative began developing and deliberating on potential recommendations, ultimately reaching consensus on four recommendations on issues related to DLR and relative payments for dental providers based upon network status.

This report includes the following:

Section I. Provides a brief introduction and overview about the Ruckelshaus Center's Collaborative Processes. **Section II.** Provides a summary of the work and accomplishments of the SSB 5351 Collaborative. This section contains important context for understanding the purpose and rationale of the consensus recommendations contained in Section III. and for the recommendations the Collaborative did not reach

consensus on. **Section III.** Presents the Collaborative's consensus recommendations. Appendices are included in the report and all meeting summaries, Workgroup meeting notes, data, research, and information reviewed and shared by the Collaborative can be found here on the SSB 5351 Collaborative webpage.

Members of the SSB 5351 Collaborative

Members and (Alternates)	Affiliation
John Quirk	Delta Dental of Washington
(Sean Pickard)	
Megan Hartman	Lifewise Assurance Co./Premera Blue Cross
(Mackenzie Stewart)	
Jim Freeburg	Patient Coalition of Washington
Jane Beyer	Washington Office of the Insurance Commissioner (Ex-Officio Member)
(Sydney Rogalla)	
Carol Carbone	Washington Denturist Association
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Jenna McKenzie	Washington State Society of Oral and Maxillofacial Surgeons (WSSOMS)
Jennifer Muhm	Association of Washington Healthcare Plans (AWHP) and Regence
(Kim Hudak)	
Marguerite Ro	AARP
Jina Jilek	Specialist Provider - DoctorPerio
(Ron Gray)	Specialist Provider - Advancedo
Patrick Connor	National Federation of Independent Business (NFIB)
(Lois Cook)	America's Phone Guys
Denise Giambalvo	WA Health Alliance

Recommendation 1.

Dental Loss Ratio Data Collection and Reporting

The SSB 5351 Collaborative recommends that a carrier that issues, sells, renews, or offers a dental coverage plan in Washington State file a dental loss ratio data form electronically with the Office of the Insurance Commissioner for the preceding calendar year in which dental coverage was provided by the dental coverage plan.

This applies to OIC-regulated plans: fully-insured plans, as opposed to self-insured. The data elements to be reported for dental loss ratio include:

- Amount incurred for clinical dental services
- Expenditures on activities that improve dental care quality
- Claim through fraud protection efforts
- Total amount of premium revenue
- Federal and state taxes
- Licensing and regulatory fees paid
- Nonprofit community benefit expenses
- Any other payments required by federal law
- Member months
- Non-claim costs

DLR shall be calculated for each market segment by dividing the numerator by the denominator, where:

Numerator is the sum of

- Amount incurred for clinical dental services provided to enrollees
- Amount incurred on activities that improve dental care quality
- Amount of claim payments identified through fraud reduction efforts

Denominator is

- Total amount of premium revenue
- Minus federal and state taxes
- Minus licensing and regulatory fees paid
- Minus nonprofit community benefit expenditures
- Minus other payments required by federal law

The SSB 5351 Collaborative recommends the above terms be included and a mechanism identified for defining terms. The Collaborative advises looking at states such as Colorado and California for reference. Carriers should report for all of the dental business with situs in Washington and other states as available. Data reported should be made available to the public in a searchable format on a public website that allows for the comparison of these data elements, including DLR among carriers and plan type. Data should also be reported by market segment and product type.

The SSB 5351 Collaborative also recommends an advisory committee be convened to provide input and guidance to the OIC once the OIC has collected data.

The goal of collecting the above data elements is to promote:

- Greater transparency on how premium dollars are spent by dental carriers, including but not limited

to product type, plan design, and market segment.
- Transparency and visibility regarding how dental benefit premium dollars pay for dental services as opposed to administrative, marketing, and operational costs.
- Access to information that could show how much actual care coverage is provided relative to what is paid for that coverage.
- To make further visible information regarding expenditures that are related to the operations, regulatory requirements, and community benefits of carriers.

Recommendation 2.

Dental Claims All Payer Claims Database (APCD) Analysis Plan

The SSB 5351 Collaborative recommends OIC conduct analysis that looks at Washington All Payer Claims Database (APCD) data to better understand charges and paid amount trends for common dental procedures for the commercial dental insurance market in Washington. Following the completion of OIC's analysis of APCD Dental Claims data in November 2026, the Collaborative recommends that the House Health Care and Wellness Committee and the Senate Health and Long Term Care Committee convene a work session to review the findings of the data analysis. All members of the Collaborative should be invited to present their perspective on the data analysis to the committees. The work session will provide an opportunity to present the findings of the data analysis, allow legislators to gain a better understanding of dental insurance utilization and payment, and identify potential next steps to address relative payments for in-network and out-of-network dental claims.

Scope

Study Population and Time Period: The study will be restricted to commercial dental claims. The time period will include 3 calendar years, 2023 – 2025. In accordance with standard practice, claims will be limited to those that were paid as primary coverage; denied claims will be excluded.

The particular dental services used in this analysis will be a subset of common dental procedure codes (CDT codes) provided by the work group, in consultation with OIC.

Blinding rules will be applied to the results in compliance with CMS standards. Any cell with a numerator or denominator value of between 1 and 10 will be blinded.

Data Elements of Interest: The analysis will include the following data elements broken out by each stratification level (described below).

- **Billed charges:** The amount charged by the provider for a service.
- **Insurer paid amount:** The amount paid for the service to the provider by the dental health plan.
- **Cost-sharing amount:** The amount paid for the service by the enrollee. The cost-sharing amount is the sum of the copay amount, coinsurance amount and deductible amount applicable to each claim.
- **Allowed amount:** The total amount paid to the provider for a service. Calculated as the sum of the insurer paid amount and the cost-sharing amount.

For each of the elements described above, the OIC will calculate the minimum, maximum, average, median, 25th percentile and 75th percentile, or the most appropriate descriptive statistics, broken out by the different stratification levels.

Data Stratifications: Service counts, charges, and paid amounts will be stratified by:

- Year of service
- Network status (In-Network vs. Out-of-Network)
- Carrier
- Procedure code

Output

The final product will include an aggregated Excel dataset, as well as charts and graphics highlighting key trends and findings.

Tentative Timeline

Summary statistics: 7/15/26
First draft data set/work product: 8/28/26
Second draft data set/work product : 9/18/26
Final draft data set/work product and charts/graphics: 11/01/26

Recommendation 3.

Allowing Licensed Denturists to Join Dental Provider Networks

The SSB 5351 Collaborative recommends to the Legislature to build on passage of HB 1683 (Chapter 216, Laws of 2023 – 68th Legislature 2023 Regular Session) to direct the OIC to ensure that dental benefit carriers:

- Allow licensed denturists in Washington to join dental provider networks if the denturist chooses to join and meets network requirements.
- Recognize denturists as direct-bill providers, regardless of network status. See RCW 48.43.745: Chapter 48.43 RCW: INSURANCE REFORM

Recommendation 4.

Pricing Transparency

The SSB 5351 Collaborative recommends that all dental providers be required to disclose fees to patients for a defined set of standard dental procedures, to be determined by OIC following consultation with dental providers, dental carriers, and patients.

Recommendation 2. Common CDT Codes

Description	CDT Code
Comprehensive Exam	D0150
Periodic Exam	D0120
Comprehensive Periodontal Exam	D0180
Limited Oral Exam	D0140
Full Mouth Series xray	D0210
Application of Fluoride	D1206
Sealants Application	D1351
Application of Fluoride - excluding varnish	D1208
First Periapical xray	D0220
Intraoral Periapical - add'l xray	D0230
2 Bitewing xray	D0272
4 Bitewing xray	D0274
Panoramic Xray	D0330
Adult Prophy	D1110
Child Prophy	D1120
Scale 4+ Teeth/Quad	D4341
Scale 1-3 Teeth/Quad	D4342
Perio Maint	D4910
Compisite Filling 1 surface anterior	D2330
Compisite Filling 2 surface anterior	D2331
Compisite Filling 3 surface anterior	D2332
Amalgam Filling 1 surface	D2140
Amalgam Filling 2 surface	D2150
Composite Filling 1 surface posterior	D2391
Composite Filling 2 surface posterior	D2392
Composite Filling 3 surface posterior	D2393
Pre-Molar Root Canal Therapy	D3320
Molar Root Canal Therapy	D3330
Stainless Steel Crown (Primary)	D2930
All Ceramic Crown	D2740
Core Build up	D2950
Surgical Placement of Implant	D6010
Implant Crown	D6058
Simple Extraction	D7140
Surgical Extraction	D7210
Extraction Partial Bony	D7230
Extraction Complete Bony	D7240
Upper Full Denture	D5110
Lower Full Denture	D5120
Upper Immediate Denture	D5130
Lower Immediate Denture	D5140
Upper Partial Denture	D5213
Lower Parial Denture	D5214
Upper Denture Reline	D5750
Upper Denture Repair	D5512
Upper Acrylic Partial	D5211
Replace Tooth Complete Denture	D5520
Repair Lower Denture	D5511
Repair Upper Dentrue	D5512
Occlusal Guard for grinding	D9944

I.

INTRODUCTION

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The Center served as an impartial facilitator of the SSB 5351 Collaborative. The Center's Facilitation Team designed the collaborative process and facilitated meetings, guiding the Collaborative in its work to develop the shared understanding, relationship building, and mutual benefits problem-solving necessary to reach consensus.

About Ruckelshaus Center Collaborative Processes

The Ruckelshaus Center designs and facilitates collaborative problem-solving and decision-making processes that bring people together to build trusting working relationships, integrate diverse perspectives, and identify constructive, breakthrough solutions on seemingly intractable issues. Bringing together and integrating divergent points of view allows groups to generate higher-ground solutions that are wiser and more durable than those that could be achieved by working alone.

In general, researchers and practitioners in the field of multiparty collaborative processes agree there are certain conditions that, if present at the onset of a collaborative process, will influence its success and several conditions that play a role in whether the process will be successfully sustained over time. To understand to what degree such conditions apply in any given setting, practitioners trained in collaborative policy processes will conduct what is often called a "situation assessment" or "convening assessment," to gauge whether conditions are indeed "ripe" for collaboration.

Therefore, before designing and convening a collaborative process, the Center conducts such an assessment that involves a series of conversations with representatives of each key party to the process and any other people knowledgeable about the issues and the dynamics at play. These "interviews" allow the Center's

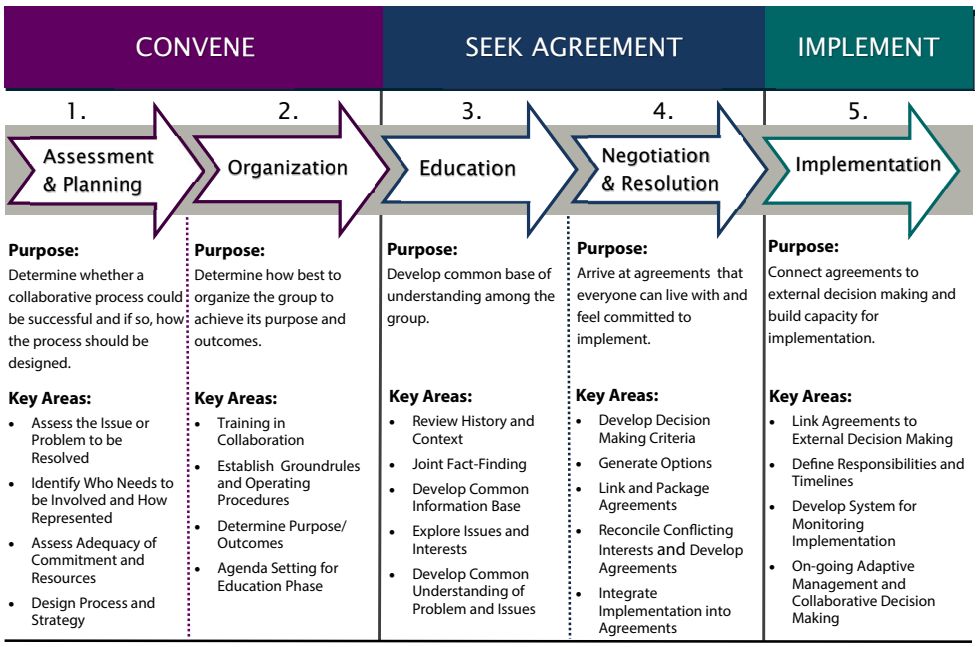
facilitation team to identify desired outcomes, gauge levels of trust, understand the issues, begin building relationships, and understand other vital elements. This includes trying to determine how favorable conditions are for a collaborative process by exploring the following:

1. *Do issues focus on fundamental legal rights or societal values?*
2. *Are there potential areas for agreement, preferably with multiple issues for tradeoffs?*
3. *Are the primary parties identifiable and willing to participate?*
4. *Does each party have a legitimate spokesperson?*
5. *Are any potential "deal-breakers" at the table?*
6. *Does any party have assurance of a much better deal elsewhere?*
7. *Do the parties anticipate future dealings with each other?*
8. *Is there a relative balance of power among the parties?*
9. *Are there external pressures to reach agreement?*
10. *Is there a realistic timetable for completion?*
11. *Are there adequate resources and funding to support the negotiation?*

Facilitators at the Center have learned from over 20 years of practice that it is not uncommon to learn during the assessment that while the parties have interest in participating in a collaborative process, they often have already thought through their preferred outcome and expect that the result of the collaborative process will be that others realize the solution they advocate for is the correct or preferred one. Being open to the collaborative process resulting in a range of outcomes and solutions is key.

In other words, parties resolve their conflicts collaboratively only when they are ready to do so. Sometimes this occurs only when alternative, often unilateral, means of achieving their preferred solution are blocked and all parties feel they are in a costly predicament. This recognition motivates the willingness to come together to explore a joint solution, and is one of the necessary conditions for parties to consider acceptance of a collaborative process and facilitation from an impartial outside practitioner.

Stages of a Collaborative Process



Designed by Amanda Murphy, The William D. Ruckelshaus Center. Adapted from *Five States of Collaborative Decision Making on Public Issues*, Center for Collaborative Policy, California State University, Sacramento and the National Policy Consensus Center, Portland State University, Portland, Oregon.

Collaborative processes take time, particularly in instances where there is a perceived lack of trust, power imbalances, and unresolved grievances among participants. It takes time to understand the interests of other parties, develop a shared set of facts, and build the trust

needed to develop collaborative and/or consensus-based solutions. And there are important stages and steps to collaborative processes, including:

- Identifying interested and affected organizations and appropriate representatives for each,
- Developing a set of shared agreements to create a space where participants feel comfortable to openly share opinions, interests, and values,
- Ensuring everyone has access to the same set of facts and information, and
- Developing a set of shared interests that can serve as the basis for collaborative decision-making.

Ultimately, once convened, the success of the collaborative process depends upon the openness and willingness of the members of the group to adopt and participate from a collaborative mindset. To solve shared problems across differences requires a group mindset that shifts away from "us vs. them" zero-sum thinking and towards thinking focused on mutual benefit problem-solving.

This means members encourage and invite difference of viewpoints, not fear it. They see conflict as an opportunity to learn and push new and creative thinking. They give one another the benefit of the doubt, assume good intentions, cultivate curiosity, suspend judgements, and recognize that no one entity holds the answers to complex issues. They embrace the struggle to understand each other's viewpoints, sit in the uncomfortable instead of exiting the process or falling back into conventional ways of problem-solving, and are willing to integrate ideas that are different from their own.

In addition to designing and managing the process, the role of the Ruckelshaus Center's Facilitation Team is to foster the conditions necessary to help groups build a collaborative mindset. This includes encouraging full participation, promoting mutual understanding, fostering inclusive solutions, and cultivating shared responsibility. These are the core values of collaborative decision-making.

A brief summary of the convening assessment process for the SSB 5351 Collaborative and themes from the one-on-one conversations with the members is provided on pages 7-8. Additional information can be found on the SSB 5351 webpage, in the October 30, 2025 meeting materials, and October 2025 Quarterly Report.

II.

THE SSB 5351 COLLABORATIVE

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Denise Giambalvo	WA Health Alliance

Summary of Work and Accomplishments: August - September 2025

The Facilitation Team met multiple times with OIC in the first few weeks of the project to gather background information and to discuss an initial list of parties that would be participating as part of the collaborative group. These conversations, coupled with background research and reviews of legislative activity on the issues at play, set the stage for the first step of an effective collaborative process: what is referred to as a "convening assessment."

Before the Center brought the parties together, the Facilitation Team assessed how best to convene and design the collaborative process by meeting individually with each party to better understand the interests and substantive issues that needed to be addressed along with the likely challenges, barriers, and opportunities for moving forward.

From August through October the Facilitation Team conducted 90-minute, one-on-one conversations with each member of the Collaborative. These conversations provided the Facilitators with information about:

- The goals and expectations each party had for the process,
- The levels of trust among the parties,
- Past efforts to address the issues, and
- Areas of potential agreement or conflict.

The Team used this information to guide the design of the process in a way that would produce the greatest likelihood of success. Process design elements included meeting frequency, schedule, topic sequencing, draft group agreements and operating procedures, the suggestion to consider a workgroup comprised of a subset of participants to allow for deep dialog, and the development of a draft workplan for the group.

Attachment C has the list of questions from the convening assessment, which the Facilitation Team provided

in advance to all participants. The one-on-one conversations with each of the members revealed several general themes. These included:

- A desire to change the tone and tenor of conversations among the parties from adversarial to constructive.
- Hope that the process and participants would be able to "center the patient" in all discussions and focus on improving outcomes for patients, specifically around access to care, quality of services, and affordability.
- General agreement that a report to the Legislature with agreed-on recommendations on both DLR and Relative Payment Based on Network Status would constitute a successful outcome.
- Support for increasing transparency and affordability throughout the system.
- Interest in basing recommendations on information and data from Washington state and using examples from other states to inform the discussions.
- Strong ground-rules and group agreements to elevate norms such as mutual respect, listening for the purpose of understanding rather than to rebut, and focusing on solutions that work for all the parties.
- The status quo might be preferable for some parties, while others had expectations that participating in the process would result in the other parties at the table seeing their preferred solution as the correct path forward.

In addition to talking with the representatives of each of the parties, the Facilitation Team also met with Legislators involved with SSB 5351 to better understand the history surrounding these issues and the goals of past legislation and the bill that authorized this process.

Summary of Work and Accomplishments: October - December 2025

The first meeting of the SSB 5351 Collaborative occurred on October 30, 2025. The meeting focused on members beginning to get to know one another and developing a common understanding of the purpose, roles, and responsibilities of the Collaborative.

The Facilitators shared the above themes from the convening assessment and provided a brief "Collaboration 101" presentation to create shared understanding about what it means to participate in a collaborative process. Members then reviewed and discussed a "first offer" of operating procedures including group agreements for behavior in and outside of meetings. The Facilitation Team developed the draft operating procedures based on input from the convening assessment and the Team's experience with what has worked well with previous groups.

Consensus Decision-Making Process

As part of these operating procedures (Appendix D), the Collaborative reviewed and agreed on the following decision-making process:

Consensus means that each member can say:

- I was a respected member of the group that considered the decision;
- My ideas (opinions, knowledge, concerns, beliefs, hopes) were listened to;
- I listened to the ideas (opinions, knowledge, concerns, beliefs, hopes) of others;
- I can support the decision of the group, even though I might have made a different decision had I

acted alone.

Each member/alternate can convey their position on a given consensus option via a thumbs up ("I support this option"), thumb sideways ("I can live with this option for the good of the group and the process") or thumbs down ("I cannot live with this option").

If a member is thumbs down, that member is expected to provide a proposal that legitimately attempts to achieve the interest of the constituency they represent and the interests of the other members. All members will seek solutions that allow those thumbs to move to up or sideways.

In situations when there is no consensus, members not in support will submit in writing to the Facilitation Team the reasoning behind their constituency being unable to "live with" the decision, alternative options or language that would have addressed their constituencies' concerns, and how this alternative would also meet the concerns and needs of other members.

At the October meeting, OIC provided a "DLR 101" presentation for members as a way to begin developing shared understanding about DLR in Washington State. The Collaborative then had an open discussion about what additional information they would need about DLR to ensure there is enough shared understanding to enable productive dialogue and problem solving.

As a result of the presentation and discussion, the members of the Collaborative learned that the DLR data collected and made publicly available by OIC to date was not Washington State carrier-specific data – it includes all carriers and their national data. The Collaborative asked OIC if it was possible to seperate out from the data collected DLR information specific to carriers operating in Washington State, and present this information to the group at the next meeting. While separating out the data for multiple years was not possible given the timeframe and other constraints, OIC was able to provide 2024 Washington carrier specific data (provided on page 12 of this report).

The second meeting of the Collaborative occurred on November 21, 2025. OIC shared with the Collaborative the 2024 Washington carrier specific DLR data. The Collaborative continued to discuss the limitations that having only one year's worth of data poses to developing informed policy recommendations. The Collaborative also discussed recent analysis on the Affordable Care Act's Medical Loss Ratio indicating that because MLRs cap profit margins, insurers are perversely incentivized to raise premiums, as doing so increased the absolute dollar amount that can be retained for administrative costs.

The members of the Collaborative then spent the remainder of the meeting developing shared understanding by listening to each other share about their experiences with and perspectives on issues related to relative payment based on network status. Each member gave a10 minute "walk a mile in my shoes" type presentation. Members were encouraged to treat these presentations as a quick guided tour or a very brief "day in the life of" type presentation, with the goal not to try and convince or "sell" each other on the positions or proposed solutions around the issue, but instead to illuminate for one another what the issue looks like from the unique perspective and conditions of the constituency each member represents. This exercise provided a way for members to start to see and understand each other's needs and interests.

The third meeting occurred on December 12, 2025. The Collaborative completed the "walk a mile in my shoes" presentations and then discussed how to develop an approach and process for identifying, building understanding around, and working through issues regarding relative payment based on provider network status.

Dental Loss Ratios 101

The Affordable Care Act and Medical Loss Ratios

What is a medical loss ratio (MLR)?

An MLR is the percentage of premium dollars that a health plan spends on medical claims and quality improvement, versus administrative costs and reserves.

What does the Affordable Care Act (ACA) have to do with MLRs?

The ACA requires that health carriers spend a certain minimum percentage of premium dollars on medical care and quality improvement for consumers. The ACA set minimum medical loss ratios for different health insurance markets. For the individual and small group market, it is 80%. For the large group market, it is 85%.

How is MLR Calculated?

$$\text{ACA MLR} = \frac{\text{Health Care Claims + Quality Improvement Expenses}}{\text{Premimuns - Taxes, Licensing \& Regulatory Fees}}$$

What happens if a health carrier fails to meet its MLR?

The health carrier is required to provide a rebate to its consumers.

How does this relate to Dental Loss Ratio?

A dental loss ratio (DLR) is like a medical loss ratio (MLR) but for dental carriers instead of health carriers. Since dental insurance differs from medical insurance, there may be different considerations when setting a DLR. With the success of ACA MLRs, DLRs have been proposed in Washington and other states.

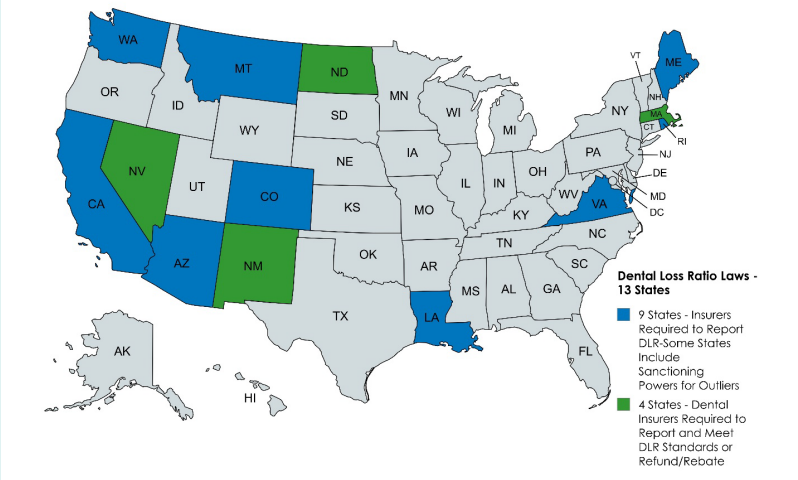


Image from the Health Policy Institute, American Dental Association. Presentation to the SSB 5351 Collaborative on January 30, 2026

Washington State's Dental Loss Ratio

RCW 48.43.743(1):

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

(a) The total number of dental members;

(b) The total amount of dental revenue;

(c) The total amount of dental payments;

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

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

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

Washington requires dental carriers to report their DLRs to the OIC, who must make that information publicly available (RCW 48.43.743). Data submitted and reported by OIC prior to April 1, 2026 was dental insurers cumulative total (national) business data, and was not Washington carrier specific data.

All information required in RCW 48.43.743 is available on data.wa.gov.

The OIC uses the Accident and Health Policy Experience Exhibit, which provides all the needed information for the reporting requirements in RCW 48.43.743(1). This form was developed by the National Association of Insurance Commissioners (NAIC) and is used in their Annual Report.

Additional materials about DLR reviewed by the Collaborative include the following:

- CA State Assembly DLR Report to Legislature
- NCOIL DLR Model Health
- Minimum Dental Loss Ratios: Considerations and Industry Analysis

2024 Washington State Dental Data - Prepared by OIC for the SSB 5351 Collaborative

Company Name	Premiums Earned	Claims Incurred	Covered Lives 12/31/24	Member Months	Dental Loss Ratio	Premium/ Member Per Month	% of Total Covered Lives
Delta Dental Of Washington	$492,612,307	$396,986,238	965,401	11,528,390	81%	$42.73	54.9%
Willamette Dental Of Washington Inc.	$68,907,412	$62,792,908	129,754	1,565,606	91%	$44.01	7.4%
Metropolitan Life Insurance Company	$56,842,950	$56,623,655	109,360	1,386,445	100%	$41.00	6.2%
Principal Life Insurance Company	$35,625,767	$25,272,881	70,097	826,995	71%	$43.08	4.0%
Cigna Health And Life Insurance Company	$25,364,165	$21,458,595	66,259	769,276	85%	$32.97	3.8%
Premera Blue Cross	$28,624,969	$25,010,927	65,010	781,158	87%	$36.64	3.7%
Unitedhealthcare Insurance Company	$24,198,076	$18,158,623	56,410	670,684	75%	$36.08	3.2%
Kaiser Foundation Health Plan Of The Nw	$20,813,318	$15,788,589	47,596	574,892	76%	$36.20	2.7%
Regence Blueshield	$21,178,810	$15,544,383	33,978	397,296	73%	$53.31	1.9%
Aetna Life Insurance Company	$12,732,163	$9,636,771	27,883	380,229	76%	$33.49	1.6%
Guardian Life Insurance Company Of America	$15,151,697	$10,297,919	24,096	387,505	68%	$39.10	1.4%
Ameritas Life Insurance Corp.	$15,155,241	$11,076,699	22,923	275,076	73%	$55.09	1.3%
Companion Life Insurance Company	$2,803,368	$2,270,777	19,269	188,440	81%	$14.88	1.1%
Total	**$874,407,948**	**$709,363,764**	**1,758,733**		**81%**		

*Percent of total covered lives equals 93.2%. Dental plans with less than 1% market share were not shown to simplify the data and avoid confusing or variable data points.

SSB 5351 Collaborative Workplan

Meeting/Task	Date	Agenda Topics/Task Description	Notes
Convening Assessment	Mid August - September	Facilitation Team conducts one-on-one interviews with each member of the collaborative. The information gathered from these conversations is used by the Facilitation Team to inform the design of the collaborative process, including meeting frequency, operating procedures, topic sequencing, and a draft work plan.	
SSB 5351 Collaborative Meeting #1	Oct 30th 2025	• Begin to get to know one another, develop common understanding of purpose, roles, and responsibilities • Hear findings from the convening assessment and create shared understanding about what it means to participate in a collaborative process • Review, discuss, and agree on operating procedures • Hear presentation on, and begin to create shared understanding about, dental loss ratio • Identify what additional information is needed about dental loss ratio • Discuss draft schedule and workplan	October 30th Meeting Summary (PDF)
Quarter 1 Progress Report	Oct 30th 2025	• Summarizes work completed from 7-27-2025 to 10-31-2025	Quarter 1 Progress Report
SSB 5351 Collaborative Meeting #2	Nov 21st 2025	• Continue to get to know each other and develop common understanding • Review and finalize operating procedures • Review additional information about dental loss ratio (identified during last month's meeting) • Review and discuss draft goal statement on dental loss ratio • Develop shared learning and understanding about relative payment for dentists or denturists based upon provider network status – through the lens of each members constituent/entity they are representing	November 21st Meeting Summary (PDF)
SSB 5351 Collaborative Meeting #3	Dec 12th 2025	• Continue to get to know each other and develop common understanding • Review and finalize operating procedures • Develop shared learning and understanding about relative payment for dentists or denturists based upon provider network status – through the lens of each	December 12th Meeting Summary (PDF)

		members constituent/entity they are representing • Discuss and decide on approach and process for identifying and working through issues regarding relative payment for dentists or denturists based upon provider network status • Review workplan for January-June of 2026	
Working Group Meeting (Virtual)	Jan 9th 2026	• Setting expectations • Discussing the body of work • DLR and confirming data needs • If time, going into relative payment based on network status	January 9 Meeting Summary (PDF)
SSB 5351 Collaborative Meeting #4	Jan 30th 2026	• Continue to develop shared understanding • Finalize meeting summaries from November and December • Provide updates and announcements (as relevant/appropriate) • Hear update from the Workgroup • Receive presentation from ADA Health Policy Institute on Dental Loss Ratio (DLR) • Discuss data needs and determine a way forward for DLR	January 30th Meeting Summary (PDF)
Quarter 2 Progress Report	Jan 30th 2026	Summarizes work completed from 11-1-2025 to 1-30-2026	Quarter 2 Progress Report
Working Group Meeting (Virtual)	Feb 6th 2026	• Review Colorado and California DLR data reporting methodology • Review ADA DLR guidance, and discuss process for drafting a DLR data collection methodology recommendation. • If time, continue discussing network status reimbursement	February 6 Meeting Summary (PDF)
Working Group Meeting (Virtual)	Feb 20th 2026	At the last workgroup meeting, the group decided to ask carriers to bring back the CO and CA reporting templates to their finance/data teams and review the requirements to find out how doable it might be to report all the different data points. • Carriers that have information ready to present their findings • Review draft of DLR data collection recommendation • Continue discussing network status reimbursement - WSDA and Delta dental presenting In vs. Out Network visuals	February 20 Meeting Summary (PDF)
SSB 5351 Collaborative Meeting #5	Feb 27th 2026	• Continue to develop shared understanding • Finalize meeting summary from January • Provide updates and announcements (as relevant/appropriate) • Hear update from the Workgroup	February 27th Meeting Summary (PDF)

		• Discuss and give feedback on first draft DLR data collection recommendation prepared by the Workgroup • Discussion on In-Network vs. Out of – Network: visuals prepared by OIC and members of the Workgroup. Provide feedback to the Workgroup on direction to proceed to draft recommendation(s) regarding relative payments based on network status.	
Working Group Meeting (Virtual)	Mar 6th 2026	• Discuss input from 2/27 meeting on DLR data collection recommendation and develop draft second offer • Review and discuss DLR definitions • Look at issues and solutions proposed during the 2/27 meeting on relative payment based on network status	March 6 Meeting Summary (PDF)
Working Group Meeting (Virtual)	Mar 20th 2026	• Looking at the issues and solutions for relative payment based on provider network status from the 2/27 meeting • Discuss and answer the following questions about relative payment: • *Given the scope of this issue and the timeframe allocated to address, where should the group prioritize their focus?* • *What aspects of this issue can be addressed within the scope and timeline allocated to this Collaborative?* • *What aspects, while important and even potentially critical, cannot be addressed adequately within the scope and timeline?* • *Other suggestions for options/approaches?*	March 20 Meeting Summary (PDF)
SSB 5351 Collaborative **Meeting #6**	Mar 27th 2026	• Continue to develop shared understanding • Finalize February meeting summary • Provide announcements (as relevant/appropriate) • Hear update from the Workgroup • Review and finalize "second offer" of draft DLR data collection recommendation from Workgroup • Discussion on In-Network vs. Out-of-Network reimbursement: review table of problem statements and solutions in light of Workgroup input and determine goal relative payments based on network status.	***Consensus reached on DLR Data Collection Recommendation** March 2th Meeting Summary (PDF)
Working Group Meeting (Virtual)	Apr 3rd 2026	• DDWA presentation on pathway for Denturists to be in-network • Group discussion on whether a recommendation from the group to the	April 3 Meeting Summary (PDF)

		legislature is needed. If so, drafting a first offer for the April meeting. • Discuss input from March meeting on relative payment based on network status. • Bracken, Denise, and Sean volunteered to draft a proposal for the group to work with-updates?	
Working Group Meeting (Virtual)	Apr 17th 2026	• Continue the conversation from the last meeting on the two potential recommendations on relative payment based on network status. • The goal is to discuss and make any critical revisions to these draft potential recommendations so that the Facilitation Team can create the agenda for the April 24th meeting	April 17 Meeting Summary (PDF)
SSB 5351 Collaborative **Meeting #7**	Apr 24th 2026	• Continue to develop shared understanding • Finalize March meeting summary • Provide announcements (as relevant/appropriate) • Hear update from the Workgroup • Shared Fact-Finding: Looking at in and out-of-network rate payments to providers for code 1110 and denturist code 5110. • Review and discuss "first offer" of draft recommendations on issues related to relative payment based on network status.	***Consensus reached on Allowing Denturists to Join Networks Recommendation** April 24th Meeting Summary (PDF)
Working Group Meeting (Virtual)	Apr 24th 2026	• Continue the conversation on potential recommendations on relative payment based on network status.	April 24 Meeting Summary (PDF)
Quarter 3 Progress Report	Apr 30th 2026	Summarizes work completed from 2-1-2026 to 4-30-2026	Quarter 3 Progress Report
Working Group Meeting (Virtual)	May 1st 2026	• Discuss collaborative process and timeline • Reviewing input on draft Relative Payment Recommendation #2 (presented at the April meeting) • Continue problem solving potential transparency recommendation • Continue discussion on dental provider's proposal discussed during the April work session	May 1 Meeting Summary (PDF)
Working Group Meeting (Virtual)	May 15th 2026	• Gathered edits and comments on the Draft Claims Data Recommendation, the Draft Pricing Transparency Recommendation, and Draft Out of Network Reimbursement Recommendation, separated them into three separate documents each with all edits and comments received.	

		• Review and prepare the three draft recommendations to be ready to go out to the full Collaborative for the May meeting.	
SSB 5351 Collaborative **Meeting #8**	May 29th 2026	• Continue to develop shared understanding • Finalize April meeting summary • Provide announcements (as relevant/appropriate) • Hear update from the Workgroup • Review, discuss (problem-solve as needed), and finalize (call for consensus) dental claims APCD analysis draft recommendation and pricing transparency draft recommendation • Review and discuss "first offer" of draft out-of-network reimbursement recommendation	***Consensus reached on APCD Analysis Recommendation** **Meeting Summary (PDF)**
Working Group Meeting (Virtual)	June 12th 2026	• Incorporate input and problem solve pricing transparency draft recommendation.	June 12 Meeting Summary (PDF)
SSB 5351 Collaborative **Meeting #9**	Jun 18th 2026	• Continue to develop shared understanding • Finalize May meeting summary • Provide announcements (as relevant/appropriate) • Hear update from the Workgroup • Review, discuss (problem-solve as needed), and finalize (call for consensus) pricing transparency draft recommendation • Discuss draft report • Closure and next steps	***Consensus reached on Portion of Pricing Transparency Recommendation** Meeting Summary (PDF)
Final Report and Quarter 4 Progress Report	Jun 30th 2026	Final report summarizing findings, areas of agreement, and recommendations for legislative or regulatory action to the legislature	Final Report

Collaborative Workgroup

Also at the December meeting, the Collaborative decided to create a workgroup consisting of a diverse subset of members willing to invest additional time outside of the monthly meetings to discuss and propose options for recommendations to present to the full group for consideration at the monthly meetings. The Collaborative did not task the Workgroup to make decisions for the full Collaborative but instead to allow members to discuss the issues in greater depth and come up with ideas and suggestions for potential recommendations to present to the Collaborative for consideration.

Workgroup Member	Affiliation
John Quirk	Delta Dental of Washington
Sean Pickard	Delta Dental of Washington
Jim Freeburg	Patient Coalition of Washington
Matthew Sinnott	Willamette Dental
Jenna McKenzie	Washington State Society of Oral and Maxillofacial Surgeons (WSSOMS)
Jane Beyer	WA Office of the Insurance Commissioner
Sydney Rogalla	WA Office of the Insurance Commissioner
Carol Carbone	Washington Denturist Association
Carolyn Logue	Washington Denturist Association
Bracken Killpack	Washington State Dental Association
Lisa Egbert	Washington State Dental Association
Kim Hudak	Association of Washington Healthcare Plans (AWHP) and Regence
Jina Jilek	Specialist Provider - DoctorPerio
Ron Gray	Specialist Provider - Advancedo

Summary of Work and Accomplishments: January - June 2026

Starting in January 2026, the Workgroup met for two hours every other week. Workgroup members discussed how to move forward with developing recommendations on DLR and generally agreed that it may be premature to develop DLR policy recommendations, given

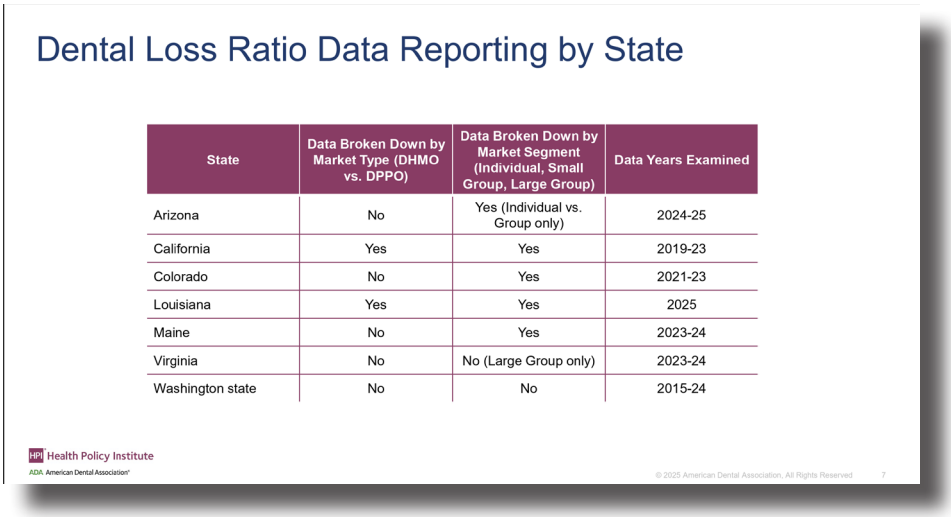
- the lack of available Washington carrier-specific DLR data to guide conversations,
- recent analysis that MLR rules can lead to higher premiums, and
- limited information on outcomes and impacts available from states that have implemented DLR rules.

Workgroup meeting notes and materials shared and worked on during the meetings can be found here on the SSB 5351 Collaborative webpage.

At the January meeting of the full Collaborative, the American Dental Association Health Policy Institute provided a presentation on available DLR data from states with reporting requirements. The presentation noted California and Colorado as states that have robust reporting and provide detailed, publicly available

DLR data. Unlike Washington State, these states include collecting and reporting data broken down by market type and market segment, and carriers report full information on elements such as claims paid, quality improvement, fraud prevention, taxes, covered lives, premiums, and member months.

Given the lack of and insufficient data available about Washington State's DLRs and the impact of DLR policies in states that have implemented DLR policies, the full Collaborative decided it was premature to develop a policy specific DLR recommendation. The Collaborative instead directed the Workgroup to discuss and develop a draft DLR data collection recommendation, using Colorado and California's approach as a model.



Dental Loss Ratio Data Reporting by State

State	Data Broken Down by Market Type (DHMO vs. DPPO)	Data Broken Down by Market Segment (Individual, Small Group, Large Group)	Data Years Examined
Arizona	No	Yes (Individual vs. Group only)	2024-25
California	Yes	Yes	2019-23
Colorado	No	Yes	2021-23
Louisiana	Yes	Yes	2025
Maine	No	Yes	2023-24
Virginia	No	No (Large Group only)	2023-24
Washington state	No	No	2015-24

HPI Health Policy Institute
ADA American Dental Association®
 7

The Workgroup spent several meetings developing a data collection recommendation for the full Collaborative to review. The Workgroup specifically focused on Colorado's DLR dashboard (Dental Loss Ratio | Tableau Public), the legislation that established Colorado's DLR data collection and reporting (SB23-179 Dental Plans Medical Loss Ratio | Colorado General Assembly), and Colorado's DLR reporting template (Colorado Dental Loss Reporting Template - v 6.5.25).

Carriers brought both the Colorado and California DLR reporting templates to their internal finance/data teams to review the reporting requirements and reported back that collecting such information was, in general, doable.

The Workgroup then drafted and presented a "first offer" of a DLR Data Collection Recommendation to the full Collaborative at the February 27th meeting. Members discussed the draft recommendation and provided input so the Workgroup could revise and bring a "second offer" back to the full Collaborative at the March meeting.

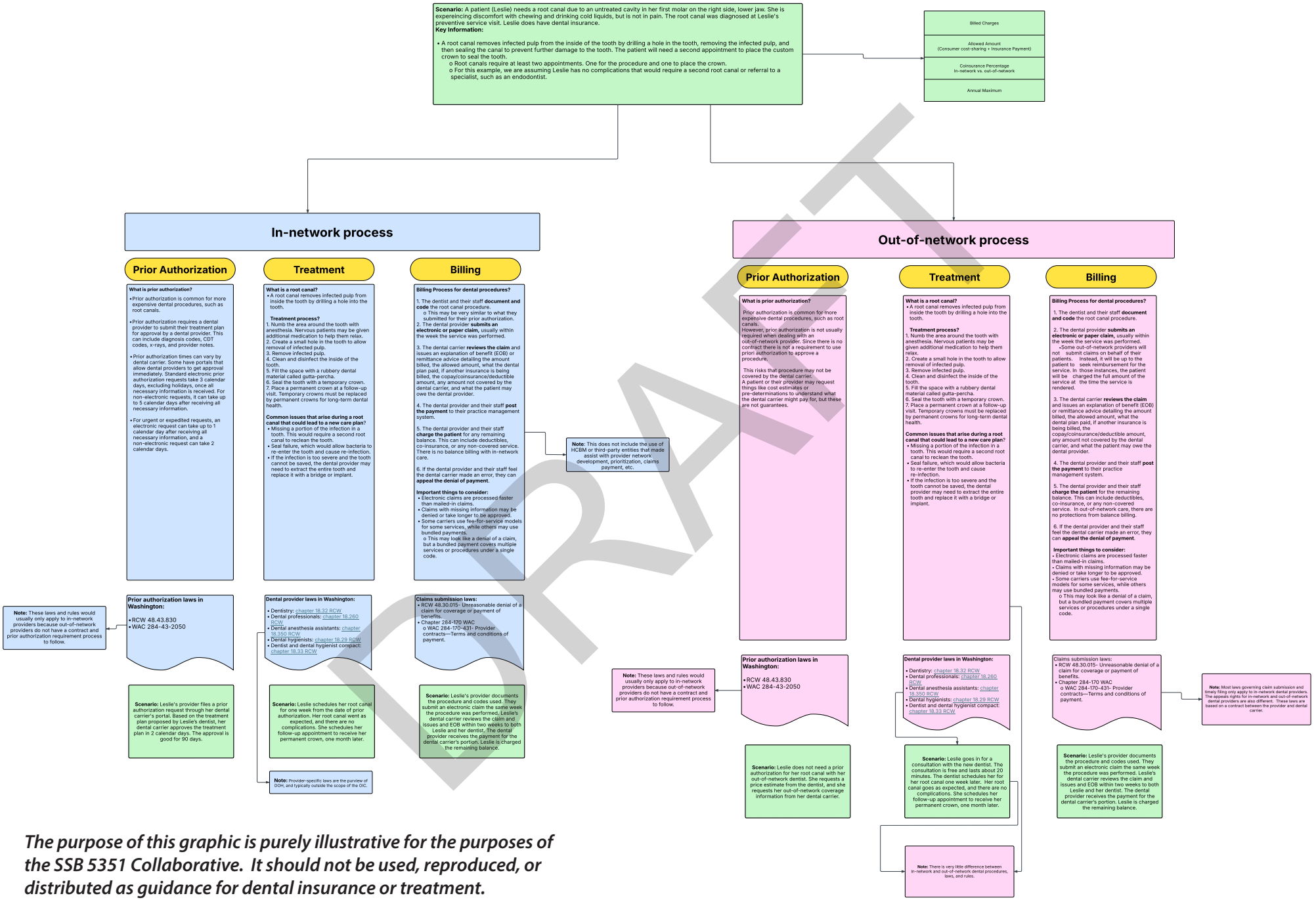
Beginning in January, the Workgroup also focused on the issues of relative payment based on network status. The Workgroup started its work by focusing on the list of issues gathered during the "walk a mile" presentations at the November and December meetings. The Workgroup decided it would be helpful to create process maps of the in-network vs. out-of-network processes from the experience of patients, carriers, and dental providers. OIC volunteered to draft the process map capturing the experience of a patient (see page 21). WSDA put together a map and materials on behalf of dentists (see page 22) and Delta Dental of Washington put together a process map (see pages 23-24). WSDA also shared ten explanation of benefits (EOBs). WSDA also shared ten explanation of benefits (EOBs). These visuals were discussed by the Workgroup and presented to the full Collaborative for discussion at the February 27th, 2026, full Collaborative meeting.

One of the goals of the February 27th meeting was to gain further clarity on what the key issues were regarding relative payment based on network status and for the Collaborative to agree on where to focus and how to proceed with developing draft recommendation(s). The Facilitation Team asked each member to reflect and then write down on sticky notes their responses to the following questions:

1. In 1-2 sentences, what is the specific issue/challenge/opportunity to address when it comes to relative payments based on network status?
2. In 1-2 sentences, how do you propose to address this issue/challenge/opportunity and how does your proposal also meet the needs of the other members at this table?

Responses were as follows:

Issue to Be Addressed (Problem to Be Solved)?	Solution That Works for All?
Provide greater transparency for patients to get the oral health care they need and at lowest cost possible.	A new financing system that encourages dentists and patients to collaboratively advance oral health.
Current dental insurance system does not do enough to encourage dental health	Making it easier and less costly for people to access preventive dental services and to understand the importance of taking care of their teeth
Affordability and accessibility for patients	Providing greater transparency for patients through patient tools
From OMS perspective, the issue is reimbursements from insurance providers and updating fee schedules. (A) How do we make sure providers can stay in business? (B) How do we keep care affordable (and accessible)?	Increase reimbursements from insurance companies to providers. Uniform information to patients from insurance companies. Transparency within/without providers on fee schedules / cost to patients with or without insurance.
Insurance companies' fees are too low and dental offices' businesses are suffering. Need to include all providers in network.	Insurance companies need to increase fees paid out, which will help businesses run a more successful practice & mean lower fees for patients.
A non-competitive market for dental benefits forces some patients to pay much more for non-network care. WA is different than the rest of the country.	Fair out-of-network rates required for all dental benefits carriers.
Largest WA carrier penalizes patients who go out of network by paying almost nothing. This traps patients into staying in network. Therefore, dentists can't leave network. Other carriers cannot compete because Delta has the advantage of trapping 90% of dentists in their network.	Carriers should either: Pay the same amount for patient care whether a patient is in or out-of-network or pay a minimum of 85% UCR for out of network care. This would reset the market and make it fair for patients, practices and other carriers
Is there legislative action or a role for OIC to assure that a contract and payment incentives/arrangements are in place that also results in wins for the "4 Ps" (payors, providers, purchasers, patients)?	Leg could set performance and contract metrics (think value-based payments)
Opportunity to learn from healthcare (financing) and pilot improvements (or at a minimum, create info) that helps us design a better dental system	Create financing pilots (look to other nations)
Not a problem to solve, but opportunities across industry (payors & providers) to find more opportunities for transparency	Not a problem to solve, but opportunities across industry (payors and providers) to find more opportunities for transparency
Not enough clarity for PTs or providers on reimbursements and what coverage looks like, which makes it difficult to give the care as a provider as PTs are driven by cost (rightfully so)	Collect the data for DLR in a way that is the same for all carriers to make it easier to digest.
What are the next steps to determine effectiveness (appropriate level of) DLR?	Gather data to assess what an affordable premium rate is that also sustains the dental system.
Best I can tell, this question is about payments to out-of-network providers.	It would help to know if there is currently an industry standard or average percentage allowed by the insurers for OON claims. If there is not, perhaps discussions could begin with 50% of the average reimbursement amount allowed to in-network providers for the same services provided by an OON provider.
Dental HMO does not cover non-contracted providers.	So the out of network provider reimbursement isn't relevant to DHMOs. That is part of the trade-off for lower costs.



The purpose of this graphic is purely illustrative for the purposes of the SSB 5351 Collaborative. It should not be used, reproduced, or distributed as guidance for dental insurance or treatment.

Initial Visit for a New Patient

Patient Contacts Office
Call, Website Referral, Etc.

Insurance Verification
Collect Information & Verify Coverage

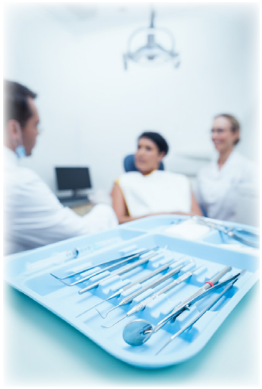
Dentist Collects Information
Personal Details & Reason for Visit

Self-Pay Patient
If Not Insured — Set Expectations for First Visit

In-Network
Confirm All Coverage, Maximum, Deductible, Remaining Benefits

Out-of-Network
Confirm Coverage, Maximum, Deductible, Remaining Benefits IF PAYOR ALLOWS

Dentist Schedules the Right Visit
Routine or Problem-Focused Exam



Dentist Prepares BEFORE the Appointment
Insurance, Records, Forms, & Appointment Reminders

Patient Visit & Exam
X-Rays & Evaluation for Diagnosis

Dentist Explains Diagnosis & Proposes a Treatment Plan

Dentist Presents Treatment Estimates
Costs, Coverage, and *Financial Arrangements*

Dentist Obtains Informed Consent
All Patient Questions are Answered. Patient Signs the Treatment Plan with Cost Estimates and Consents to Care

Next Steps Scheduled with the Dentist, Hygienist and/or Dental Specialist

Patient Costs for a Typical Restorative Procedure Based on a $200 Fee

Methodology

Assumption 1: Fee is set at 80th percentile of usual and customary rate for a ZIP Code (per Fair Health Consumer 2026).
Assumption 2: Coverage is estimated at 50% coinsurance, e.g., carrier pays 50% and patient pays 50% of cost; no annual deductible is applied.

Uninsured (Self-Pay) Patient

$200
Patient Payment

In-Network with Delta Dental of WA

40% of the $200 fee is removed from the total payment to a practice (practice penalty taken to participate in-network)[1]

$120 Payment to Practice for a $200 procedure.

$120 *Total Payment*
- $60 *Carrier Payment*
- $60 *Patient Payment*

$200-$120=
$80 *Practice Penalty for Network Participation*

In-Network with Other WA PPO Carriers (not DDWA)

30% of the $200 fee is removed from the total payment to a practice (practice penalty taken to participate in-network)[1]

$140 Payment to Practice for a $200 procedure.

$140 *Total Payment*
- $70 *Carrier Payment*
- $70 *Patient Payment*

$200-$140=
$60 *Practice Penalty for Network Participation*

Out-of-Network with Non-DDWA PPO Carriers in WA[2]

- $100 *Carrier Payment*
- $100 *Patient Payment*

Out-of-Network with Delta Dental of WA[3]

- $40 *Carrier Payment*
- $160 *Patient Payment*

Conclusion

DDWA's dominant marketshare forces dental practices to accept a much larger penalty to participate in its network, and patients to pay more when choosing a non-network dentist. Compared to other carriers, DDWA pays less, while dentists and patients pay more.

Sources

1 Delta Dental of Washington. (2025). Internal client cost and utilization analysis. Unpublished data. https://www.deltadentalwa.com/network/cost-savings-case-study as of 2/6/2026
2 Obtained by WSDA through a proprietary third-party research dataset of Washington claims data.
3 Obtained by WSDA through explanation of benefits documentation provided to patients by Delta Dental of Washington.

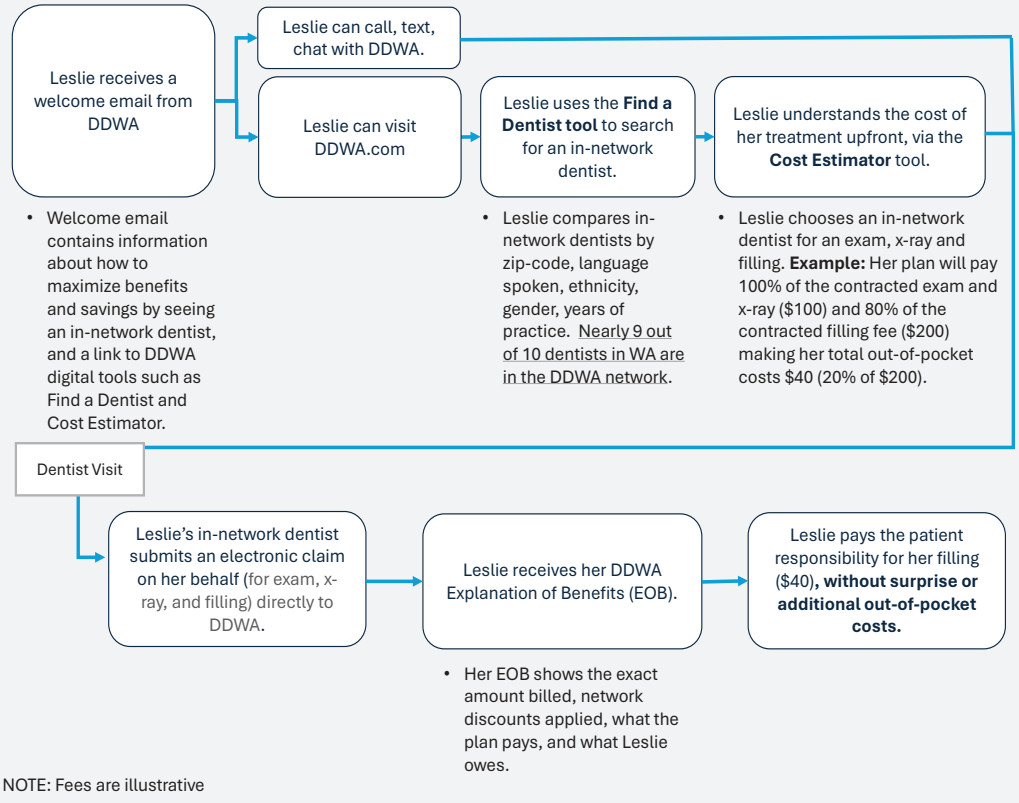
These illustrations were prepared and presented by the Washington State Dental Association.

In Network Dentist Experience

Leslie can easily search for in-network dentists, choose a dentist that fits her preferences, and understand her costs before ever visiting the office.

By using an in-network dentist Leslie is getting the full advantage of the benefits under her plan, while minimizing out-of-pocket costs through DDWA's contracted rates.

*Requesting a pre-determination is recommended for higher-cost services.



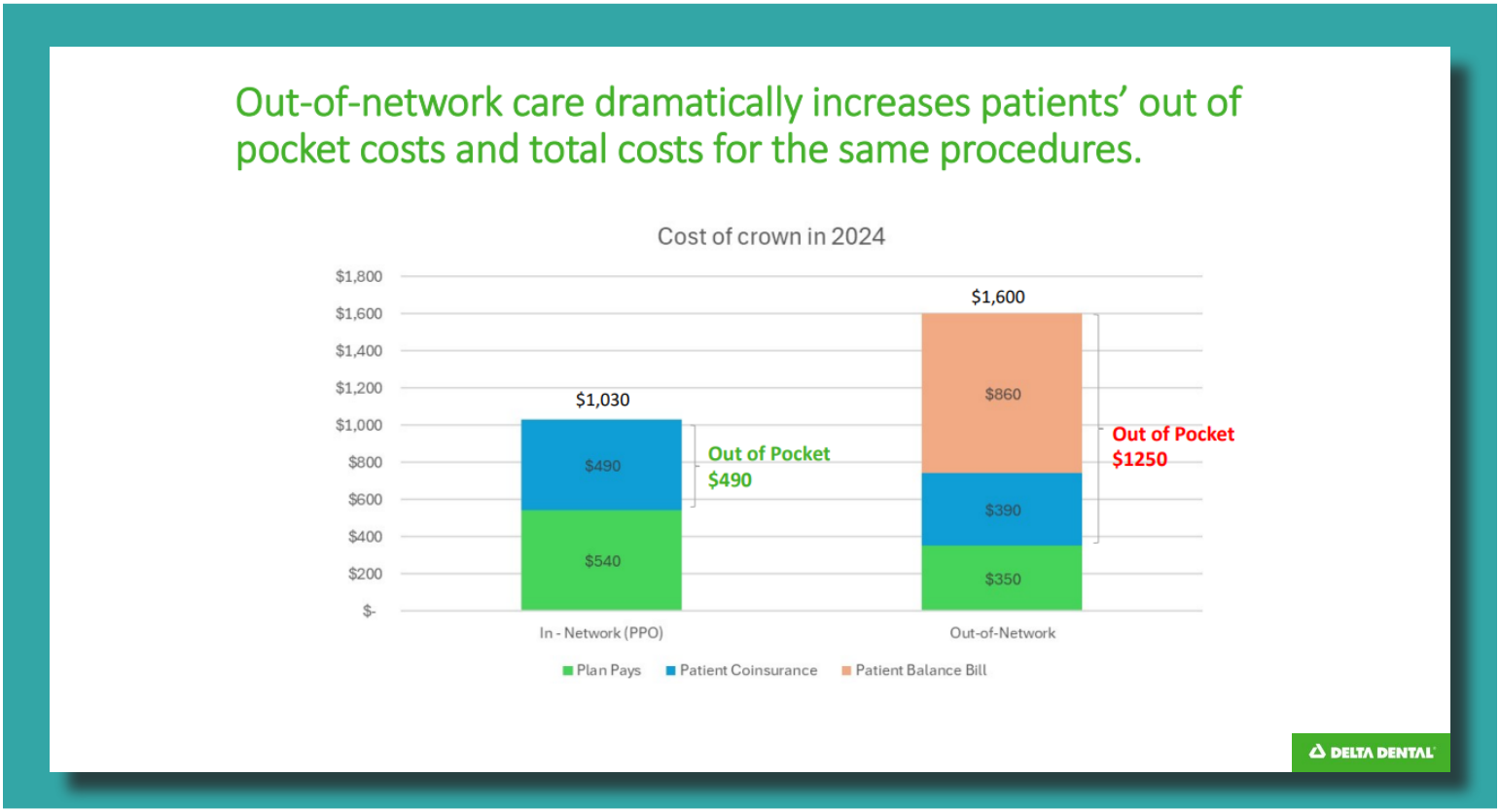
Non-Participating/Out of Network (OON) Dentist Experience

Leslie is unable to search for a non-participating dentist within the Find a Dentist tool. She also lacks full cost transparency before the appointment.

Non-participating dentists are not required to self-submit claims on behalf of their patients and may charge any price (billed amount).

*Requesting a pre-determination is the **only way** for a patient to obtain full transparency to costs for OON services.

These illustrations were prepared and presented by Delta Dental of Washington.



Throughout March 2026, the Workgroup focused on:

- Developing a final draft DLR data collection recommendation based on the input gathered from the full Collaborative at the February meeting, and
- Using the responses to the sticky notes activity, proposing and drafting "first offer" recommendations on issues related to relative payment based on network status, for the full Collaborative to consider.

The Workgroup presented to the full Collaborative a "second offer" of the draft DLR data collection recommendation at the March 27th meeting. With a couple minor revisions, the Collaborative finalized and reached unanimous consensus on the DLR data collection recommendation. This recommendation is presented as "Recommendation 1" In section III of this report.

During the first half of the March 27th meeting, the Collaborative reached unanimous consensus on the DLR data collection recommendation. This recommendation is presented as "Recommendation 1." In section III of this report.

The second half of the March meeting focused on issues related to relative payment based on network status. Workgroup members provided an overview of their discussions and review of the table of problem statements and solution ideas (from the above sticky note activity). Workgroup members then gave an overview of their brainstorm sessions and explained their need for further direction and guidance from the Collaborative in order to draft recommendations.

The Facilitation Team then focused the discussion on the following:

- *Given the scope of this issue and the timeframe allocated to address, where should the group prioritize their focus?*
- *What aspects of this issue can be addressed within the scope and timeline allocated to this Collaborative?*

- *What aspects, while important and even potentially critical, cannot be addressed adequately within the scope and timeline?*
- *Other suggestions for options/approaches?*
- *Can the Collaborative set a goal to achieve by May/June for this topic?*

Dental providers listed issues such as out-of-network reimbursement practices that could be anti-competitive, out-of-network providers receiving significantly less in reimbursements compared to in-network payouts despite charging the same premiums, and low reimbursement rates that have not kept pace with inflation. Dental providers frequently expressed concerns about the viability of running a dental practice today and how dental practice owners are facing shrinking margins due to increasing overhead costs and expenses rising faster than inflation, stagnant insurance reimbursements, increased administrative costs, staffing shortages, and growing competition from corporate consolidation and private equity-backed entities.

Patients and purchasers listed issues such as the high cost of dental treatment and out-of-pocket expenses, the need for greater transparency and more effective tools for patients and employers to compare dental costs and quality data about dental services performed, network adaquacy and access to dental providers especially in rural areas, and needing improved data collection of oral health outcomes and how cost and payments impact such outcomes.

Carriers perspectives differed on whether there was a problem that needed to be addressed with out-of-network reimbursements. They expressed concern about previous proposals to increase and standardize out-of-network (OON) reimbursement rates, specifically those that would result in OON providers receiving the same or similar in-network reimbursement rates. Both carriers and those representing patients and purchasers expressed concerns that standardizing OON rates to be set at similar in-network rates could incentivize dental providers to leave networks, potentially destabilizing the market and reducing patient access to in-network providers. And that this in turn would increase costs for many existing dental plans, lead to increased premiums and member out-of-pocket expenses, and could reduce flexibility to meet the diverse needs of employers and the overall market.

Despite shared concerns around big picture themes of pricing transparency, affordability, and access to care, the specific issue(s) each party had differed. After spending months discussing the issue, it became clear that data specifically showing reimbursement rates for in-network and out-of-network claims was insufficient, incomplete, or not fully available. In addition, members did not agree on the problem(s) to be addressed or whether there was in fact a problem. Without sufficient data available to better understand charges and paid amount trends for common dental procedures, discussions about whether, and if so, how to address relative payments for in-network and out-of-network dental claims were at a stalemate.

Given the lack of sufficient and available data, the Collaborative directed the Workgroup to focus on developing a recommendation that would authorize the OIC to pull and analyze data from the Washington State All Payer Claims Database (APCD) in order to gain a better understanding of dental insurance utilization and payment, and identify potential next steps to address issues around relative payments for in-network and out-of-network dental claims.

The Collaborative also discussed in length multiple concerns about price and cost transparency for patients and purchasers including access to price quotes before a dental visit, transparency around costs of various dental services, fee schedules, and reimbursement rates, and the need for improved and timely pre-service cost estimates or predeterminations. The Collaborative supported the Workgroup in continuing to try and put together a recommendation that would meet the needs of all members.

The Collaborative also continued to discuss barriers to denturists joining carriers' dental provider networks and asked the Workgroup to draft a recommendation. Delta Dental of Washington informed the Collaborative that they are in the process of bringing denturists into their network and offered to share their process with the group.

The Workgroup's meetings in April focused on drafting potential recommendations on relative payment based on network status, based on the direction and guidance given by the full Collaborative during the March meeting. Delta Dental representatives presented their process and timeline of bringing denturists into their network. The Workgroup then used this information and information from denturists representatives to draft a recommendation for the Collaborative to consider at its April meeting.

The Workgroup spent multiple meetings in April putting together a "first offer" of a recommendation to collect and analyze claims data from the Washington State All Payers Claims Database (APCD). During the March meeting a group of members volunteered to work together to draft a potential recommendation for the Workgroup to start working on. The group presented this proposal at the April 3rd Workgroup meeting and the Workgroup continued to refine the recommendation at its April 17th meeting.

Following the March meeting, members representing the various dental provider interests met and put together an alternative proposal for the Workgroup to discuss. Concerned that it would take years to collect and analyze the claims data—during which they felt their concern would not be addressed—they put together a "First Offer Provider Proposal" that would recommend dental carriers reimburse out-of-network dental claims at either the minimum of the applicable in-network contracted rate or 80% of Usual, Customary, and Reasonable (UCR) charges.

Having two proposals created some confusion for the other members and the Facilitation Team, given the direction to focus on drafting a data collection recommendation given by the full Collaborative at the March meeting. However, the Workgroup discussed the provider's proposal and ultimately agreed that it was important to consider both proposals and to bring them both forward for discussion by the full Collaborative.

The first part of the April 24th full Collaborative meeting consisted of shared fact-finding. Based on discussion in March, the full Collaborative thought it would be helpful to look at in and out-of-network rate payments for a couple specific and frequently utilized current dental termininology (CDT) codes. The Collaborative decided to look at CDT code D1110, which refers to a standard Adult Prophylaxis, often called a "routine" dental cleaning, and D5110 which is designated for a complete denture – maxillary, used when a patient requires a full replacement of all upper teeth with a removable prosthesis. The Collaborative asked members representing each of the carriers to provide in and out-of-network rate information on D1110 and the denturist representatives to provide information on D5110.

The second part of the meeting focused on the two "first offer" draft recommendations on relative payment based on network status – the Dental Claims APCD Analysis recommendation and the recommendation to ensure denturists can join dental carrier networks. Workgroup members summarized their discussions and how they incorporated feedback from the March meeting to develop these draft recommendations. The discussion then focused on what modifications members needed and, if any members could not live with the recommendations, what specific changes they (and all parties) could live with.

Following a couple changes to the wording, the Collaborative reached unanimous consensus on the recommendation to ensure denturists can join dental carrier networks. This recommendation is listed as Recommendation 3. in this report. The Collaborative sent the Dental Claims APCD Analysis draft recommendation back to the Workgroup for continued work and to be brought back to the full Collaborative at the May meeting.

Shared Fact-Finding: Network Rates for CDT Codes

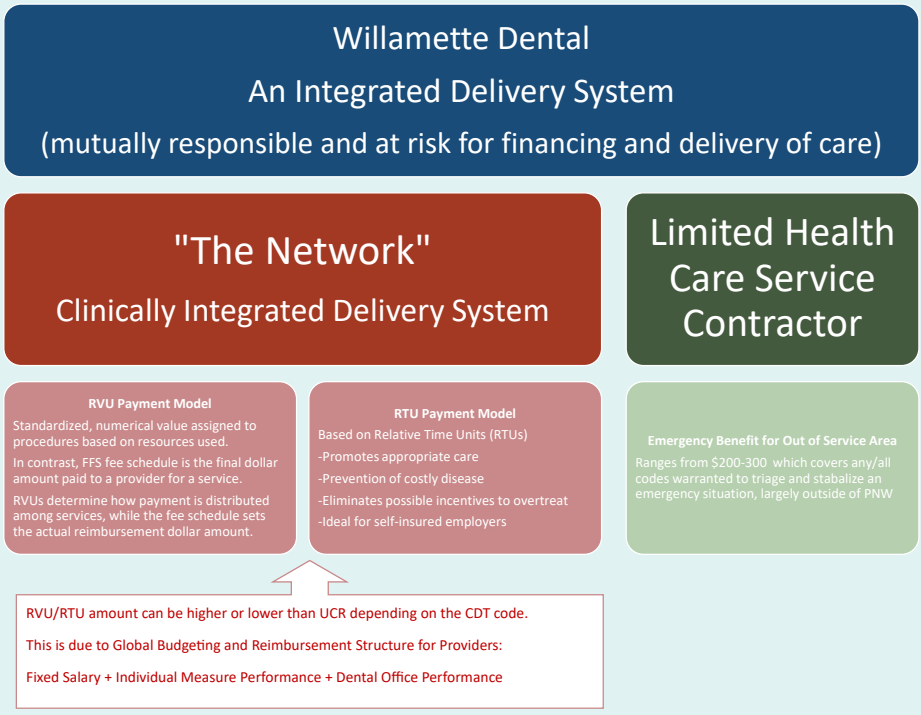
Regence Blue Shield

INN Amounts	Description	Submit-ted	Allowed	Paid
Procedure Code				
D1110	Prophylaxis - Adult	143	110	110
D5110	Complete Upper Dentures	1520	1226	614
OON Amounts - MAC				
D1110	Prophylaxis - Adult	157	79	78
D5110	Complete Upper Dentures	1893	902	450
OON Amounts - 90th UCR				
D1110	Prophylaxis - Adult	177	177	177
D5110	Complete Upper Dentures	3055	3055	1528

In Washington, payment for out of network (OON) providers is based on plan design. Regence provides individuals and employer groups with options for their care. Most Regence plans allow an insured to see any dental provider for services. Some plans utilize a Maximum Allowable Charge OON within the state of Washington and other plans utilize a percentage of UCR for OON.

Notes: Data is provided for a Seattle zip code. Code D5510 reflects low utilization and amounts are based on limited experience. Additionally, code D5510 represents a coinsurance of 50% for OON.

Disclaimer: The Billed amount represents the 90th percentile UCR allowance and not historical submitted charges, which are typically lower than 90th percentile UCR. The final paid amount is dependent on the specific plan design, including coinsurance provisions (i.e. 100/80/50). UCR amounts are based on Fair Health 90th percentile benchmarks, calculated using the applicable 3-digit ZIP code 981.



Willamette Dental

Willamette Dental is different from other carries in that they are a fully integrated dental care organization that employs their own providers and is supported by their own insurance products. Plans are available through employer-sponsored dental benefits as well as through their individual and family plans. There are no annual maximums, no deductibles, and no claim forms.

Shared Fact-Finding: Network Rates for CDT Codes

Provided by Denturists Representatives

D5110 Upper Complete	Fee Schedule	
Insurance Company	**In Network**	**Out of Network**
Delta Dental	$1,024	$898
Met Life	$1,500	$1,319
Regence	$1,288	$902
GEHA	$1,319	$1,306
Aetna	$1,474	$1,474
Antheim Blue Cross	$1,700	$1,700
Cigna	$1,590	$1,500
Department of Corrections	$1,321	$0
Washington State Medicaid	$470.07	$0

Procedure	Chair Time	Denture Teeth	Other Materials	Lab Time	Total
Single Denture	$300	$145	$100	$250	$795
Partial w/ Metal Frame	$300	$120	$233	$250	$903
Implant Denture w/ 4 Implants	$500	$145	$371	$375	$1,391
Immediate Denture	$450	$145	$200	$250	$1,045
Acrylic Partial	$150	$75	$50	$150	$425

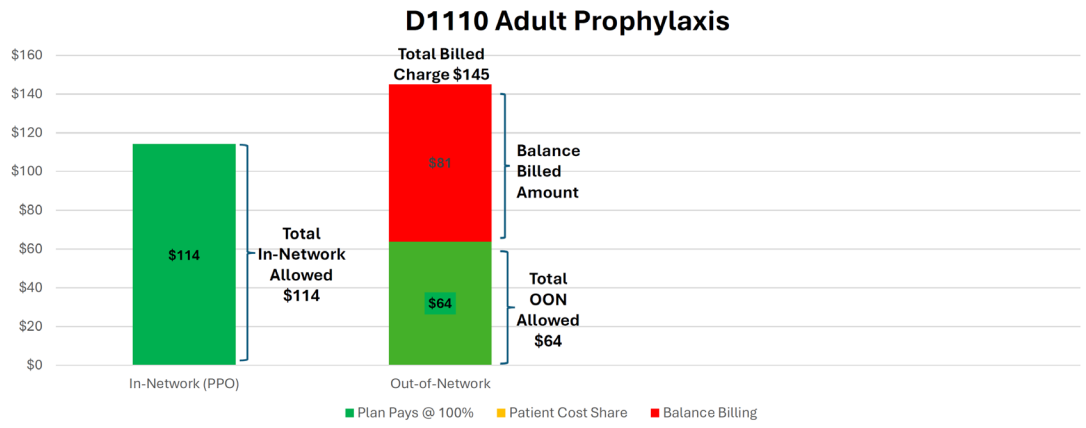
Not Included in Fees
Adjustments, Equipment, Taxes, and Utilities

		Fairhealthconsumer.org	Estimates are based on 80%	
Diagnostic Code	**Service**	**Out of Network**	**In Network**	**Location**
D5110	Upper Complete Denture	$1,867	$1,146	Olympia, WA 98506
D5130	Upper Immediate Denture	$2,753	$1,617	
D5213	Upper Partial Denture	$2,574.00	$1,974.00	
D6110	Implant Supported Denture	$2,909	$1,974	
D5211	Upper Acrylic Partial	$2,122	$1,317	
D5110	Upper Complete Denture	$2,952	$1,383	Seattle, WA 98101
D5130	Upper Immediate Denture	$3,200	$1,255	
D5213	Upper Partial Denture	$2,694	$1,672	
D6110	Implant Supported Denture	$3,288	$2,181	
D5211	Upper Acrylic Partial	$1,736	$1,078	
D5110	Upper Complete Denture	$2,206	$1,354	Spokane, WA 99201
D5130	Upper Immediate Denture	$2,530	$1,503	
D5213	Upper Partial Denture	$2,281	$1,416	
D6110	Implant Supported Denture	$2,917	$1,916	
D5211	Upper Acrylic Partial	$1,925	$1,195	
D5110	Upper Complete Denture	$2,800	$1,712	Bellingham, WA 98225
D5130	Upper Immediate Denture	$2,658	$1,632	
D5213	Upper Partial Denture	$2,800	$1,738	
D6110	Implant Supported Denture	$3,080	$2,082	
D5211	Upper Acrylic Partial	$2,250	$1,183	
D5110	Upper Complete Denture	$2,588	$1,561	Yakima, WA 98901
D5130	Upper Immediate Denture	$2,527	$1,492	
D5213	Upper Partial Denture	$2,555	$1,586	
D6110	Implant Supported Denture	$3,076	$2,067	
D5211	Upper Acrylic Partial	$1,825	$1,133	

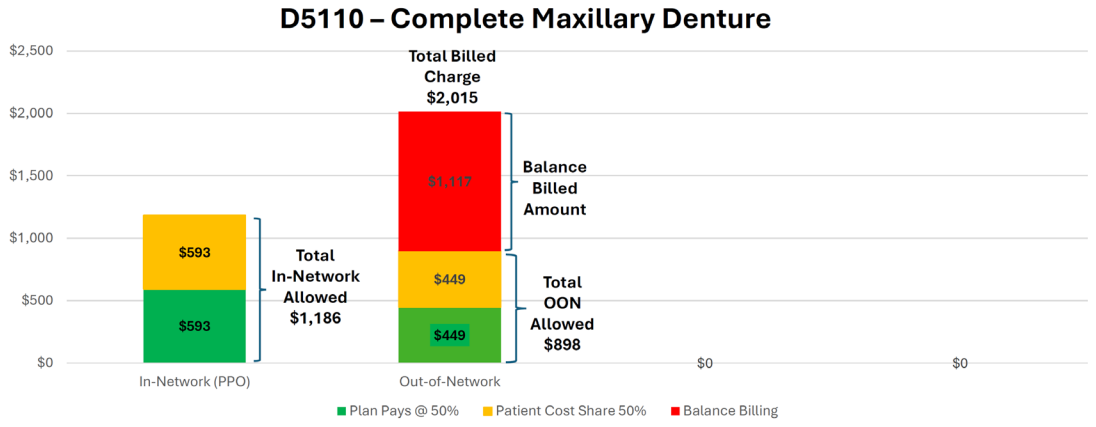
Shared Fact-Finding: Network Rates for CDT Codes

Delta Dental of Washington

Out-of-network care dramatically increases patients' out of pocket costs and total costs for the same procedures.



Out-of-network care dramatically increases patients' out of pocket costs and total costs for the same procedures.



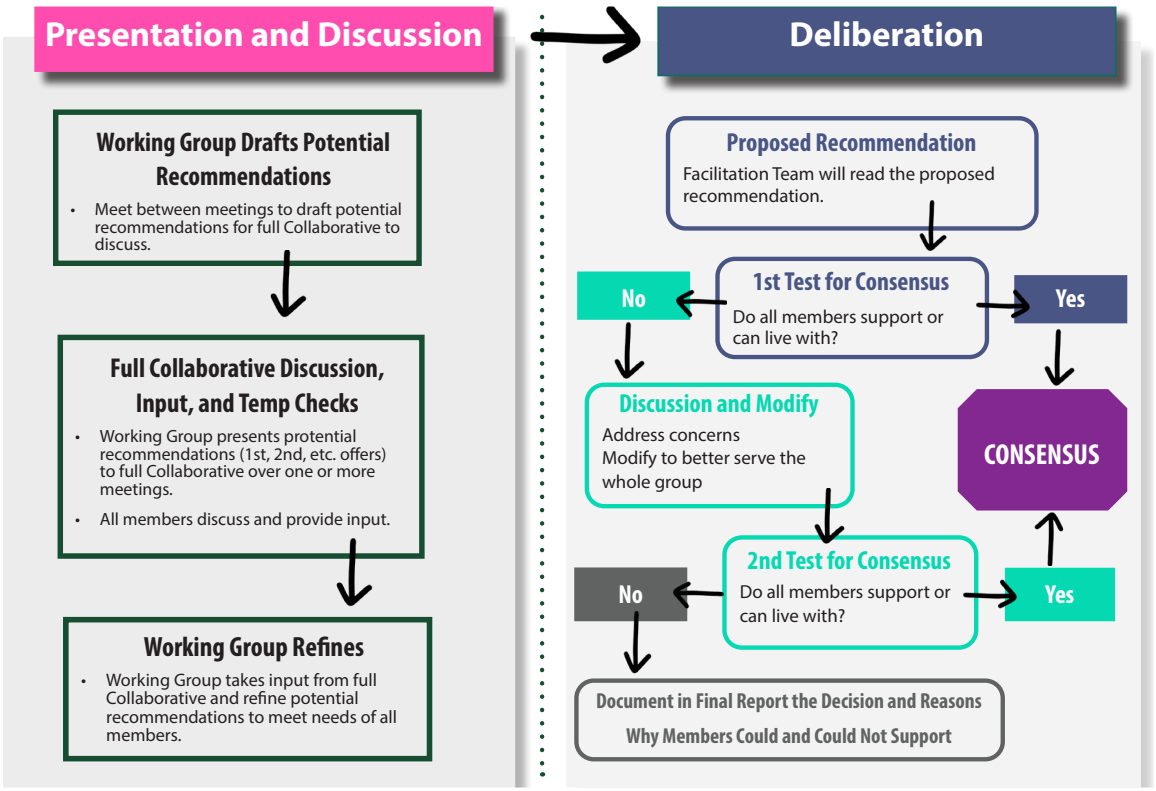
Once the April meeting ended, the Workgroup held a two-hour work session to continue to work on the three proposed recommendations still needing to be finalized to go forward to the full Collaborative at the May meeting. The Workgroup focused half of the session on discussing the out-of-network reimbursement proposal developed by the dental providers and the other half of the session discussing a draft recommendation on pricing transparency.

One of the primary concerns members had with the Dental Claims APCD Analysis recommendation was the amount of time it would take for the recommendation to come to fruition and the analysis to be completed. Members noted that the recommendation as written at the time, requested the Legislature to direct the OIC to conduct the analysis and produce a report. Even if the Legislature implemented the recommendation in the next session, OIC would not start the work until July 2027 at the earliest.

Given these timeline concerns, OIC offered a modified and reduced scope of work that would allow them to analyze some relevant data and provide an analysis presentation by December of this year. Workgroup members supported the proposal and worked with OIC to modify what data elements the analysis would consider and to distill a reduced list of common dental CDT codes. This "final offer" of the Dental Claims APCD Analysis Recommendation was presented for consensus at the May full Collaborative meeting.

The Workgroup continued problem solving on the draft pricing transparency recommendation and the out-of-network (OON) reimbursement recommendation. With several members still having concerns with specific elements of both recommendations, the Facilitation Team requested that Workgroup members put into writing their concerns and their proposed changes that would address their concerns and that would also still meet the needs of other members. This information was included along with the draft recommendation and provided to all members in advance of the May 29th full Collaborative meeting.

The SSB 5351 Consensus Decision-Making Process



At the May 29th meeting, the Collaborative spent the first part of the meeting discussing and finalizing the dental claims APCD analysis draft recommendation. The Collaborative reached unanimous consensus and the recommendation is provided as Recommendation 2. in this report.

The Collaborative then focused on problem solving to get to consensus on the pricing transparency recommendation. After several hours of discussion and rounds of modifications, members representing the Washington State Dental Association, Dental Provider Specialists, and Washington State Society of Oral and Maxillofacial Surgeons were still unable to live with the recommendation. Members were optimistic that with additional time, they could find a path forward that would address their concerns and asked the Workgroup to bring a revised version of the recommendation back for consensus at the June meeting. Per the operating procedures, the Facilitation Team asked the members that could not live with the recommendation to put in writing and bring to the next Workgroup meeting, their proposed changes that they could live with that would also still meet the needs of their fellow members.

The Collaborative spent the remainder of the May 29th meeting discussing the provider's out-of-network reimbursement draft recommendation. Members representing the dental providers provided the following written rationale for the proposed standard OON reimbursement rate:

1. Cost Control and Premium Stability: Paying the lower of in-network rates or 80% of UCR prevents perception of excessive reimbursement while maintaining reasonable access to care. It discourages artificially inflated billed charges without suppressing legitimate market-based compensation.
2. Fair and Geographic-Specific Reimbursement: Using area- or region-based UCR ensures reimbursement reflects local economic conditions, rather than outdated or national averages that may not align with real-world costs.
3. Reduced Member Financial Burden: Limiting reimbursement to predictable benchmarks reduces unexpected billing and improves members' ability to estimate out-of-pocket expenses.
4. Alignment With Network Economics: Because in-network rates are negotiated and actuarially validated, using them as a reimbursement ceiling prevents OON payments from exceeding amounts deemed reasonable for the same service in the same area.
5. Administrative Simplicity and Transparency: A standardized rule reduces claim appeals, provider disputes, and administrative overhead for insurers and plan administrators.

Non Consensus: Standard Out-Of-Network Reimbursement Rate

This proposal recommends that dental insurance carriers reimburse out-of-network (OON) dental claims at the lower/ minimum of:

- The applicable in-network contracted rate, or
- 80% of Usual, Customary, and Reasonable (UCR) charges, determined by geographic area code or region as based on Fair Health Consumers available data or any nationally recognized UCR data source, and the rates are updated at least annually.
- Applies to all covered dental procedures where an in-network contracted rate exists
- Applies only to OON claims; in-network contracts remain unaffected
- Policy stays in effect until future legislative policy supersedes it.

Dental providers (Dentists, Denturists, and Dental Speciality Providers) explained that this approach balances cost containment, fair provider reimbursement, and member affordability while promoting transparency and predictability across dental benefit plans. Expected outcomes and stakholder impact according to dental providers would include:

- Members: More predictable costs; More patient choice from whom they receive care
- Insurers: Improved cost management; fewer disputes
- Employers: Better premium stability and plan sustainability
- Providers: Clear expectations regarding OON reimbursement
- Regulators: Policy consistency and consumer protection

Following the dental providers' explanation of the draft OON reimbursement recommendation, Workgroup members shared with the full Collaborative a brief recap of their discussions. This included the list of concerns and any proposed changes Workgroup members had put in writing to address those concerns.

Members representing patients and purchasers shared a number of similar concerns with the draft recommendation, primarily that the standard rate proposed in the draft recommendation would result in OON rates being the same as in-network rates, and therefore could create an incentive for dental providers to leave networks. This raised concerns about the ripple effects of providers leaving networks. Patients talked about the importance of having access to affordable dental care, especially in rural communities and shared concerns that the draft recommendation could result in dental providers leaving networks and patients losing access to in-network providers. Losing access to in-network providers and having to go out of network could lead to higher patient out-of-pocket costs, in that patients do not get the maximum savings and benefits they would receive from seeing an in-network provider. This would also leave patient subject to balance-billing for out-of-network services.

Purchasers shared similar concerns and talked about how employers want robust network provider plans and want their employees to see in-network dental providers. They expressed concerns that setting such a rate could result in increased premium costs and increase costs to existing plans. In addition, purchasers noted that because dental benefits are not required, if premium prices increased, employers may be less likely to purchase dental benefits for their employees.

Carriers shared many of the same concerns described by patients and purchasers. They highlighted the market implications and risks that reimbursing OON providers at the same rate as in-network providers could create. By staying in-network, dental providers agree to a fixed reimbursement rate and reduced fees for service in exchange for patient referrals and carriers pay less for OON providers to incentivize network usage and keep plan premiums affordable.

Carriers also shared concerns that these proposed rates could cause providers to leave networks and providers would not be motivated to join a network unless a carrier significantly increased in-network reimbursement. They expressed concern that having a required uniform reimbursement floor and the reduction of in-network providers may increase costs across the entire system. They also pointed out how employers request lower premiums for their group plans and that in order to achieve this, carriers structure plans that financially "steer' patients toward in-network providers. According to many of the carriers, the proposed reimbursement rates and resulting impact of dental providers leaving or not joining networks would increase costs for existing plans, raise premiums, and increase patient out-of-pocket costs as patients could be subject to balance billing for out-of-network services.

The Collaborative held a robust discussion on these concerns and the concerns of dental providers that the draft recommendation set out to address. Ultimately, the group decided that problem-solving and getting to consensus was not achievable given the number of members that could not support the draft recommendation.

In addition to the lack of agreement among members on the problem needing to be addressed in regard to OON reimbursement, there was also insufficient and incomplete impartial data available that shows what the actual charges and paid amount trends are for common dental procedures for the commercial dental insurance market in Washington. Such data and evidence-based information would be needed in order for the Collaborative to better understand dental insurance utilization and payment, to agree on the "problem" to be addressed, and to identify next steps to do so. The collection and analysis of this data is the purpose for what is presented in Recommendation 2 in this report.

The Workgroup met on June 12th to continue problem solving and attempt to finalize the draft pricing transparency recommendation for consensus decision-making at the final meeting of the Collaborative on June 18th. As explained above, at the May full Collaborative meeting, a number of members were still unable to live with the draft recommendation. Optimistic that a path forward could be found to address their concerns, the Collaborative asked the Workgroup to meet and bring a revised version of the recommendation back for consensus at the June meeting. The draft pricing transparency recommendation at the conclusion of the May 29th meeting was as follows:

A. Draft Pricing Transparency Recommendation as of May 29, 2026

The SSB 5351 Collaborative recommends requiring full transparency in the pricing practices of all dental providers and the reimbursement rates by carriers. This should include:

A1. Upon request by a patient, dental providers should be required to disclose prices, at a minimum for routine procedures prior to a visit.

A2. Upon request by a patient, dental providers must make a pre-determination request of the carrier. Upon receipt of sufficient information, the carrier must respond within five calendar days. Carriers must disclose electronically to in-and out-of-network providers what information is required to fulfill a pre-determination request. The pre-determination information from carriers must include the specific denial or adjustment codes applied to reduce costs or deny a procedure, along with a clear, definitive list of the factors (i.e. clinical criteria, processing guidelines or otherwise) that determine eligibility for coverage.

A3. Upon request by a patient, for out-of-network providers: to address existing administrative burdens, carriers must grant access to their portals or develop another electronic mechanism for providing the above pre-determination information to all out-of-network providers within five calendar days. If a plan does not have out-of-network coverage, these requirements do not apply.

Members representing dental providers that could not live with the recommendation as written above, met in advance of the June 12th Workgroup meeting to put together an alternative proposal that they could live with and that they believed still met the needs of the other members of the Collaborative.

In addition to the providers putting forward an alternative proposal, additional concerns shared by members included the following:

- The use of calendar days instead of business days might cause situations where a holiday business closure would extend more than just one calendar day, plus a weekend, and therefore result in either a same-day or one-working-day response time to meet the 5 calendar day requirement, which may not be doable. Members noted that RCW 48.43.830 requires electronic notification within three calendar days, excluding holidays; and for non-electronic submissions, the time frame is five days. Despite these concerns, Workgroup members recognized that using calendar days instead of business days made the potential recommendation consistent with existing law.
- Willamette Dental operates differently from other carriers as a fully-integrated dental care organization that employs their own providers and is supported by their own insurance products. The first bullet would be immaterial since all Willamette's patients are insurance members. For the second bullet, Willamette explained that they currently provide a service greater than this without it being formally requested by a patient and therefore are concerned that if this recommendation were to apply to them, having to conform to a prescriptive standard that does not fit their situation could cause disruption. Willamette also explained that this recommendation would not be applicable to their model since they are not a 100/80/50 plan, with coinsurance, and annual maximum + deductible. Willamette has no deductible or annual plan maximums and utilizes copays instead of coinsurance.

After discussing these concerns, the Workgroup focused on the alternative proposal from providers and worked on problem solving. Providers acknowledged the importance of patients knowing the cost of treatment before providing informed consent and explained that this level of transparency already exists broadly withing dentistry. They shared concerns that requiring all dental providers to make predetermination requests may unnecessarily increase costs and administrative burden for both patients and dental providers. While predeterminations can be an important tool for patients seeking additional information about anticipated costs, they noted that these estimates are not binding, and the process can increase the time and expense required for patients to obtain care. Providers explained that because carriers need multiple days to process and respond to predetermination requests, patients may need additional visits before a treatment plan could be completed. Multiple visits could increase expenses related to travel, childcare, time away from work, and other related expenses.

For these reasons, and without additional time in the process to fully address their concerns, dental providers explained they could not live with the May 29th version of the draft recommendation and therefore proposed the following alternative proposal:

B. Alternative Proposal from Dental Providers for June 12th Workgroup Meeting

The SSB 5351 Collaborative recommends:

B1. That all dental providers be required to disclose all fees to patients prior to all non-emergency treatment.

B2. That all carriers be required to provide electronically accessible pathways for all dental providers to submit pre-determination requests.

The Workgroup discussed the providers' alternative proposal in relation to the draft recommendation the full Collaborative had discussed at the May 29th meeting. Members began by discussing the intent of both A1. and B1. Patient representatives talked about how patients are often unable to obtain cost information

before sitting in a dental provider's chair and therefore unable to compare prices and make a decision for dental care that matches their financial situation. Providers expressed concerns about being exposed to antitrust violations.

Members mentioned Colorado as a state that has law attempting to address this issue. In 2017, the Colorado State Legislature passed Senate Bill (SB) 65, which requires all healthcare providers and facilities to publish a list of cash pay prices (fees) for the 15 most common healthcare services provided by the office. The list must be available electronically or on the provider's website (or posted in the waiting room of a small practice) and must be updated at least annually. The scope of the law specifically includes dentists and states that if fees do not vary substantially between providers in a dental practice who practice under a single tax ID number, fees may be posted in aggregate for the practice.

The discussion about A2 and A3, and B2 was multifaceted. Providers reiterated their concerns about the administrative challenges of increasing the use of predeterminations and that they could not support such a requirement be required of OON providers. Workgroup members representing patients and some of the carrier representatives noted that most carriers already have an in-network predetermination process of some kind. The gap exists when a patient is seeking care from an OON provider for which their dental benefits coverage does not have a contractual requirement to perform a predetermination if requested by the patient. In general, members were supportive of carriers being required to provide electronically accessible pathways for all dental providers to submit predetermination requests.

The Workgroup made multiple attempts at problem solving to address all members' concerns. By the end of the meeting, the Workgroup had created a third alternative for the full Collaborative to consider at its June 18th meeting:

C. Alternative Proposal Developed at June 12th Workgroup Meeting

The SSB 5351 Collaborative recommends:

C1. That all dental providers be required to disclose fees to patients for a defined set of standard dental procedures, to be determined by OIC following consultation with dental providers, dental carriers and patients.

C2. That all carriers be required to provide electronically accessible pathways for all dental providers to submit predetermination requests. That current OIC rules be amended to include a requirement that dental insurers provide an estimate of the allowed amount a dental insurer would pay for the service that is the subject of the predetermination request.

The final meeting of the SSB 5351 Collaborative took place on June 18th, 2026. The main goal of the meeting was to discuss, problem-solve as needed, and finalize the pricing transparency draft recommendation. Before getting to this discussion, the Collaborative spent some time talking about the draft proposals that members had put together but, given the timeline of this process, did not reach the Workgroup for discussion nor the full Collaborative. The Collaborative discussed whether, and if so, how to include these member proposals in this report. The Collaborative ultimately decided to link to them on the webpage and note the following:

The time allotted did not allow the Collaborative to discuss proposals tied to larger system issues. Specific proposals emerged from representatives of individual organizations participating in the Collaborative. The full Collaborative did not discuss these proposals due to time constraints, they not being directly tied to the

topics assigned by the Legislature for this Collaborative to address, and therefore needing to prioritize other proposed / potential recommendations. Thus, the issues these individual member proposals seek to address are summarized below and the full text of each proposal can be found here in their original form, without consideration, discussion, input, or refinement from the parties in the Collaborative.

Issue 1: Linking Dental Financing to Oral Health Outcomes

Some SSB 5351 Collaborative members expressed strong interest in exploring how alternative dental payment models can lead to improved oral health outcomes for Washington residents.

Issue 2: Expanding Patient Choice for Dental Benefits

Some SSB 5351 Collaborative members expressed strong interest in exploring alternative dental benefit models. Those members suggested that alternative proposals should focus on increasing the diversity of dental benefit offerings in the market.

The Collaborative then turned their attention to problem-solving and finalizing the draft transparency recommendation. The Facilitation Team walked through **Version A.** of the draft recommendation, explaining that this was the version of the draft recommendation at the conclusion of the last full Collaborative meeting on May 29th.

A. Draft Pricing Transparency Recommendation as of May 29, 2026

The SSB 5351 Collaborative recommends requiring full transparency in the pricing practices of all dental providers and the reimbursement rates by carriers. This should include:

A1. Upon request by a patient, dental providers should be required to disclose prices, at a minimum for routine procedures prior to a visit.

A2. Upon request by a patient, dental providers must make a pre-determination request of the carrier. Upon receipt of sufficient information, the carrier must respond within five calendar days. Carriers must disclose electronically to in-and out-of-network providers what information is required to fulfill a pre-determination request. The pre-determination information from carriers must include the specific denial or adjustment codes applied to reduce costs or deny a procedure, along with a clear, definitive list of the factors (i.e. clinical criteria, processing guidelines or otherwise) that determine eligibility for coverage.

A3. Upon request by a patient, for out-of-network providers: to address existing administrative burdens, carriers must grant access to their portals or develop another electronic mechanism for providing the above pre-determination information to all out-of-network providers within five calendar days. If a plan does not have out-of-network coverage, these requirements do not apply.

Version B. is the alternative proposal put together by members representing dental providers that were unable to live with Version A. of the recommendation.

B. Alternative Proposal from Dental Providers for June 12th Workgroup Meeting

The SSB 5351 Collaborative recommends:

B1. That all dental providers be required to disclose all fees to patients prior to all non-emergency treatment.

B2. That all carriers be required to provide electronically accessible pathways for all dental providers to submit pre-determination requests.

Version C. is the result of the Workgroups problem-solving discussion on June 12th.

C. Alternative Proposal Developed at June 12th Workgroup Meeting

The SSB 5351 Collaborative recommends:

C1. That all dental providers be required to disclose fees to patients for a defined set of standard dental procedures, to be determined by OIC following consultation with dental providers, dental carriers and patients.

C2. That all carriers be required to provide electronically accessible pathways for all dental providers to submit pre-determination requests. That current OIC rules be amended to include a requirement that dental insurers provide an estimate of the allowed amount a dental insurer would pay for the service that is the subject of the predetermination request.

Unable to coalesce around one recommendation, the Workgroup decided to present all three to the Collaborative for discussion and problem-solving.

The Collaborative first focused their discussion first on A1, B1, and C1.

A1. Upon request by a patient, dental providers should be required to disclose prices, at a minimum for routine procedures prior to a visit.

B1. That all dental providers be required to disclose all fees to patients prior to all non-emergency treatment.

C1. That all dental providers be required to disclose fees to patients for a defined set of standard dental procedures, to be determined by OIC following consultation with dental providers, dental carriers and patients.

Members spent time focusing on C1. since most members indicated they could live with this version of the recommendation. One of the patient representatives noted concern that the recommendation says "patients" and not "consumers" and that the original intent of the recommendation was to allow anyone regardless of whether or not they were already a patient to be able to access fee information. However, changing the language to "consumers" was something members representing providers indicated they could not support, due to concerns such as violating antitrust laws.

When the Facilitation Team called for it, the Collaborative reached consensus on **C1.**, and it is listed as a consensus recommendation in the following chapter of this report.

C1. That all dental providers be required to disclose fees to patients for a defined set of standard dental procedures, to be determined by OIC following consultation with dental providers, dental carriers and patients.

Result: **Consensus**

AARP: Support	Premera: Support	Health Alliance: Support
DDWA: Support	Regence: Can Live With	Willamette: Can Live With
NFIB: Support	Speciality Providers: Can Live With	WSDA: Can Live With
Patient Coalition: Can Live With	WDA: Can Live With	WSSOMS: Can Live With

The Collaborative then focused on A2, B2, and C2. Following several rounds of discussion and iterations to try and find a path forward that would address all concerns (summary of the discussions can be found in the meeting summary), a fourth option (**D1)** was developed:

A2. Upon request by a patient, dental providers must make a pre-determination request of the carrier.
Upon receipt of sufficient information, the carrier must respond within five calendar days. Carriers must disclose electronically to in-and out-of-network providers what information is required to fulfill a predetermination request. The pre-determination information from carriers must include the specific denial or adjustment codes applied to reduce costs or deny a procedure, along with a clear, definitive list of the factors (i.e. clinical criteria, processing guidelines or otherwise) that determine eligibility for coverage.

B2. That all carriers be required to provide electronically accessible pathways for all dental providers to submit pre-determination requests.

C2. That all carriers be required to provide electronically accessible pathways for all dental providers to submit pre-determination requests. That current OIC rules be amended to include a requirement that dental insurers provide an estimate of the allowed amount a dental insurer would pay for the service that is the subject of the predetermination request.

D1. Upon request by a patient, dental providers must make a pre-determination request of the carrier. That all carriers be required to provide electronically accessible pathways for all dental providers to submit pre-determination requests.

In the interest of time and recognizing that it would not be possible to address and problem solve all members concerns in such a way that would meet everyone's needs to where they could live with one of the recommendations, the Collaborative decided to move forward and call for consensus on Version A. of the recommendation, C2, and D1. The consensus roll call for each are documented below. Additional details can be found in the June 18th meeting summary.

D1. Upon request by a patient, dental providers must make a pre-determination request of the carrier. That all carriers be required to provide electronically accessible pathways for all dental providers to submit pre-determination requests.

Result: Non Consensus

AARP: Support	Premera: Support	Health Alliance: Support
DDWA: Support	Regence: Support	Willamette: Can Live With
NFIB: Can Live With	Speciality Providers: Cannot Support	WSDA: Cannot Support
Patient Coalition: Support	WDA: Cannot Support	WSSOMS: Cannot Support

The SSB 5351 Collaborative recommends requiring full transparency in the pricing practices of all dental providers and the reimbursement rates by carriers. This should include:

A1. Upon request by a patient, dental providers should be required to disclose prices, at a minimum for routine procedures prior to a visit.

A2. Upon request by a patient, dental providers must make a pre-determination request of the carrier. Upon receipt of sufficient information, the carrier must respond within five calendar days. Carriers must disclose electronically to in-and out-of-network providers what information is required to fulfill a pre-determination request. The pre-determination information from carriers must include the specific denial or adjustment codes applied to reduce costs or deny a procedure, along with a clear, definitive list of the factors (i.e. clinical criteria, processing guidelines or otherwise) that determine eligibility for coverage.

A3. Upon request by a patient, for out-of-network providers: to address existing administrative burdens, carriers must grant access to their portals or develop another electronic mechanism for providing the above pre-determination information to all out-of-network providers within five calendar days. If a plan does not have out-of-network coverage, these requirements do not apply.

Result: Non Consensus

AARP: Cannot Support	Premera: Cannot Support	Health Alliance: Support
DDWA: Support	Regence: Can Live With	Willamette: Support
NFIB: Cannot Support	Speciality Providers: Cannot Support	WSDA: Cannot Support
Patient Coalition: Can Live With	WDA: Cannot Support	WSSOMS: Can Live With

C2. That all carriers be required to provide electronically accessible pathways for all dental providers to submit predetermination requests. That current OIC rules be amended to include a requirement that dental insurers provide an estimate of the allowed amount a dental insurer would pay for the service that is the subject of the predetermination request.

Result: Non Consensus

AARP: Support	Premera: Can Live With	Health Alliance: Cannot Support
DDWA: Cannot Support	Regence: Can Live With	Willamette: Can Live With
NFIB: Can Live With	Speciality Providers: Can Live With	WSDA: Can Live With
Patient Coalition: Support	WDA: Can Live With	WSSOMS: Can Live With

At the conclusion of the June 18th meeting, the Facilitation team asked members to share one thing they are committed to carrying forward from their experience in this Collaborative process and one thing they would like to share with the Legislature about the importance of oral healthcare in Washington State. Reponses to these questions can be found here in the June 18th meeting summary.

III.

CONSENSUS RECOMMENDATIONS

III. CONSENSUS RECOMMENDATIONS

In 2025, Substitute Senate Bill (SSB) 5351directed the William D. Ruckelshaus Center (the Center) to contract with the Office of the Insurance Commissioner (OIC) to design, convene, and facilitate a collaborative process on issues related to:

1. Dental Loss Ratio
2. Relative payment for dentists or denturists based upon their provider network status including, but not limited to, payment based on the usual and customary rate.

The legislation (Appendix A) also directed the Center to provide quarterly progress updates to legislative members (Appendix B) and to submit a final report summarizing findings, areas of agreement, and recommendations for legislative or regulatory action to the legislature by June 30, 2026.

The Center served as an impartial facilitator of the SSB 5351 Collaborative. The Center's Facilitation Team designed the collaborative process and facilitated meetings, guiding the Collaborative in its work to develop the shared understanding, relationship building, and mutual benefits problem-solving necessary to reach consensus.

For more detailed information and context about the development of the recommendations and member perspectives leading up to reaching consensus can be found in Chapter II. of this report and in the meeting summaries and notes provided here on the SSB 5351 Collaborative webpage.

Recommendation 1.

Dental Loss Ratio Data Collection and Reporting

The SSB 5351 Collaborative recommends that a carrier that issues, sells, renews, or offers a dental coverage plan in Washington State file a dental loss ratio data form electronically with the Office of the Insurance Commissioner for the preceding calendar year in which dental coverage was provided by the dental coverage plan.

This applies to OIC-regulated plans: fully-insured plans, as opposed to self-insured. The data elements to be reported for dental loss ratio include:

- Amount incurred for clinical dental services
- Expenditures on activities that improve dental care quality
- Claim through fraud protection efforts
- Total amount of premium revenue
- Federal and state taxes
- Licensing and regulatory fees paid
- Nonprofit community benefit expenses
- Any other payments required by federal law
- Member months
- Non-claim costs

DLR shall be calculated for each market segment by dividing the numerator by the denominator, where:

Numerator is the sum of

- Amount incurred for clinical dental services provided to enrollees
- Amount incurred on activities that improve dental care quality
- Amount of claim payments identified through fraud reduction efforts

Denominator is

- Total amount of premium revenue
- Minus federal and state taxes
- Minus licensing and regulatory fees paid
- Minus nonprofit community benefit expenditures
- Minus other payments required by federal law

The SSB 5351 Collaborative recommends the above terms be included and a mechanism identified for defining terms. The Collaborative advises looking at states such as Colorado and California for reference. Carriers should report for all of the dental business with situs in Washington and other states as available. Data reported should be made available to the public in a searchable format on a public website that allows for the comparison of these data elements, including DLR among carriers and plan type. Data should also be reported by market segment and product type.

The SSB 5351 Collaborative also recommends an advisory committee be convened to provide input and guidance to the OIC once the OIC has collected data.

The goal of collecting the above data elements is to promote:

- Greater transparency on how premium dollars are spent by dental carriers, including but not limited to product type, plan design, and market segment.
- Transparency and visibility regarding how dental benefit premium dollars pay for dental services as opposed to administrative, marketing, and operational costs.
- Access to information that could show how much actual care coverage is provided relative to what is paid for that coverage.
- To make further visible information regarding expenditures that are related to the operations, regulatory requirements, and community benefits of carriers.

Recommendation 2.

Dental Claims All Payer Claims Database (APCD) Analysis Plan

The SSB 5351 Collaborative recommends OIC conduct analysis that looks at Washington All Payer Claims Database (APCD) data to better understand charges and paid amount trends for common dental procedures for the commercial dental insurance market in Washington. Following the completion of OIC's analysis of APCD Dental Claims data in November 2026, the Collaborative recommends that the House Health Care and Wellness Committee and the Senate Health and Long Term Care Committee convene a work session to review the findings of the data analysis. All members of the Collaborative should be invited to present their perspective on the data analysis to the committees. The work session will provide an opportunity to present the findings of the data analysis, allow legislators to gain a better understanding of dental insurance

utilization and payment, and identify potential next steps to address relative payments for in-network and out-of-network dental claims.

Scope

Study Population and Time Period: The study will be restricted to commercial dental claims. The time period will include 3 calendar years, 2023 – 2025. In accordance with standard practice, claims will be limited to those that were paid as primary coverage; denied claims will be excluded.

The particular dental services used in this analysis will be a subset of common dental procedure codes (CDT codes) provided by the work group, in consultation with OIC.

Blinding rules will be applied to the results in compliance with CMS standards. Any cell with a numerator or denominator value of between 1 and 10 will be blinded.

Data Elements of Interest: The analysis will include the following data elements broken out by each stratification level (described below).

- **Billed charges:** The amount charged by the provider for a service.
- **Insurer paid amount:** The amount paid for the service to the provider by the dental health plan.
- **Cost-sharing amount:** The amount paid for the service by the enrollee. The cost-sharing amount is the sum of the copay amount, coinsurance amount and deductible amount applicable to each claim.
- **Allowed amount:** The total amount paid to the provider for a service. Calculated as the sum of the insurer paid amount and the cost-sharing amount.

For each of the elements described above, the OIC will calculate the minimum, maximum, average, median, 25th percentile and 75th percentile, or the most appropriate descriptive statistics, broken out by the different stratification levels.

Data Stratifications: Service counts, charges, and paid amounts will be stratified by:

- Year of service
- Network status (In-Network vs. Out-of-Network)
- Carrier
- Procedure code

Recommendation 2. Common CDT Codes

Description	CDT Code
Comprehensive Exam	D0150
Periodic Exam	D0120
Comprehensive Periodontal Exam	D0180
Limited Oral Exam	D0140
Full Mouth Series xray	D0210
Application of Fluoride	D1206
Sealants Application	D1351
Application of Fluoride - excluding varnish	D1208
First Periapical xray	D0220
Intraoral Periapical - add'l xray	D0230
2 Bitewing xray	D0272
4 Bitewing xray	D0274
Panoramic Xray	D0330
Adult Prophy	D1110
Child Prophy	D1120
Scale 4+ Teeth/Quad	D4341
Scale 1-3 Teeth/Quad	D4342
Perio Maint	D4910
Compisite Filling 1 surface anterior	D2330
Compisite Filling 2 surface anterior	D2331
Compisite Filling 3 surface anterior	D2332
Amalgam Filling 1 surface	D2140
Amalgam Filling 2 surface	D2150
Composite Filling 1 surface posterior	D2391
Composite Filling 2 surface posterior	D2392
Composite Filling 3 surface posterior	D2393
Pre-Molar Root Canal Therapy	D3320
Molar Root Canal Therapy	D3330
Stainless Steel Crown (Primary)	D2930
All Ceramic Crown	D2740
Core Build up	D2950
Surgical Placement of Implant	D6010
Implant Crown	D6058
Simple Extraction	D7140
Surgical Extraction	D7210
Extraction Partial Bony	D7230
Extraction Complete Bony	D7240
Upper Full Denture	D5110
Lower Full Denture	D5120
Upper Immediate Denture	D5130
Lower Immediate Denture	D5140
Upper Partial Denture	D5213
Lower Parial Denture	D5214
Upper Denture Reline	D5750
Upper Denture Repair	D5512
Upper Acrylic Partial	D5211
Replace Tooth Complete Denture	D5520
Repair Lower Denture	D5511
Repair Upper Dentrue	D5512
Occlusal Guard for grinding	D9944

Output
The final product will include an aggregated Excel dataset, as well as charts and graphics highlighting key trends and findings.

Tentative Timeline
Summary statistics: 7/15/26
First draft data set/work product: 8/28/26
Second draft data set/work product : 9/18/26
Final draft data set/work product and charts/graphics: 11/01/26

Recommendation 3.

Allowing Licensed Denturists to Join Dental Provider Networks

The SSB 5351 Collaborative recommends to the Legislature to build on passage of HB 1683 (Chapter 216, Laws of 2023 – 68th Legislature 2023 Regular Session) to direct the OIC to ensure that dental benefit carriers:

- Allow licensed denturists in Washington to join dental provider networks if the denturist chooses to join and meets network requirements.
- Recognize denturists as direct-bill providers, regardless of network status. See RCW 48.43.745: Chapter 48.43 RCW: INSURANCE REFORM

Recommendation 4.

Pricing Transparency

The SSB 5351 Collaborative recommends that all dental providers be required to disclose fees to patients for a defined set of standard dental procedures, to be determined by OIC following consultation with dental providers, dental carriers, and patients.

Appendix A.

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

SUBSTITUTE SENATE BILL 5351

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.

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

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

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

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

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

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

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

(c) Clinical appropriateness;

(d) Medical necessity;

(e) A final benefit decision that has been pended due to the need for further documentation or provider narrative; or

(f) Plan benefit limitations.

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

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

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

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

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

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

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

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

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

(i) The Washington state dental association;

(ii) A representative of the Washington denturist association;

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

(iv) Consumer representatives;

(v) The office of the insurance commissioner; and

(vi) Other relevant interested organizations as appropriate;

(b) Facilitate discussions to address issues related to:

(i) Dental loss ratio; and

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

(c) Develop recommendations for legislative or regulatory action.

(2) The William D. Ruckelshaus center shall:

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

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

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

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

(a) The total number of dental members;

(b) The total amount of dental revenue;

(c) The total amount of dental payments;

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

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

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

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

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

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

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

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

***NEW SECTION.** Sec. 6. Section 4 of this act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, 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."

--- END ---

Appendix B.

WASHINGTON STATE UNIVERSITY

THE WILLIAM D. RUCKELSHAUS CENTER

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SSB5351 Collaborative Forum on
Dental Loss Ratio and Relative Payment to Providers based on Network Status
Quarterly Report - October 30th, 2025

Quarter 1 Report: July 27th, 2025- October 31, 2025
This document summarizes work completed from 7-27-2025 to 10-31-2025 under the contract agreement for facilitation of the SSB 5351 Dental Collaborative (the Collaborative) entered by and between the Office of the Insurance Commissioner (OIC) and the William D. Ruckelshaus Center (the Center)

The Center's Facilitation Team working on this project during the reporting period: Amanda Murphy, Chris Page, and Gaby Diamond.

Summary Of Work To Date

Contracting:
Per the legislation, the start date for work was July 27, 2025. Center staff began working with OIC months prior to the start date to initiate contracting and to respond to several inquiries from interested parties about the project. The Center's Facilitation Team met the week of July 27th to officially kick off the work and begin designing the convening assessment.

Convening Assessment:
The Facilitation Team met multiple times with OIC in the first few weeks of the project starting to gather background information about dental loss ratio and reimbursement and to discuss an initial list of parties that would be participating as part of the collaborative group (Attachment A. Member List as of 10.30.25).

The first step of an effective collaborative process is what is referred to as a "convening assessment". Before the Center's Facilitation Team brings parties together, the Facilitators meet individually with each party to better understand the interests and substantive issues that need to be addressed and the likely challenges, barriers, and opportunities for moving forward. These conversations also provide the Facilitation Team with a better understanding about the goals and expectations each party has for the process, the level of trust that exists amongst the parties, past efforts to address the issues, and areas of potential agreement or conflict. All of this information is used by the Team to inform how the process should be designed for the greatest likelihood of success. This includes meeting frequency, schedule, and topic sequencing, and to develop a draft workplan for the group to build upon and agree to.

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Starting in August, the Facilitation Team reached out to all parties to schedule these 90 minute, one-on-one conversations. Attachment B is the list of questions used to guide the conversation, which was provided in advance to all participants. Conversations occurred from August through October. The Facilitation Team will present a synthesis of key findings from these conversations to everyone at their kick-off meeting on October 30 Collaboration.

In addition to talking with the representatives of each of the parties, the Facilitation Team also met with Legislators that were involved with SSB 5351 to better understand the history surrounding these issues and the goals of the legislation.

Collaborative Process Design and First Meeting of the SSB 5351 Collaborative:
Based on the information gathered during the Convening Assessment, the Facilitation Team spent several weeks designing and planning the first meeting of the Collaborative, and a draft work plan. This included scheduling and planning the kick-off meeting, and the creation of the following materials for the group:

- October 30th Agenda – Attachment C
- Draft Discussion Groundrules – Attachment D
- Draft Operating Procedures – Attachment E
- Draft Work Plan – Attachment F

The Collaborative will discuss meeting frequency and scheduling, and ideally decide upon a set schedule, at its October 30 kickoff meeting.

Ther Facilitation Team will prepare a summary of the meeting, which will be reviewed and finalized by the Collaborative members and posted to public-facing website after it is updated (currently under construction with a goal of being updated by the end of November).

Facilitation Team Meetings:
The Center's Facilitation Team meets weekly to coordinate, plan, and design the work of this Collaborative.

WASHINGTON STATE UNIVERSITY

THE WILLIAM D. RUCKELSHAUS CENTER

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SSB5351 Collaborative Forum on
Dental Loss Ratio and Relative Payment to Providers based on Network Status
Quarterly Report - January 30th, 2026

Quarter 2 Report: November 1st, 2025 – January 30th, 2026
This document summarizes work completed from 11-01-2025 to 1-30-2026 under the contract agreement for facilitation of the SSB 5351 Dental Collaborative (the Collaborative) entered by and between the Office of the Insurance Commissioner (OIC) and the William D. Ruckelshaus Center (the Center)

The Center's Facilitation Team on this project during the reporting period: Amanda Murphy, Chris Page, and Gaby Diamond.

Summary Of Work to Date

Facilitation of the SSB 5351 Collaborative
The SSB 5351 Collaborative developed and agreed on the following operating procedures:

- SSB 5351 Collaborative Operating Procedures

All documents and meeting materials of the SSB 5351 Collaborative are available on Ruckelshaus Center's website: SSB 5351 Collaborative | The William D. Ruckelshaus Center | Washington State University

Meeting #1 – October 30, 2025: The first meeting of the Collaborative occurred on October 30, 2025, at the WA State Capitol in the Columbia Room of the Legislative Building from 9:00am – 4:00pm. The meeting focused on the following:

- Beginning to get to know one another and developing a common understanding of the purpose, roles, and responsibilities of the SSB 5351 Collaborative.
- The facilitation shared findings from interviews conducted for a convening assessment.
- A presentation from the Facilitation Team to create shared understanding about what it means to participate in a collaborative process.
- Reviewing and discussing a "first offer" of operating procedures, prepared by the Facilitation Team based on what we learned from talking with each member during the convening assessment, along with what we have found has worked well with previous groups.
- Discussing the membership roster and whether any key parties were missing.
- A DLR "101" presentation, provided by OIC to create shared understanding and a baseline of understanding about dental loss ratio in WA.

- Group discussion about what additional information the parties will need about dental loss ratio to ensure there is enough shared understanding to enable productive dialogue and problem solving.
- Discussing a draft schedule and workplan.

More Information:

- SSB 5351 Collaborative October 30th Meeting Agenda
- SSB 5351 Collaborative October 30th Meeting Summary
- Collaborative Process Presentation Slides (PDF)
- Dental Loss Ratio Presentation Slides (PDF)

Meeting #2 - November 21, 2025: The second meeting focused on the following:

- Continuing to get to know each other and working to develop a common understanding of shared purpose, roles, and responsibilities of the SSB 5351 Collaborative.
- Reviewing and finalizing operating procedures including group roster, group agreements, and key process elements.
- Reviewing additional information about dental loss ratio (identified during the October meeting) and discussing whether any additional information is needed to enable productive dialogue and problem solving.
- Reviewing and discussing a draft goal statement on dental loss ratio (DLR).
- Developing shared learning and understanding about relative payment for dentists or denturists based upon provider network status – through the lens of each member's constituency or the entity they are representing.

OIC distilled DLR data on insurance carriers specific to Washington State and presented these DLR percentages at this meeting. The group discussed the limitations that only having one year's worth of data poses to developing informed policy recommendations.

The group then spent the remainder of the meeting developing shared understanding and learning about relative payment for dentists or denturists based upon provider network status. Each member had 10 minutes to give a "walk a mile in my shoes" type presentation. This was a quick guided tour or a very brief "day in the life of" type presentation, where the goal was not to try and convince or "sell" each other on the positions or proposed solutions around the issue, but instead to illuminate for one another what this issue looks like from the unique perspective and conditions of the constituency each member represents. This exercise provides a way for participants to start to see and understand each other's needs and interests.

More Information:

- SSB 5351 Collaborative November 21st Meeting Agenda

- SSB 5351 Collaborative November 21st Meeting Summary – *will be finalized by the group at the January 30th meeting and then posted to the website*

Meeting #3 - December 12, 2025: The third meeting focused on the following:

- Continuing to get to know each other and develop a common understanding of purpose, roles, and responsibilities of the SSB 5351 Collaborative.
- Finalizing the operating procedures.
- Continuing shared learning and understanding about relative payment for dentists or denturists based upon provider network status – through the lens of each members constituency or the entity they are representing.
- Discussing and deciding on an approach and process for identifying and working through issues regarding relative payment for dentists or denturists based upon provider network status.
- Reviewing the workplan for January - June 2026, including a smaller workgroup and the full Collaborative meeting schedule.

The group decided to create a workgroup, consisting of members on the Collaborative willing to invest additional time outside of the monthly meetings to discuss and propose options for recommendations to present to the full group to discuss at its monthly meetings. The Workgroup does not make decisions for the full Collaborative but allows members to discuss the issues in greater depth and come up with ideas to present to the Collaborative.

More Information:

- SSB 5351 Collaborative December 12th Meeting Agenda
- SSB 5351 Collaborative December 12th Meeting Summary – *will be finalized by the group at the January 30th meeting and then posted to the website*

Workgroup

The Collaborative decided to form a workgroup with a small yet diverse subset of key parties to dive deeper into the issues of DLR and relative payment based on provider network status. The Workgroup is scheduled to meet for two hours every other week.

At the first meeting, Workgroup members discussed how to move forward with developing recommendations on DLR. Members generally agreed that it may be premature to develop DLR policy recommendations, given the lack of DLR data and information available to guide conversations on what policy or policies might work best for patients and all the parties. Members agreed to bring this issue forward to the full Collaborative for discussion at its January 30th meeting.

Workgroup members also held a wide-ranging discussion based on the draft document "Relative Payment Issues Grouped" created by the Facilitation Team to condense the ideas and

themes the Collaborative discussed at the November and December meetings. The Workgroup will continue these conversations at its next meetings.

Meetings with OIC:
The Facilitation team meets regularly with OIC to discuss each agenda before meetings, and after to debrief and plan for the next meeting.

Facilitation Team Meetings:
The Center's Facilitation Team meets weekly to coordinate, plan, and design the work of this Collaborative.

WASHINGTON STATE UNIVERSITY

THE WILLIAM D. RUCKELSHAUS CENTER

UNIVERSITY OF WASHINGTON

SSB5351 Collaborative Forum on
Dental Loss Ratio (DLR) and Relative Payment to Providers based on Network Status
Quarterly Report – April 30th, 2026

Quarter 3 Report: January 30th, 2026 – April 30th, 2026
This document summarizes work completed from 1-30-2026 to 4-30-2026 under the contract agreement for facilitation of the SSB 5351 Dental Collaborative (the Collaborative) entered by and between the Office of the Insurance Commissioner (OIC) and the William D. Ruckelshaus Center (the Center).

The Center's Facilitation Team on this project during the reporting period: Amanda Murphy, Chris Page, and Gaby Diamond.

Summary of Work to Date

Facilitation of the SSB 5351 Collaborative
The Collaborative decided to form a workgroup with a small yet diverse subset of key parties to dive deeper into the issues of DLR and relative payment based on provider network status. Beginning in January, the Workgroup meets for two hours every other week.

At their first meeting in January, Workgroup members discussed how to move forward with developing recommendations on DLR and generally agreed that it may be premature to develop DLR policy recommendations, given the lack of available Washington carrier specific DLR data to guide conversations on what policy or policies might work best for patients and all the parties. The full Collaborative discussed this at the January 30th meeting and agreed on the direction and approach.

The Workgroup then spent several meetings discussing and developing a draft DLR data collection recommendation, using Colorado and California's approach as a model. The Workgroup presented the recommendation to the full Collaborative, and the Collaborative reached consensus on the recommendation at the March 27th meeting.

- SSB 5351 DLR Data Collection and Reporting Recommendation

Workgroup members also held a wide-ranging discussion based on the draft document "Relative Payment Issues Grouped" created by the Facilitation Team to condense the ideas and themes the Collaborative discussed at the November and December meetings. As of April, the Workgroup prepared and presented two draft recommendations for the full Collaborative to discuss and revise. At the April 24th meeting the full Collaborative reached consensus on one of the two recommendations. The other recommendation is going back to the Working Group to further refine and bring back at the May meeting.

- SSB 5351 Denturist Recommendation

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All documents and meeting materials of the SSB 5351 Collaborative are available on Ruckelshaus Center website: SSB 5351 Collaborative | The William D. Ruckelshaus Center | Washington State University

Meeting #4 - January 30, 2026: The fourth meeting of the Collaborative occurred on January 30, 2026, at the Washington Office of the Insurance Commissioner Building in Tumwater from 10:00am-4:00pm. The meeting focused on the following:

- Continue to develop shared understanding
- Finalize meeting summaries from November and December
- Provide updates and announcements (as relevant/appropriate)
- Hear update from the Workgroup
- Receive presentation from American Dental Association Health Policy Institute on Dental Loss Ratio (DLR)
- Discuss data needs and determine a way forward for DLR

The American Dental Association (ADA) Health Policy Institute representative Kamyar Nasseh (Health Economist) presented data and information on the 13 states implementing some type of dental loss ratio or refund/rebate. Members discussed the best path forward for DLR and asked OIC to look into what data could be collected to provide more information on the need for a DLR or not. They also decided to investigate California and Colorado's models for DLR reporting and the ADA NCOIL model. The Collaborative directed the Workgroup to discuss and potentially draft a recommendation around DLR to bring back.

More Information:

- SSB 5351 Collaborative January 30th Meeting Agenda
- SSB 5351 Collaborative January 30th Meeting Summary
- ADA Health Policy Institute DLR Presentation Slides

Meeting #5 - February 27, 2026: The fifth meeting focused on the following:

- Continue to develop shared understanding
- Finalize January meeting summary
- Provide updates and announcements
- Discuss draft Dental Loss Ratio (DLR) data collection recommendation prepared by the Workgroup
- Discussion on In-Network vs. Out-of-Network Reimbursement: give Workgroup direction on how to proceed to draft recommendation(s) regarding relative payments based on network status.

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Members discussed the DLR recommendation from the Workgroup and provided feedback so the Workgroup could bring a 'second offer' to the Collaborative at the next meeting. Then the OIC, Delta Dental of Washington, and the Washington State Dental Association presented a 'general scenario' for the in and out of network process through their organization's lens. After questions from members, the Facilitators asked each person to write on a sticky note what they see as the issue (or problem to be solved) and on another what a solution might be that works for all. The responses to the activity will be used by the Workgroup to discuss the relative payment based on provider network status issue.

More Information:

- SSB 5351 Collaborative February 27th Meeting Agenda
- SSB 5351 Collaborative February Meeting Summary
- Delta Dental of Washington Presentation Slides
- Washington State Dental Association In- and Out-of-Network Diagram
- Financial Realities of Owning a Dental Practice in Washington
- Patient Out-of-Network Expenses: A Comparison of Preferred Provider Organizations (PPOs)
- Patient Costs for a Typical Restorative Procedure Based on a $200 Fee

Meeting #6 – March 27, 2026: The sixth meeting focused on the following:

- Continue to develop shared understanding
- Finalize February meeting summary
- Provide announcements (as relevant/appropriate)
- Hear update from the Workgroup
- Review and finalize "second offer" of draft DLR data collection recommendation from Workgroup
- Discussion on In-Network vs. Out-of-Network reimbursement: review table of problem statements and solutions in light of Workgroup input and determine goal relative payments based on network status.

Members approved the 'second offer' of the DLR recommendation with a few changes. After that, members decided on the direction for the next issue and a small group of members volunteered to draft language for a recommendation on accessing data from the Washington All Payer Claims Database.

Meeting Information:

- SSB 5351 Collaborative March 27th Meeting Agenda
- SSB 5351 Collaborative March 27th Meeting Summary
- Consensus Decision Recommendation on DLR

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Meeting #7 - April 24, 2026: The seventh meeting focused on the following:

- Continue to develop shared understanding
- Finalize March meeting summary
- Provide announcements (as relevant/appropriate)
- Hear update from the Workgroup
- Shared Fact-Finding: Looking at in and out-of-network rate payments to providers for code 1110 and denturist code 5110.
- Review and discuss "first offer" of draft recommendations on issues related to relative payment based on network status.

Meeting Information:

- SSB 5351 Collaborative April 24th Meeting Agenda
- SSB 5351 Collaborative April 24th Meeting Summary – *will be finalized by the group at the May 29th meeting and then posted to the website*

Workgroup

The Collaborative decided to form a workgroup and their first meeting occurred in January. Since the first meeting (1/09/2026), there have been six additional Workgroup meetings. The meetings are scheduled to meet for two hours every other week.

Meeting Information:
February 6, 2026: 2-6-2026-SSB-5351-Collaborative-Workgroup-Summary.pdf
February 20, 2026: 2-20-2026-SSB-5351-Collaborative-Workgroup-Summary.pdf
March 6, 2026: 3-6-2026-SSB-5351-Collaborative-Workgroup-Summary.pdf
March 20, 2026: 3-20-2026 SSB 5351 Collaborative Workgroup Summary.pdf
April 3, 2026: 4-3-2026-SSb-5351-Collaborative-Workgroup-Summary.pdf
April 17, 2026: 4-17-2026-SSB-5351-Collaborative-Workgroup-Summary.pdf

Meetings with OIC:

The Facilitation team meets regularly with OIC to discuss each agenda before meetings and after to debrief and plan for the next meeting.

Facilitation Team Meetings:

The Center's Facilitation Team meets weekly to coordinate, plan, and design the work of this Collaborative.

Additional Facilitation Team Responsibilities:

The Facilitators, Amanda and Chris, also coordinate with individual members in between meetings to check in and discuss any materials they brought forward for the Collaborative. These communications help ensure that all members feel heard and that their views and proposals are considered.

Appendix C.

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SSB 5351 Dental Loss Ratio and Relative Payment for Providers (based on Network Status) Collaborative Forum
Convening Assessment Questions
8.14.25

Background

The Washington State Legislature, via Substitute Senate Bill 5351 directed the office of the insurance commissioner to "enter into a contract with the William D. Ruckelshaus Center to:

a) Design, convene, and facilitate a collaborative forum with participation from:
   i. The Washington state dental association;
   ii. A representative of the Washington denturist association;
   iii. Dental insurance carriers, including those carriers with a significant commercial market share in Washington state;
   iv. Consumer representatives;
   v. The office of the insurance commissioner; and
   vi. Other relevant interested organizations as appropriate;

b) Facilitate discussions to address issues related to:
   i. Dental loss ratio; and
   ii. Relative payment for dentists or denturists based upon their provider network status including, but not limited to, payment based on the usual and customary rate; and

c) Develop recommendations for legislative or regulatory action.

The William D. Ruckelshaus Center shall:

a) Provide quarterly progress updates to legislative members designated by the chairs of the appropriate legislative committees; and
b) Submit a final report, summarizing findings, areas of agreement, and recommendations for legislative or regulatory action, to the legislature by June 30, 2026."

About the Ruckelshaus Center

The Ruckelshaus Center (the Center) is a joint program of Washington State University and the University of Washington with the mission to foster collaborative public policy in Washington and the Pacific Northwest. The Center convenes and facilitates diverse constituencies who share a set of public policy challenges to establish a shared set of facts, find common ground, and generate potential shared solutions. When appropriate, the Center taps the research expertise of the state's two largest universities to provide the information base the parties need to identify options for mutual-gains policy outcomes.

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About the Collaborative Process – Phase I: Convening Assessment
A convening assessment is the first step to designing an effective collaborative process. Before the Center brings parties together, its Facilitation Team meets individually with representatives of each of the identified parties to better understand the interests and substantive issues that need to be addressed and the likely challenges, barriers, and opportunities for moving forward. Assessment interviews can also shed light on levels of trust, past efforts to address the issues, and areas of potential agreement or conflict. The Facilitation Team uses the information gathered from the assessment to inform how the process should be designed for the greatest likelihood of success. This includes meeting design and timeline, information collection, constructive group dialogue methods, and progress tracking.

Convening Assessment Questions

Background

1. *Please tell us about your background and involvement with respect to dental insurance practices, specifically dental loss ratio and relative payment for dentists or denturists based on their provider network status—and past efforts to address these issues.*

Purpose and Desired Outcomes

2. *Do you feel you have a clear understanding of what this group is being asked to do? How would you describe it?*

3. *Imagine it is a year from now and the group has been successful in its work. How would you know? What will have happened or not have happened? Will others measure it differently?*

4. *What are your organization's goals and hopes for this collaborative process? Do others on the group share this aim? If not, how would you characterize the goals and hopes of other key parties?*

Task (a): Address issues related to dental loss ratio.

5. *What are the key issues related to dental loss ratio? Do others agree these are the key issues?*

6. *What do you see as opportunities and/or areas of common ground to addressing these issues—if you were involved in the conversations during the last legislative session on dental loss ratio, can you tell us about progress or sticking points?*

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7. *What challenges do you see to addressing any of these issues and/or coming to shared solutions and how would you suggest addressing those challenges?*

8. *If the collaborative group fails to agree on a dental loss ratio, what do you see as the best-case scenario on it for your constituency going forward?*

Task (b): Address issues related to relative payment for dentists or denturists based upon their provider network status including, but not limited to, payment based on the usual and customary rate.

9. *What are the key issues related to relative payment for dentists or denturists based on their provider network status? Do others agree these are the key issues?*

10. *What do you see as opportunities and/or areas of common ground to addressing these issues?*

11. *What challenges do you see to addressing any of these issues and/or coming to shared solutions? How would you suggest addressing those challenges?*

12. *If the collaborative group fails to agree on relative payment for dentists or denturists based on their provider network status what do you see as the best-case scenario on it for your constituency going forward?*

Work Group Membership, Roles, and Responsibilities

13. *What are your expectations of fellow work group members?*

14. *What are your expectations of us as the neutral facilitation team?*

15. *Are there any key parties missing from the list of constituencies outlined in the Legislative proviso?*

16. *What advice do you have for us at the Center about how to make this process a success? Any things to avoid?*

Wrap-up questions

17. *Do you have any other comments or suggestions about the collaborative process and the work group?*

18. *What should we have asked that we did not? Do you have any questions for us?*

Appendix D.

The SSB 5351 Collaborative

OPERATING PROCEDURES AND GROUP AGREEMENTS

Adopted by the SSB 5351 Collaborative on December 12, *2025*.

PURPOSE

The purpose of the SSB 5351[1] Collaborative is to discuss, and develop recommendations for legislative or regulatory action on, issues related to

- dental loss ratio and
- relative payment for dentists or denturists based upon their provider network status including, but not limited to, payment based on the usual and customary rate.

The SSB 5351 legislation directs the William D. Ruckelshaus Center (the Center) to contract with the Office of the Insurance Commissioner to

a) Design, convene, and facilitate a collaborative forum with participation from:
   - The Washington State Dental Association
   - A representative of the Washington Denturist Association
   - Dental insurance carriers, including those carriers with a significant commercial market share in Washington state
   - Consumer representatives
   - The Office of the Insurance Commissioner; and
   - Other relevant interested organizations as appropriate
b) Facilitate discussions to address the abovementioned issues
c) Develop recommendations for legislative or regulatory action
d) Provide quarterly progress updates to legislative members designated by the chairs of the appropriate legislative committees
e) Submit a final report summarizing findings, areas of agreement, and recommendations for legislative or regulatory action to the legislature by June 30, 2026.

MEMBERSHIP

A. SSB 5351 Collaborative Members

The SSB 5351 Collaborative involves willing participants working together in a Collaborative consisting of representatives of the groups mentioned in the legislation. It is intended that the representative(s) from each constituency:

- Represents the diversity of experiences and interests within its constituency
- Effectively represents and informs its constituency
- Provides input to and participates in any agreements or recommendations with the support of its constituency

[1] *Excerpts paraphrased from SSB 5351 related to the stakeholder process. The legislation is attached.*

See Appendix 1 for current roster of members and their alternates

B. Alternates

Designated members of the SSB 5351 Collaborative may choose to designate an alternate and must communicate that choice to the Ruckelshaus Center Facilitation Team (Facilitation Team). The member and alternate are responsible for(a) ensuring both are fully briefed on business, topics discussed at meetings, action items, decisions, etc. and (b) delivering a consistent message to the Collaborative and externally to constituents and other interested parties.

Unless otherwise stated, alternates speak and act on behalf of the member – which includes decision-making. Alternates are expected to adhere to the same rules and responsibilities as members. Alternates are encouraged to attend and participate in meetings and stay current on deliberations so that their participation does not result in the Collaborative revisiting issues or repeating discussions, and so that no matter who sits at the table representing any of the parties, the process continues to move forward.

During consensus deliberations and decisions, the designated member shall have the role of representing their seat. If the member cannot participate, or the member has asked the alternate to represent the seat in consensus decisions for other reasons, the member shall notify the Facilitation Team and the Facilitation Team shall inform the full Collaborative. During non-consensus conversations, in the regular flow of meeting dialog, alternates may participate.

C. Additional Perspectives

To help in building viable and informed recommendations, other parties may be asked to engage, such as committee staff from the House or Senate, or staff from the House Office of Program Research or Senate Committee Services. The Facilitation Team will work with legislative staff to ensure continuity and effective means for involvement.

The Collaborative may invite other organizations or individuals to make presentations and/or participate in and observe the discussions. The Facilitation will manage the process of invitation and participation in consultation with the SSB 5351 Collaborative.

D. Resignation

If a member is no longer willing or able to serve on the Collaborative, they will notify the Facilitation Team in advance. The Facilitation Team will work with the Collaborative, the entity, and the OIC on how to fill the vacant seat.

ROLES AND RESPONSIBILITIES

A. Members

SSB 5351 Collaborative members agree to the following responsibilities:

a. No Surprises: Members agree to keep all fellow members appraised of relevant information for the duration of the Collaborative. Relevant information may include but is not limited to:

- Discussions and meetings with media and any press related entities, elected officials, interest groups, public, and other relevant parties[2]
- Changes in personnel or other circumstances that may affect the Collaborative.
- Anticipated legislative proposals, internal or external statements, or other actions relevant to the work of the Collaborative that may be perceived as negatively impacting an individual member's constituency from the perspective of that member. Keep in mind that an important goal of this process is to improve and strengthen relationships among members during and beyond the life of this Collaborative.

b. Represent Constituency: Members will bring the concerns and perspectives of their various constituencies to the Collaborative, where appropriate, for discussion and possible consensus building. It is understood that many members participate in other initiatives at local, state, regional, and national levels and may advocate in those forums for solutions on issues related to the SSB 5351 Collaborative's work but will make it clear they are representing only themselves, not the Collaborative, unless the Collaborative has taken an official position on the matter, in which case it should be presented verbatim.

   Members will keep leadership, decision makers, and other key personnel within their organization informed on the work of the Collaborative and solicit input on issues under consideration to share with the Collaborative —even if those opinions differ from the member's own views.

   Members will keep other key entities within their interest areas and constituencies informed on the work of the Collaborative, solicit input on issues under consideration, and share this input with the Collaborative —even if those opinions differ from the member's own personal views.

c. Focus on the Overall Good of All the Interests Represented: While members are to represent the points of view of their interest area, members are also asked to focus on the overall good of all the interests represented on the SSB 5351 Collaborative, not just the perspectives of individual interest areas.

d. Respectful of the Diversity of Views: To enhance the possibility of constructive discussions and dialogue as members educate themselves on the issues and engage in consensus building, members agree to be respectful of the diversity of views on the SSB 5351 Collaborative. Members agree to listen openly to all points of view on issues and alternatives and seek to identify areas of agreement, as well as reasons for different points of view. Members agree to avoid personal attacks both at the table and away from the table.

e. Prioritize Preparing for, Attending, and Actively Participating in Meetings: Members will arrive on time and avoid leaving early. Members will inform the Facilitation Team as far in advance as is possible if they (or their alternates) cannot attend a scheduled meeting. The Facilitation team will review and discuss the agenda with a member who has indicated in advance that they cannot attend a meeting.

[2] See page 8: C. Dealing with the Media and Other Interested Parties

If a member (and their alternate) misses two consecutive meetings without notice, the Facilitation Team will contact that member to inquire about their continued participation. After three consecutive missed meetings, the Collaborative may request the Facilitation Team and the OIC request in writing to the entity to designate a replacement member.

For virtual meetings, if a member has to step away from participating, they will let the Facilitation Team know (by sending a chat message) and let their fellow members know by clicking on the clock icon in the Participants pane of zoom.

f. Work Cooperatively and Creatively to Seek Areas of Agreement: Members will work cooperatively with each other and the Facilitation Team to accomplish the purposes of the SSB 5351 Collaborative, and acknowledge that all participants bring legitimate purposes, goals, concerns, and interests—irrespective of whether they agree with them.

g. Focus on the Subject at Hand: Members agree to focus on the topic of discussion, share discussion time, avoid interrupting, respect time constraints, keep reactions and responses from being personal, and avoid side conversations.

h. Base Decisions and Recommendations on Evidence and Data: Members commit to working in good faith together to identify, commission or collect, and carefully consider any relevant studies, analyses, and/or other data to underpin their decisions and recommendations.

i. Email communications: Members agree that email communication shall be limited to meeting business, topics, and issues relevant to the Collaborative's discussions. Emails to the Collaborative will come from the Facilitation Team, who will determine whether specific email(s) from members and non-members serve the interests of the group.

j. Abide by Discussion Group Agreements:

Be Respectful

- One person speaks at a time; listen when others are speaking, avoid interrupting and side conversations.
- Keep comments brief so everyone gets a chance to share their thoughts. Avoid dominating the discussion.
- Hear and respect all opinions. Practice active listening – listening to understand, rather than to respond.
- Say "ouch" if someone says something that hurts. Say "oops" and genuinely apologize for the ways your intention did not match your impact.
- Silence cell phones and refrain for using laptops during the meeting, except to take notes.
- Make every effort to attend in person (virtual attendees are not guaranteed equal participation).

Be Constructive

- Acknowledge that all participants bring with them legitimate purposes, goals, concerns and interests, whether or not you are in agreement with them.

- Openly explore issues.
- Act in "good faith," seeking to resolve conflicts and identify solutions. Come with the sense that this is a gathering of bright minds working toward a common goal.
- State concerns and interests clearly, listen carefully to and assume the best in others. Leave negative assumptions and attitudes at the door.
- Ask pertinent questions and educate ones self and those you represent about the interests and needs that must be addressed in a problem-solving atmosphere.
- Share comments that are solution focused, rather than repeating past discussions.
- It is OK to disagree; it is not OK to make personal attacks or slanderous statements.
- Minimize the use of jargon and acronyms, define and explain when used.
- Commit to fully exploring the issues and searching for creative solutions that best serve the parties' mutual interests in addition to those of the constituents that each caucus represents
- Work towards consensus.
- Be willing to compromise.
- Ask for clarification when uncertain of what another person is saying.
- Ask questions rather than make assumptions.

Be Productive

- Begin and end meetings on time.
- Respect time constraints.
- Adhere to the agenda as much as possible, focusing on the subject at hand.
- Indicate to the facilitator/s when they wish to make a comment and be acknowledged before speaking.
- Volunteer for the tasks at hand, as appropriate.
- Proactively communicate to leadership, decision makers, and other key personnel the progress of the Collaborative, including emerging decisions and agreements of the Collaborative and the context or rationale for them.
- Proactively communicate to constituents the progress of the Collaborative, including emerging decisions and agreements of the Collaborative and the context or rationale for them.

B. Facilitation Team

The William D. Ruckelshaus Center will provide staff support and facilitation services. The Center, in its role as an independent third party with expertise in collaborative processes, is responsible for the management and facilitation of the SSB 5351 Collaborative, ensuring the process goes forward in accordance with SSB 5351. The Facilitation Team's role is to manage the process in a manner that enhances the Collaborative's ability to perform its work and reach agreement. The responsibilities of the Center's Facilitation Team Include:

a. Help keep the group focused on agreed-upon tasks and suggest process ideas, strategies, approaches, alternative methods, and procedures to support the work of the Collaborative.
b. Take steps as needed to protect the integrity of the collaborative process.

c. Provide information as needed to ensure that the group can remain accountable to its responsibilities as directed by the Legislature.
d. Keep discussions moving forward and encourage participation by all members.
e. Document decisions and action items and enforce the group agreements.
f. Facilitate meetings of the SSB 5351 Collaborative and maintain a neutral stance in facilitating discussions to achieve the Collaborative's purposes and goals.
g. Communicate with members between meetings as needed to discuss issues, opportunities, concerns, strategies, and alternatives that need addressing to meet the goals and purposes.
h. Prepare meeting agendas so meetings are productive and contribute to accomplishing the goals of the Collaborative.
i. Prepare meeting summaries and/or action item lists and distribute them to members.
j. Assure that relevant information gets provided to members in a timely manner.
k. Actively engage the parties in fact-finding to lay the groundwork for agreement. The Center will help the members of the Collaborative collectively identify credible information providers, with fact-finding as an ingredient to help the parties reach agreement. The fact-finding should help to dispel "myths" and limit or eliminate disagreements on the facts, recognizing there may be "grey areas" or areas where there may not be agreement.
l. Provide quarterly progress updates to legislators designated by the chairs of the appropriate legislative committees and the OIC
m. On behalf of the SSB 5351 Collaborative, draft a final report summarizing deliberations, findings, emerging areas of agreement, and recommendations for legislative or regulatory action, which will be shared with all members of the Collaborative
n. On behalf of the SSB 5351 Collaborative, submit a final report, summarizing findings, deliberations, areas of agreement and disagreement, and recommendations for legislative or regulatory action, to the legislature and to the OIC by June 30, 2026.

C. Work Groups

Because the timeline to complete its work is short, the SSB 5351Collaborative may create work groups to carry out specific assignments between meetings, such as to discuss information and draft documents. Such groups will have their terms of reference, and tasks and responsibilities, defined by agreement of the Collaborative. Such groups may not act on behalf of the Collaborative (unless specifically authorized by the group to do so).

DECISION-MAKING

The SSB 5351 Collaborative's decisions and recommendations will be consensus-based. A consensus process will enable the Collaborative to more freely discuss issues to arrive at a decision acceptable to all. In some instances, precise wording of a consensus decision may be developed by the Facilitation Team after review of the meeting notes of the discussion, for consideration and potential approval by the group at a subsequent meeting.

For all decisions, consensus of all members is desired. Consensus can be achieved at any SSB 5351 Collaborative meeting among those members (or alternates, if the member cannot attend) who are present. SSB 5351 members pledge to attend all meetings if possible. Members will have the option to

ask the Facilitation Team to communicate afterward with those not present during a decision, to explain key points of the deliberations and confirm whether those members can go along with the decision. If not, the Collaborative may decide whether the group should reconsider the decision at a subsequent meeting.

Consensus Defined

The SSB 5351 Collaborative operates under the following definition of consensus: Consensus means that each member can say:

a. I was a respected member of the group that considered the decision;
b. my ideas (opinions, knowledge, concerns, beliefs, hopes) were listened to;
c. I listened to the ideas (opinions, knowledge, concerns, beliefs, hopes) of others; and
d. I can support the decision of the group, even though I might have made a different decision had I acted alone.

Each member/alternate can convey their position on a given consensus option via a thumbs up ("I support this option"), thumb sideways ("I can live with this option for the good of the group and the process") or thumbs down ("I cannot live with this option"). If a member is thumbs down, that member is expected to provide a proposal that legitimately attempts to achieve the interest of the constituency they represent and the interests of the other members. All members will seek solutions that allow those thumbs to move to up or sideways.

In situations when there is no consensus, members not in support will submit in writing to the Facilitation Team the reasoning behind their constituency being unable to "live with" the decision, alternative options or language that would have addressed their constituencies' concerns, and how this alternative would also meet the concerns and needs of other members.

MEETINGS AND RECORDS

A. Meetings

a. Meetings are held at least monthly.
b. Meetings will be open to the public.
c. Agendas will not include time for public comment.
d. Meetings will occur in person (with virtual attendance possible, but in person participants will have priority for speaking time).
e. Members' communications may be subject to disclosure pursuant to existing state law.
f. Meetings will begin and end on time.
g. Meetings will be task-oriented with an agenda and materials prepared and distributed in advance, to support informed discussion.
h. Members will provide questions or issues for inclusion on the agenda to the Facilitation Team. The Facilitation Team will work to incorporate these items as appropriate.
i. Time will also be set aside at the conclusion of each meeting for members to identify agenda items for the next meeting.

B. Meeting Summary

The Facilitation Team will take notes during meetings and provide meeting summaries. The Collaborative will review a draft summary of each meeting, and may request corrections or changes,

before the summary becomes final. The final summary will provide members and interested public with a concise and clear summary of the meeting including synopses of presentations, discussions and decisions along with references to related materials. It will not attempt to capture each statement or comment, such as would be found in a meeting transcript.

C. Dealing with the Media and Other Interested Parties:

To keep the focus on the established process and avoid misunderstanding and misinterpretation, Collaborative members agree not to negotiate through the media or in public settings, including social media. Normally, and where feasible, the Facilitation Team will serve as the designated contact for media comment about the process and its progress.

If contacted, Collaborative members agree that in speaking to representatives of the media or to the members of other organizations, they will uphold trust and progress in the 5351 process. Members, accordingly, will avoid characterizing the Collaborative's or other members' positions, other than as adopted by the Collaborative. They may provide their own position or opinion, provided it has been previously communicated to the Collaborative, and is clearly identified as their own position. After, and if possible, before, speaking with representatives of the media or to other organizations or groups, members should inform the Facilitation Team, to minimize the possibility that their appearance or comments might be misinterpreted by other parties in the 5351 process.

QUARTERLY REPORTS AND FINAL REPORT

The Facilitation Team will prepare drafts of interim and final reports summarizing the Collaborative's findings and recommendations and distribute them to all members for their review and comment prior to any dissemination. After review, discussion and Collaborative approval, the Center will submit the interim or final report to the Governor and legislature in accordance with the requirements of SSB 5351 and will provide it to whomever else the Collaborative agrees should receive it directly. The report will be publicly available.

ADHERENCE TO THE OPERATING PROCEDURES AND GROUP AGREEMENTS

If an issue related to these agreements (or the overall work of the group) arises, members will bring the issue to the attention of the Facilitation Team. The Facilitation Team will work with the member(s) to determine whether the full Collaborative needs to discuss or address the issue. If that is the case, the full group will discuss the issue and whether it adheres to these operating procedures and group agreements. The Facilitation Team will document the situation in writing in a quarterly and/or the final report to the Legislature.

AMENDING THE OPERATING PROCEDURES AND GROUP AGREEMENTS

These operating procedures and group agreements can be amended by agreement of the members of the SSB 5351 Collaborative.