

**BILL SUMMARY**  
1<sup>st</sup> Session of the 60<sup>th</sup> Legislature

<b>Bill No.:</b>	<b>HB2805</b>
<b>Version:</b>	<b>FULLPCS2</b>
<b>Request Number:</b>	<b>13201</b>
<b>Author:</b>	<b>Rep. Marti</b>
<b>Date:</b>	<b>3/6/2025</b>
<b>Impact:</b>	<b>\$0</b>

**Research Analysis**

The second proposed committee substitute for HB 2805 amends statute to remove a definition of *covered services* and to remove that a provision that no contract between a dental health benefit plan and a dentist for the provisions of services may require that a dentist provides services at a set fee unless the services are covered under the applicable subscriber agreement.

The proposed committee substitute for HB 2805 names the act the "Oklahoma Medical Loss Ratios for Dental (DLR) Health Care Services Plans Act." The pcs adds definitions of *Commissioner, dental carrier, dental health service plan, and dental loss ratio*. In calculating the dental loss ratio, where the numerator is divided by the denominator, the numerator is the sum of the amount incurred for clinical dental services provided to enrollees, amount incurred on activities that improve dental care quality, and other incurred claims. The denominator is the total amount of premium revenue, excluding federal and state taxes, licensing and regulator fees paid, nonprofit community expenditures, and any other payments required by federal law. The Commissioner will define expenditures, activities and overhead cost expenditures by rule. Overhead and administrative costs will not be included in the numerator. A carrier that issues, sells, renews, or offers a specialized dental health care service plan contract will file a DLR annual report with the Commissioner that follows the listed criteria. The Commissioner will aggregate dental loss ratios for each carrier by year and calculate an average DLR for each market segment using aggregate data for a three-year period. The Commissioner will calculate an average DLR for each market segment and will investigate those carriers that report a DLR lower than one standard deviation from the mathematical average and may take remediation or enforcement actions against them.

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**Fiscal Analysis**

The second proposed oversight committee substitute to HB 2805 creates the Oklahoma Medical Loss Ratios for Dental (DLR) Health Care Services Plans Act, requiring dental insurance carriers to file their dental loss ratio (DLR) with the Commissioner of the Oklahoma Insurance Department (OID). The Commissioner is responsible for calculating an average dental loss ratio for each market segment to identify outliers, reporting this information to the Legislature, and publishing the data on a publicly available website. The Commissioner is to promulgate rules establishing the DLR percentage and adopt rules as necessary to carry out the provisions of the Act. OID is a non-appropriated state agency; therefore, any related costs to regulate are assumed to be objective within the Department's existing resources.

Officials from the Oklahoma Health Care Authority do not anticipate HB 2805 impacting the HealthChoice plan, as the dental plan is self-funded. Therefore, in its current form, HB 2805 is not anticipated to have a direct fiscal impact on the state budget or appropriations.

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**Other Considerations**

None.

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