

Date of Hearing: April 21, 2026

ASSEMBLY COMMITTEE ON HEALTH
Mia Bonta, Chair
AB 2029 (Sharp-Collins) – As Amended March 19, 2026

SUBJECT: Dental plan portal.

SUMMARY: Requires a dental plan or dental insurer to establish a dental portal accessible to a treating dental provider to provide information regarding a patient's contract or policy, as specified. Specifically, **this bill:**

- 1) Requires a dental plan or dental insurer to establish a dental portal accessible to a treating dental provider to provide information regarding a patient's contract or policy, including the actual payment or reimbursement amounts for covered services and an estimate of the enrollee's out of pocket costs at the procedure code level. Requires the information in the portal to include all of the following:
 - a) Effective and termination date of the plan contract;
 - b) Claim address;
 - c) Payer identification;
 - d) A comprehensive list or procedure code-level lookup tool of all American Dental Association current dental terminology codes to provide an accurate estimate of coverage and enrollee cost, including all of the following:
 - i) Covered services;
 - ii) Applicability of in-network or out-of-network coinsurance percentage and amounts;
 - iii) If a deductible applies and to which services;
 - iv) Applicability of coordination of benefits and if they are standard or nonduplicating;
 - v) Applicability of annual or lifetime maximums;
 - vi) Limitations on coverage due to the enrollee's age;
 - vii) Limitations on coverage based on frequency of prior treatment, services rendered per visit, quadrants treated per visit, tooth number, or time period;
 - viii) Alternative benefits, bundling, or downcoding that apply;
 - ix) Applicability of a waiting period; and,
 - x) Any prior authorization or documentation requirements or payment processing guidelines for any codes or services;

- e) The next available service date or previous service dates based on any frequency limits, waiting periods, or benefits, such as coverage for medical conditions or benefit rollover;
 - f) Previous 12 months of processed and pending claims applied to the enrollee's annual maximum or deductible to help determine the remaining annual benefit available;
 - g) Expiration of the estimate provided; and,
 - h) Claim status.
- 2) Requires the dental portal to provide accurate, real-time benefit eligibility and benefits information in a clear and understandable format. Requires the dental plan or insurer to ensure eligibility and benefits reporting is timely and accurate.
- 3) Requires the dental portal to be able to accept attachments, including digital imaging and other documents or information supporting claims, in an electronic format with the initial electronic claim submission and any following submissions.
- 4) Requires the dental portal to provide information about a corresponding payment that outlines all of the following individually per claim:
- a) The name of the enrollee;
 - b) The date of service;
 - c) The service code or description;
 - d) The amount being paid;
 - e) The claim number; and,
 - f) Denial information, including the reasons for denial and other identifying information found on an explanation of benefits form.
- 5) Requires a dental plan or insurer to ensure that the dental portal is all of the following:
- a) Compliant with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the regulations promulgated thereunder;
 - b) Accessible 24 hours per day, seven days per week, except for reasonable maintenance periods; and,
 - c) Made available at no cost to both contracted and noncontracted dental providers treating enrollees.
- 6) Requires a dental plan or insurer to provide clear instructions and technical support for the dental portal.
- 7) Permits sanctions for failure to comply with this bill.

- 8) Defines “dental plan” as a health care service plan offering a contract covering dental services, or a specialized health care service plan offering a contract covering dental services, pursuant to this chapter.
- 9) Defines “dental insurer” as a health insurer offering a policy covering dental services, or a specialized health insurer offering a policy covering dental services, pursuant to this bill.
- 10) Defines “dental portal” as an internet-based platform that provides resources and information to dental providers about enrollees’ eligibility, including estimates of coverage before treatment, the ability to track claims, and the ability to submit supporting documentation.

EXISTING LAW:

- 1) Establishes the Department of Managed Health Care (DMHC) to regulate health plans under the Knox-Keene Health Care Service Plan Act of 1975 and California Department of Insurance (CDI) to regulate health insurance. [Health and Safety Code (HSC) § 1340, *et seq.* and Insurance Code (INS) § 106, *et seq.*]
- 2) Requires, commencing January 1, 2024, health plans and health insurers to establish and maintain Application Programming Interfaces (API) (patient access API, provider directory API, and payer-to-payer exchange API), as described by federal regulations, for the benefit of enrollees, insureds, and contracted providers. Authorizes the DMHC or CDI to require a health plan or insurer to establish and maintain provider access API and prior authorization support API if and when the final rules are published by the federal government. [HSC § 1374.196 and INS § 10133.12]
- 3) Establishes under federal law, HIPAA, which sets standards for privacy of individually identifiable health information and security standards for the protection of electronic protected health information, including, through regulations, that a HIPAA covered entity may not condition the provision of treatment, payment, enrollment in the health plan, or eligibility for benefits on the provision of an authorization, except under specified circumstances. Provides that if HIPAA’s provisions conflict with state law, the provision that is most protective of patient privacy prevails. [Title 45, Code of Federal Regulations § 164.500, *et. seq.*]

FISCAL EFFECT: Unknown. This bill has not been analyzed by a fiscal committee.

COMMENTS:

- 1) **PURPOSE OF THIS BILL.** According to the author, this bill brings long overdue transparency and accountability to dental insurance by requiring plans to provide real time, accurate, and standardized cost and coverage information so patients and providers are not forced to navigate inconsistent systems or hidden costs. The author continues that for too long, families have been left vulnerable to surprise bills and delayed care due to a lack of reliable information, and this bill ensures they can make informed decisions before treatment begins. The author concludes that by strengthening access to clear coverage data, this bill advances equity, protects working families, and modernizes a system that should work for patients, not against them.

2) BACKGROUND.

- a) **Dental insurance.** According to the California Health Benefits Review Program (CHBRP), the majority of dental benefit plans are “fully insured” and regulated at the state level by DMHC or CDI. The Patient Protection and Affordable Care Act helped California expand Medi-Cal eligibility and offer dental benefits to newly eligible adult enrollees (the “expansion population”). Additionally, all Covered California health insurance plans offer embedded pediatric dental coverage at no extra cost. For adults, a dental plan can be added to health plan purchases. Some private-sector dental plans are referred to as “ERISA” plans, after the federal Employee Retirement Income Security Act, which governs them. States are preempted from enforcing laws on ERISA self-insured plans, but states are not barred from regulating state-licensed, fully insured health plans that may contract with ERISA plans.

Dental insurance commonly divides oral health services into the following categories: preventive and diagnostic, basic restorative services, major restorative services, and orthodontics. Preventive and diagnostic services are typically the most generous in terms of coverage. Basic restorative services include the treatments for common dental problems and are generally straightforward and nonsurgical in nature, such as simple extractions and basic root canals. Major restorative services, however, are often complex or lengthy, typically requiring more time and expense than basic services. Coverage for major restorative services can be limited in many dental plan designs and products.

Dental plans, like health plans, come in various models including Preferred Provider Organization (PPO) plans. In a PPO arrangement, the health insurer contracts with a network of providers who agree to accept lower fees and/or to control utilization. Enrollees in a PPO plan receive a higher level of benefits if they go to a preferred provider than if they go to a non-preferred or non-contracted provider.

- b) **Federal APIs.** The Centers for Medicare & Medicaid Services (CMS) Interoperability and Patient Access Final Rule (CMS Interoperability Rule) requires Medicare Advantage organizations, Medicaid Fee-for-Service (FFS) Programs, Medicaid managed care plans, Children's Health Insurance Program (CHIP) FFS programs, CHIP managed care entities, and Qualified Health Plan issuers on the Federally-Facilitated Exchanges to implement API technology to advance health data exchange. The CMS Interoperability Rule builds on CMS' previous rule by outlining requirements for additional information that certain payers must provide via the Patient Access API and new requirements for certain payers to implement three additional APIs: Provider Access API, Payer-to-Payer API, and Prior Authorization API. The APIs finalized must meet certain technical standards to drive interoperability and increase provider and patient access to health information, for example, allowing patients to easily access their claims and encounter information, including cost, as well as a defined sub-set of their clinical information through third-party applications of their choice. According to a 2022 *Harvard Business Review* article, "Standardized APIs Could Finally Make It Easy to Exchange Health Records," APIs support the ability of an application from one developer to read and write data from another developer's application. The article further notes that using APIs to unlock electronic health record data could give people easy, efficient access to their own data to help them understand their health and make more informed choices.

- c) **State Act on APIs.** SB 1419 (Becker), Chapter 888, Statutes of 2021, requires health plans, beginning January 1, 2024, to establish and maintain API for the benefit of enrollees and contracted providers to facilitate patient and provider access to health information as applicable under federal rules. Specifically, SB 1419 required patient, provider directory, and payer to payer exchange API. SB 1419 applied these requirements to all health plans and insurers, including dental and vision plans. AB 2198 (Flora), Chapter 386, Statutes of 2024, updated the state's laws on APIs requiring each health plan to provide the following APIs by January 1, 2027, or when final federal rules are implemented: patient access, provider access, prior authorization and payer-to-payer APIs.
- 3) **SUPPORT.** The California Dental Association (CDA) is sponsoring this bill, stating that to estimate patient costs prior to treatment, dentists and their offices spend significant staff effort obtaining insurance benefit breakdowns outlining what services will be covered and how much a plan will pay. CDA continues that while some dental plans have online portals, many require dental staff to call and speak with plan representatives, which can be a time-consuming process. CDA notes that call center representatives and dental portals do not provide the same information and often do not fully disclose all the necessary details for an accurate benefit breakdown, such as coverage exceptions, applicable limitations or whether annual maximums will apply. CDA argues that when the information provided by the insurance company differs from the final coverage and explanation of benefits after treatment, the patient can be left on the hook for hundreds or thousands of dollars. CDA continues that with a minimum standard of benefit information required to be available on dental plan benefit portals, dental offices will be able to log in and quickly obtain an accurate benefit breakdown by procedure code, regardless of whether the dentist is in-or out-of-network. CDA states this would provide full transparency for the patient and dentist as to the anticipated benefit paid on the patient's behalf and a more accurate estimate of the patient's copayment. CDA concludes that holding the plans accountable to their estimate of coverage will provide additional assurance of coverage and any applicable out of pocket costs for patients.
- 4) **OPPOSITION.** The California Association of Dental Plans (CADP) is opposed to this bill stating that dental benefit plans have invested significantly in online dental portals that contain important information available to network providers. CADP continues that many of these portals have been designed according to best practice standards and mandating new requirements on these online dental portals without any clear definition or quantification of concerns is premature, unnecessary and will drive up consumer costs without delivering meaningful benefit. Furthermore, CADP argues that mandating specific information would lock plans into static standards, limiting their ability to adapt content and functionality as technology evolves and to differentiate themselves completely. CADP notes that plans currently innovate and improve portals based on provider feedback and new tools; rigid statutory requirements would slow innovation rather than enhance it. CADP continues that regulating online dental portals is premature and unnecessary in light of API requirements which are still being developed. CADP states that imposing new dental online portal mandates before these requirements are implemented risks duplicative, conflicting, or obsolete requirements. CADP continues that mandating that information available to network providers via online dental portals be made accessible to non-participating providers would inappropriately regulate activities between parties who have no contractual relationship and undermines the value of network participation.

5) PREVIOUS LEGISLATION.

- a) AB 2198 (Flora) requires DMHC and CDI, commencing January 1, 2027, or when final federal rules are implemented, whichever occurs later, to require health plans and insurers to establish and maintain patient access APIs, provider access API, payer-to-payer API, and prior authorization API.
- b) SB 582 (Becker) of 2023 would have exempted dental or vision benefits from the API requirements in SB 1419, among other things. SB 582 was vetoed by Governor Newsom in large part due to another provision as it relates to electronic health records and as premature given the work of the state's Data Exchange Framework.
- c) SB 1419 requires, beginning January 1, 2024, health plans and health insurers to establish and maintain API, as described by the federal regulations, for the benefit of enrollees, insureds, and contracted providers.

6) COMMITTEE AMENDMENTS. To address concerns on providing non-contracted providers with portals that are funded from consumer premium dollars, the inflexible standards required in this bill, and ensure that consumers are truly granted transparency to meet the intent of the author and sponsors, the committee may wish to adopt the following amendments:

- a) Require the portals to be made available to enrollees and contracted providers.
- b) Strike detailed requirements for information required to be maintained in the portal.
- c) Delay implementation to allow time for dental plan compliance and potential alignment with API requirement rollouts.
- d) Make technical changes to definition of “dental plan” and “dental insurer.”

REGISTERED SUPPORT / OPPOSITION:**Support**

California Dental Association (sponsor)
California Association of Oral and Maxillofacial Surgeons

Opposition

California Association of Dental Plans
Delta Dental of California

Analysis Prepared by: Riana King / HEALTH / (916) 319-2097