



March 25, 2026

The Honorable Buffy Wicks
Chair, Assembly Appropriations Committee
1021 O St., Room 8220
Sacramento, CA 95814

SUBJECT: AB 1629 (Haney) – SUPPORT

Dear Assemblymember Wicks:

When timely access to medically necessary care is delayed or denied, patient health and clinical outcomes are compromised. Access to dental care, which is also a vital part of a person's overall health, is equally important. That's why it is critical that dental plans maintain adequate provider networks and adhere to clear standards for the availability of services. For California's hospitals and health systems — many of which provide dental services — ensuring patients can access preventative care, including dental services, is vital to improving overall health outcomes and preventing unnecessary emergency department visits related to dental pain.

The California Hospital Association (CHA), on behalf of nearly 400 hospitals and health systems, supports Assembly Bill (AB) 1629 (Haney, D-San Francisco). This bill — a reintroduction of last year's AB 371, which the Assembly Health Committee passed unanimously — would hold dental plans accountable to their enrollees and address the significant challenges patients face when trying to utilize their dental insurance coverage.

Californians are increasingly finding it difficult to locate in-network dentists. This challenge is not due to a shortage of dentists but rather a result of dental plans failing to offer adequate networks for consumers. Current California law mandates that the Department of Managed Health Care and the California Department of Insurance assess the network adequacy of commercial dental plans to ensure they have enough providers to meet their enrollees' needs. However, due to blind spots in reporting, the state cannot fully evaluate whether dental plans offer enough in-network dentists and specialists to deliver care for services covered under the contract.

A common frustration is that some dental plans refuse to honor Assignment of Benefits (AOB), which allows patients to direct their dental benefits to their out-of-network dentist, enabling the dentist to handle payment directly. While most medical insurance plans honor AOB requests, some dental plans do not, often requiring patients to pay for care upfront and leaving them with significant out-of-pocket costs. Patients should not be penalized for choosing to see an out-of-network dentist, especially when their plan fails to provide an adequate network.

This legislation would increase access and transparency by improving state oversight of dental plans' network adequacy and requiring dental plans to honor AOB requests from enrollees. These improvements would ensure that patients receive better value from their dental coverage, both in terms of benefits and accessibility.

For these reasons, **CHA supports AB 1629 and respectfully requests your "AYE" vote.**

Sincerely,

A handwritten signature in black ink that reads "Kalyn Dean". The signature is written in a cursive, flowing style.

Kalyn Dean
Vice President, State Advocacy

CC: The Honorable Matt Haney
The Honorable Members of the Assembly Appropriations Committee
Allegra Kim, Principal Consultant, Assembly Appropriations Committee
Justin Boman, Health Consultant, Assembly Republican Caucus
Julian Neo Sanchez, Legislative Aide, Office of Assemblymember Matt Haney