

March, 31, 2026

To: Executive Office of Health and Human Services

From: Massachusetts Dental Society

Re: Questions and concerns regarding implementation of the “Patients First” Law

1. Unpredictable Treatment Planning

Scenario: A patient presents for a crown, but once treatment begins, **additional procedures** (build-up, endo, etc.) become necessary.

Question: How are providers expected to give accurate cost disclosures at scheduling when final procedures and CDT codes are often unknown until clinical evaluation or treatment is underway?

2. Administrative Burden vs. Clinical Workflow

Scenario: Front desk staff must verify insurance participation, estimate costs, and provide disclosures for **every** scheduled non-emergency visit.

Question: How does HHS plan to address the significant administrative burden placed on small practices that lack the staffing and infrastructure of large health systems?

3. Insurance Data Reliability

Scenario: Insurance benefit information is often inaccurate or changes frequently, leading to discrepancies between quoted and actual patient costs.

Question: If providers are required to disclose costs, what protections exist when payer-provided information is incomplete or incorrect?

4. Time Constraints for Short-Term Scheduling

Scenario: A patient is scheduled within a few days for urgent but non-emergency care.

Question: How can providers realistically comply with verbal and written notice requirements within tight scheduling windows without delaying necessary care?

5. Referral Coordination Challenges

Scenario: A general dentist refers a patient to a specialist but does not have real-time

access to that specialist's network status across all plans.

Question: What systems or tools will be provided to help providers verify network participation of referred providers in real time?

6. Patient Confusion and Decision Paralysis

Scenario: Patients receive multiple disclosures, estimates, and insurance-related language that may be difficult to interpret.

Question: How does HHS ensure these requirements improve transparency without overwhelming patients or discouraging them from seeking care?

7. Disproportionate Risk to Providers

Scenario: Failure to provide proper notice can limit billing to in-network levels, even for out-of-network providers.

Question: Is it reasonable to impose financial penalties on providers for administrative missteps, especially when care has already been delivered appropriately?

8. Technology and Integration Gaps

Scenario: Most dental practices use PMS systems that are not integrated with payer systems for real-time cost estimation.

Question: Will there be standardized tools or integrations required or supported to help practices comply with these requirements?

9. Impact on Access to Care

Scenario: Practices may limit scheduling flexibility or avoid certain patients due to compliance complexity.

Question: Has there been analysis on whether these requirements could unintentionally reduce access to care, especially in smaller or independent practices?

10. Documentation and Audit Exposure

Scenario: Providers must document every notice to defend against complaints.

Question: What constitutes sufficient documentation, and how will enforcement account for good-faith compliance efforts?