

CARPE DIEM, OR LOSE OUR VOICE

NATIONAL HEALTH CARE COVERAGE—WHY IS THIS SUCH A DIFFICULT CONCEPT? NO MATTER what health care package may ultimately be passed in Congress, the model will evolve over many years. The U.S. public is clamoring for a change in the traditional provision of health care. Mainstream America cannot reasonably afford medical care. Insurance costs have skyrocketed. The percentage of a small business's gross income that used to cover premiums and benefits has increased to the point that it has become oppressive.

Access to care used to refer to providing services to the poor. It is now a middle-class problem, for the insured and uninsured. At some point, the government, the medical establishment, and the insurance industry will have to overcome their political differences and self-interest and work together to develop a system that will provide care for everyone.

And dentistry must be part of the solution. We cannot allow the changes to occur without a strong presence at the table. The private practice of dentistry as we know it can best be protected by strengthening our voice in this changing climate. Hiding our heads in the sand will not protect us. Working with our elected officials, at all levels, is the best way to promulgate effective and positive changes. We implore you to let your state and federal officials know how you stand on issues related to dentistry and its role in the health care spectrum. Elected officials definitely take note of the volume of communication (phone calls, emails, and letters) that they receive on issues. They also look for actions: A high percentage of dentists joining MassHealth under the new program demonstrated that we are working to improve access and that we desire to be part of the process.

In order to better maintain independence and control, we need to prevent insurance companies from dictating how we practice. It is essential that Congress repeal the McCarren-Ferguson Act so that insurance companies have to abide by the same antitrust laws that we do. An immediate and pertinent issue is that Delta Dental has decided that, on a national level, it will have new policies relative to noncovered services. These policies set a cap on the amount that a participating dentist can bill a patient for services not covered by the plan. In other words, they may say "we don't cover procedure XYZ, but if we did, this is what we'd allow and you must accept it under your contract, with no charge to the patient above what we say you can charge." In the case where a patient has reached his or her maximum yearly benefit, this restricts you—the provider—to a capped fee rather than your usual fee. Other insurance companies will quickly follow suit.

There are many ramifications of these new policies. Costs will be shifted from insurance companies to providers, causing dentists to shift costs to other patients who are private pay or uninsured, as is common practice in hospitals and the medical profession. Cost-cutting measures, such as reducing staff as a means of dealing with the negative impact of the changes, will result. These changes are only a marketing ploy to sell "reduced-cost" plans to purchasers and do not increase care for patients, but, instead, *decrease* access to care.

The MDS has filed "An Act Relative to Financial Services Contracts for Dental Benefits Corporations" designed to protect patients from these policy changes. Please contact your elected officials in the House and Senate and talk to them about this legislation and why these changes are harmful to the profession and patients. Talking points on the matter are available at www.massdental.org/legislation.

Please don't take this lightly. If you want dentistry to remain an important part of health care and to retain some control of the way we provide dental services, you cannot sit back and hope that someone else will take care of things for you. ■

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