

## President

It is a privilege to serve as the 155th President of the Massachusetts Dental Society (MDS) and I thank all the members of the House for affording me this honor. This is a time of change on many levels for our Society, and with that comes our inaugural House of Delegates held in January and this first mid-term Presidential report.

### Governance Transition

As you read this report, you are aware that the MDS has implemented its Governance Reform, the very beginning of which commenced in 2016-2017 under then-President and current Speaker of the House Dr. Raymond Martin. Recognizing that our need for a Trustee from each District was becoming more taxing each year, a Governance Task Force was appointed to evaluate and update our entire governance structure, fulfilling a goal of our Strategic Plan to build the organizational capacity and structure that meets the current and future demands of the Society. This hard-working Task Force, under the Chairmanship of Dr. Mina Paul, is just this year starting to see the fruits of its labor. A two-year rollout is underway with the Trustee Selection and Nominations Committee—led by Chair Dr. Pelly Chang—which recently selected our Phase I Regional Trustees and our first At-Large Trustee, as we transition from a Board of 14 Trustees to a Board of six Regional Trustees and one At-Large Trustee. We are eliminating the offices of President-Elect and Assistant Treasurer, and have reduced the size of the House from approximately 154 Delegates to approximately 72 Delegates. When the transition is complete in 2021, we will have a more-nimble Board of Trustees and will begin two-year terms for the President, Vice President, and Immediate Past President. A frequently asked question this year to me regarding governance was, “Are the Districts going to be lost under the Regional Trustee model?” The answer is a resounding no! Districts will remain intact, and as independent, unique, and strong as always. Will Trustees have to work harder? In a way, yes, because the Regional Trustees will have a larger “territory” to communicate to. There will be fewer members on the Board and no Executive Committee, with the same amount of work, or more, to be completed. Different? Yes. Exciting? Absolutely! I am actually sorry that I will no longer be on the Board when our new governance model is in full swing.

### Delta Dental

I was in office as President for exactly two weeks when the Division of Insurance (DOI) finally ruled

on the Delta Dental fee methodology for its Premier and Premier PPO plans after 18 months. As you are well aware, as the result of a petition filed by the MDS in January 2017, the DOI began conducting hearings on Delta’s fee methodology. Additionally, the MDS filed legislation to further address issues with Delta. This process allowed the MDS to not only have these hearings, but also to engage in direct, fact-to-face discussion with Delta in a manner consistent with the law. Through that process, the MDS was able to dissuade Delta from moving to Total Choice—and its accompanying 30% fee reduction—and from moving the majority of its business to the for-profit Chapter 175, which would have resulted in a lack of DOI oversight. With the lines of communication open—both during and after the hearings—the MDS was able to continue to talk to Delta and the DOI and obtain the best results possible in this challenging environment.

Effective October 1, 2019, Delta Premier and Delta Premier PPO fees were decreased by 8.8% (for non-incentive/standard fee schedule rates) from the corresponding 2018 Premier and Premier PPO fees. An incentive fee schedule of an additional 1% applies to locations where all providers participate in both Total Choice PPO and Premier networks and accept electronic payments from Delta. These fees will not be adjusted again until January 1, 2021.

No one wanted a fee reduction but given the realities of insurance reform and rising health care costs, the DOI’s decision was the best possible outcome *in the current environment*. The alternative would have been disastrous for all practitioners and our profession.

We had also received assurances that Delta would meet with the MDS to further discuss non-covered services, leased networks, and assignment of benefits in regard to Chapter 176 products. (They had already agreed to do so for its Chapter 175 products/Total Choice.) Unfortunately, after two meetings held to date—at the writing of this report—those discussions have not been productive.

In response to a large number of members being audited by Delta and the concern that Delta may be interfering with the doctor/patient relationship, I appointed a Task Force under the Chairmanship of Dr. Mark J. Doherty, Sr., that is charged with better understanding the Delta audit and appeals process. This group hopes to work collaboratively with Delta to achieve clarity and common ground on the standards that trigger audits.

Most recently, as an individual member of the American Dental Association (ADA), I was named one of two lead plaintiffs in a class-action lawsuit filed by the ADA against the Delta Dental Plans Association, its affiliated national entities, and 39 independent Delta Dental companies, alleging the provider network has engaged in anticompetitive conduct and violated federal antitrust laws. The complaint alleges that Delta Dental allocated territories of operation and divided the national market in order to restrict competition and reduce reimbursement rates to providers. Filed in the U.S. District Court for the Northern District of Illinois, the court has been requested to certify the proceedings as a class action. The court will rule on that request in the coming months.

### **Advocacy**

Legislatively, I have offered testimony at a number of public hearings on the following key issues which affect our members and our patients:

#### Preventing Cost Shifting within the Delivery of Dental Care (H.1005/S.545)

This legislation would prohibit dental benefit companies from contractually setting fees for services which the carriers do not provide payment. The MDS supports prohibiting dental benefits companies from unfairly shifting costs onto private-pay patients through this legislation.

#### Comprehensive Approach to Improving Oral Health (H.1916/S.1215)

The MDS reached an agreement last legislative session with pro-midlevel advocates and agreed to new draft legislation which was refiled this legislative session. The bill focuses on providing care for underserved populations and would reduce socioeconomic barriers to seeking dental care by creating a new class of midlevel providers called dental therapists, while enacting commonsense requirements to protect patients. Additionally, it would require oral health education for community health workers and notification by all public schools to students' parents or legal guardians concerning the importance of oral health screenings.

#### Restoring MassHealth (Medicaid) Adult Dental Benefits (H.1917/S.1212)

This legislation would require the Division of Medical Assistance to cover all dental services that were included in the state plan or demonstration program in effect on January 1, 2002. MassHealth adult periodontal coverage was reinstated beginning June 2019.

#### Ensuring Dental Plan Transparency (H.3557/S.544)

The MDS seeks to ensure that dental benefits companies are transparent and accountable.

#### *Division of Insurance Oversight*

To protect both patients and providers from frequent rate changes, this legislation would give the Division of Insurance (DOI) oversight of all dental benefit plan premiums and fee reimbursements. All rate changes would be subject to the review and approval of the DOI.

#### *Medical Loss Ratio*

This legislation requires dental benefits companies to submit medical loss ratio data to the DOI. This legislation would also require carriers to file annual financial reports with the DOI, including detailing self-funded lines of business.

#### *Leased Networks*

This legislation would prohibit carriers from granting third-party access to a provider network contract or a provider's service and contractual discounts pursuant to provider contract. The carrier would first need to notify the provider and give the provider a period of time to exit the network before the lease goes into effect. The legislation would also prohibit granting access to dentist discounts under provider network contract, to prevent the improper selling or leasing of these contractual discounts, under what is commonly known as a "silent PPO" arrangement.

I encourage all members to attend our annual Beacon Hill Day on April 2, 2020, to speak with one voice as we lobby our local legislators. Having been invited to speak to the Oral Health Caucus at the State House, I can attest to the fact that the presence of the MDS on Beacon Hill is appreciated and valued.

#### **DIY Dentistry**

Much time and effort in the recent months has been spent educating members and our patients on the risks that direct-to-consumer, mail-order orthodontic devices, and remote teledentistry pose.

Our Board approved my sending a letter to the Board of Registration in Dentistry (BORID) expressing the

concern that the e-commerce model of companies diagnosing, prescribing, and supplying devices for orthodontic treatment constitutes the unauthorized practice of dentistry in the Commonwealth.

I also sent a letter to Attorney General Maura Healey in August, sharing examples provided by multiple MDS member dentists who had seen patients experiencing irreversible injury and adverse oral health issues as a result of DIY orthodontic devices and remote treatment. Citing the risk to consumer safety, the MDS requested an investigation into the process of DIY dental companies and a determination of the appropriate regulatory framework to ensure that consumers are protected. As I write this report, no action has been taken by the Office of the Attorney General. I encourage all members to become educated on this topic and educate your patients on the risks of this model of treatment, as well as to submit concerns and share experiences as part of the ADA's Citizens Petition. If you see something, say something: Adverse outcomes must be reported! Please refer to [massdental.org/DIY](http://massdental.org/DIY) for further information.

### **Committees**

I am extremely pleased by the work being done by our standing Committees and thank the Chairs and all Committee members for being engaged in their areas of interest and expertise. Of particular interest and popularity is the increased number of community service programs, some of which I have been privileged to attend. These varied programs of non-dental origin bring out diverse members of our Society to engage in group projects to help those less fortunate. Each time I participate in these programs, I meet at least one member who is attending an MDS-sponsored event for the first time and each time that member says he or she is certain to attend another community service event. These are worthwhile programs and great way to become exposed to what the MDS offers our members.

### **Yankee Dental Congress**

I am looking forward to Yankee 2020: Advancing the Vision, under the enthusiastic leadership of General Chair Dr. Jared Reid! Promising a phenomenal three-day experience for attendees, exhibitors, speakers, and volunteers, the 44th Yankee Dental Congress continues to evolve even as the face of trade shows is changing. Later this year, I will be appointing a Yankee Task Force to investigate new concepts to keep our meeting vibrant and growing. Yankee's success and sustainability are essential to the success of the MDS as a whole.

A Communication Task Force was recently appointed and has begun to survey our members on their preferred method of receiving news from the MDS. Chaired by Dr. Cameron Shabazian, with Vice President Dr. Meredith Bailey as Board Liaison, the group is very encouraged by the great response to its member survey!

### **Executive Director Search**

At the end of his Presidential term last year, Dr. Howard Zolot put intense thought and effort into appointing our Executive Director Search Committee. Under the very able and experienced Chairmanship of Past President Dr. David Lustbader, this Committee—consisting of Drs. Andrea Fallon, Raymond Martin, Sathish Palayam, Kadambari Rawal, Howard Zolot, and myself—recommended that the Board approve the national search firm Kittleman & Associates, LLC, to assist in the process of hiring our next Executive Director. Due to the confidential nature of this search, not much more can be discussed at this time, but I am happy to report that we have been very pleased to be working with Megan Lewis from Kittleman, and the process is proceeding on schedule with outstanding candidates being interviewed. This Committee is invested in finding the most-qualified individual to lead the Society into the next decade and beyond. Dr. Robert Boose's successor will be in place by the end of this fiscal year, pending approval by the Board of Trustees.

### **Thank You**

Although only at the halfway point of my term, I would like to take the time to thank the Board of Trustees for working diligently on many challenging topics thus far. This Board is hard working and I applaud every Trustee and Officer for being vocal and attentive to our work. Our staff, which I have said many times before is the MDS's second-biggest asset behind our members, works even harder than I realized. The MDS's customer service is extraordinary and our customers are our members. I would especially like to thank Colleen Chase, Kevin Monteiro, Kathleen McKeon, Kathleen Boyce, and Ellen Factor for all their assistance.

To Drs. MaryJane Hanlon and Meredith Bailey, who will follow me in the next two years, I wish you much success in your terms. To Past President Dr. David Lustbader, who remains available as a resource, sounding board, and mentor: my sincere thanks.

And to our Executive Director of 17 years Dr. Robert E. Boose, on behalf of our members, Board and staff:

THANK YOU. Your vision and outside-of-the-(soap) box thinking has elevated the MDS to a national status revered by many in organized dentistry. The ultimate compliment is that the position from which you are retiring is one that is very attractive and desirable, and that is obvious by the caliber of applicants who wish to succeed you. Your unique gift of seeing the good and the bad as teachable moments can be summed up in the words of B.B. King: "The beautiful thing about learning is nobody can take it away from you." You came to the MDS from the field of education and have learned more than most non-dentists will ever know about dentistry. Nobody can take that away from you.

Respectfully submitted,

Janis B. Moriarty, DMD  
President