MASSACHUSETTS DENTAL SOCIETY

Two Willow Street
Southborough, Massachusetts 01745-1027
508.480.9797 • Fax: 508.480.0002
massdental.org

PREVENTING COST SHIFTING WITHIN THE DELIVERY OF DENTAL CARE

H.1005/S.545: An Act Relative to Financial Services Contracts for Dental Benefits Corporations

Bill Sponsors: Representative Kevin Honan and Senator Harriette Chandler

The Massachusetts Dental Society seeks to ensure that dental benefits companies do not unfairly shift costs to private-pay patients and dental practices by setting fees for services for which they do not pay providers.

BACKGROUND

- Historically, dental benefits companies only set fees for services for which they provided payment. That is, if a patient requires a procedure that is not covered by their plan, the patient must pay the dentist's full, usual, and customary fee paid by all other patients. The dental practice is thereby able to spread fixed costs across the entire patient population.
- However, benefits companies are able to limit the fees a dentist may charge for all procedures that a dentist performs, even services not covered by their plans, such as veneers, tooth whitening, or other cosmetic procedures.
- Policies that allow dental benefits companies to set fees for services for which they do not pay providers are also known as "non-covered services policies." These policies set a cap on the amount that a participating dentist can bill a patient for services not covered under the plan, thus setting a maximum allowable fee on non-covered services.
- Allowing non-covered services policies forces dental providers to shift costs to other patients and increase fees for private-pay patients who pay out-of-pocket for care in order to continue operating high-quality dental practices.
- Private payers are often elderly people or young adults with limited employment and sources of income, or low-income workers whose employers do not provide dental benefits.
- Private-pay patients suffer the greatest financial burdens of non-covered services policies. These individuals are forced to subsidize the care of other patients with dental plans to protect the bottom line of the dental benefits companies.

KEY PROVISIONS

- This legislation would prohibit dental benefits companies from contractually setting fees for services for which they do not provide payment.
- No preferred provider arrangement with a health care provider who is a registered dentist shall require the dentist to provide services to a covered person at a particular fee unless the services are covered services.
- "Covered services" means dental services for which reimbursement is available or would have been available had the patient not reached a contractual limitation, such as frequency limitations, annual maximums, etc.

The Massachusetts Dental Society urges the legislature to prohibit dental benefits companies from unfairly shifting costs onto private-pay patients by passing ***An Act Relative to Financial Services Contracts for Dental Benefits Corporations***, joining the ranks of more than 30 other states that have enacted similar laws.

Questions can be directed to: **Advocacy@massdental.org**
Massachusetts Dental Society
508.480.9797

The Massachusetts Dental Society (MDS) represents approximately 5,000 dentists in the Commonwealth of Massachusetts (about 80 percent of dentists). A statewide constituent of the American Dental Association, the MDS is dedicated to the professional development of its members through initiatives in education, advocacy, the promotion of the highest professional standards, and championing oral health in the Commonwealth.