

March 1, 2024

Drs. Linda Edgar, President and Raymond Cohlma, Executive Director
American Dental Association
211 E. Chicago Avenue
Chicago, IL 60611

Drs Edgar and Cohlma,

On behalf of the Oklahoma Dental Association Board of Trustees and Council on Governmental Affairs, we are writing to inform you of our opposition to and disappointment in the ADA's recent decision to sign-on to the Health Insurance and Long Term Care Issues Committee of the National Council of Insurance Legislators (NCOIL) model legislation for a dental loss ratio.

We came close to establishing a dental loss ratio in Oklahoma in 2023. Our bill passed the Oklahoma House of Representatives unanimously and was ultimately defeated in the Senate Insurance and Retirement Committee on a 5-5 tie vote. With that momentum, we spent the rest of 2023 working hard to educate legislators about the value to Oklahoma patients in establishing a dental loss ratio and felt confident that our 2024 bill was going to prove successful.

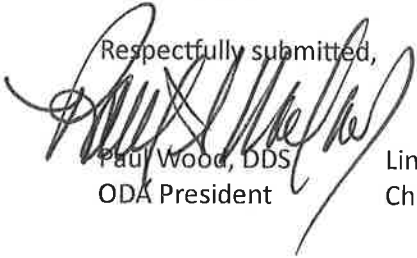
Our bill had a much stronger definition of dental loss ratio, including a specific list of what could and could not be included in the calculation, rather than relying on the Affordable Care Act formula that was the basis for the national medical loss ratio. Our 2024 bill would also have set a specific percentage requirement for large and small dental benefits companies to maintain, specific reporting requirements, and a requirement for dental benefits companies to issue rebates to premium payers when loss ratios were not met. It was easy to understand, easy to explain and easy to enforce. The NCOIL model legislation includes a dental loss ratio calculation that is difficult to understand and certainly difficult to explain to lawmakers.

The NCOIL Committee passed the model legislation on a Friday, and by the following Monday morning, dental benefits company lobbyists were in every Oklahoma House and Senate Insurance Committee members' office peddling the NCOIL model. We had not seen the legislation, so it was impossible to provide comment when we were contacted by legislators that morning. And the fact that the dental benefits companies were pushing it so hard certainly gave us pause, which gave our bill author pause, as well, resulting in our difficult decision to pull our bill from legislative consideration.

Once we finally had a chance to review the model legislation, we learned the NCOIL model does not go near far enough in protecting our patients from unwanted dental benefits company intrusion. It is inferior to our legislation in many ways. And the timing of the adopted model language made it impossible for us to use the model legislation as "the floor," and impossible for us to be "free to pursue our own ceilings by adding provisions and ratio percentages that meet the needs of our community." **As a direct result of the ADA's action in this matter, we had to make the difficult decision to discontinue our efforts to establish a dental loss ratio for our patients this year.**

Further, after contacting several of our colleagues on the ADA Board of Trustees and Council on Government Affairs, we learned that neither group had an opportunity to debate and vote on this decision prior to the ADA signing on. As sitting Delegates to the ADA House, we are deeply concerned and frustrated. A decision of this magnitude, which has a profound impact on a Constituent's ability to advocate for our membership and our patients, at the very least, MUST include debate and consensus of an ADA Council or Board of Trustees. The Oklahoma Dental Association views this decision as a monumental failure of our governing structure and an abuse of executive power within our association. As stated previously, a decision of this magnitude that will impact over 160,000 ADA members should not be made by a select few staff members and the President.

Respectfully submitted,



Paul Wood, DDS
ODA President



Lindsay Smith, DDS
Chair, ODA Council on Governmental Affairs

cc: ADA Board of Trustees; Dr. Leigh Kent, Chair, ADA Council on Governmental Affairs; Dr. David Hildebrandt, 12th District representative to the ADA Council on Governmental Affairs