

ORAL TESTIMONY BEFORE THE JOINT COMMITTEE ON FINANCIAL SERVICES

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H. 1181 – AN ACT RELATIVE TO INCREASING PATIENT CHOICE THROUGH ASSIGNMENT OF BENEFITS

H. 1182 / S. 632 – AN ACT RELATIVE TO MEDICAL LOSS RATIO REPORTING FOR DENTAL BENEFITS
CORPORATIONS

S. 648 – AN ACT RELATIVE TO ENSURING TREATMENT FOR GENETIC CRANIOFACIAL CONDITIONS

H. 1181 An Act relative to increasing patient choice through assignment of benefits

The Massachusetts Dental Society believes that all Massachusetts residents should have access to quality oral health care, and they should be able to choose the dental provider who is best for them. To preserve patient choice, *An Act Relative to Increasing Patient Choice Through Assignment of Benefits* would require all insurance carriers to permit a covered person to direct in writing that reimbursable benefits for covered services be paid directly to the treating dentist of their choice. The legislative text also includes provisions to ensure that the rate of reimbursement will be the same, whether or not the dentist is contracted with the insurance provider.

When working with children who have extensive dental needs, the cost of care can be burdensome to the families. Out-of-pocket expenses for families with small children can be quite large for their day-to-day needs. Imagine now that you have a large dental bill that is covered by your dental insurance, but, because of the lack of assignment of benefits, you have to pay the bill and wait for your insurance company to reimburse you. Assignment of benefits would alleviate this financial burden, by direct payment from the insurance company to the dental provider. Families who are on tight budgets will delay care until they can afford the payments. Children who need extensive care have not received dental restorations because we have to wait for families to be financially capable to provide payment. Assignment of benefits would reduce this stress for patients and provide better and more timely access to preventative care for them and their families.

Imagine as well that you have established rapport and trust with a dental provider, and you find you need extensive work. You may not be able to afford to pay, and require a contracted provider who will receive direct payments. This is now the insurance company's choice of your provider, not your own.

By allowing carriers to withhold assignment of benefits, Massachusetts is allowing dental benefit companies to interfere with a patient's ability to choose the provider who best meets their needs. We would like this legislation passed so that the Commonwealth can provide patients with a simple solution that empowers them to have the freedom to go to their provider of choice and reduces financial uncertainty associated with accessing care.

H. 1182 / S. 632 An Act relative to medical loss ratio reporting for dental benefits corporations

The Massachusetts Dental Society seeks to ensure that dental benefits companies are transparent and accountable. *An Act Relative to Medical Loss Ratio Reporting for Dental Benefits Corporations* requires dental benefits companies to submit medical loss ratio data to the Department of Insurance (DOI). The legislation also would require carriers to file annual financial reports with DOI, including detailing self-funded lines of business.

Medical loss ratio reporting is important to dentists, but equally important to the patients we treat. Patients take great pains to pay premiums and plan for expenses, so dental benefit dollars should be devoted to improving patient care and oral health outcomes, not to padding carriers' bottom lines. People opt out of getting dental care because coverage doesn't work for patients, which has a negative, trickle-down effect on personal and public health. A recent policy brief from Health Policy Institute revealed that among the top three reasons people don't get care is "insurance did not cover procedures."

Understanding the financial practices of insurance companies is important to dentists who contract with these providers, and patients who subscribe to their insurance plans as well. This law would provide clarification with respect to the amount of profit the company gains from doing business, while at the same allowing consumers to obtain financial understand about the insurance plans they are purchasing.

Dentists contract with insurance plans to provide financial feasibility for their patients. When contracting with an insurance company, there is little room to negotiate fees; the dentist may not be allowed the reimbursement she desires. Insurance companies' profit margins are enhanced by controlling their expenditures to providers and maximizing their income from the insured's premiums.

While all other health benefits providers must by law spend at least 80% of premium dollars on patient care, dental benefits companies are free to raise rates without directing any of the increases to actual patient spending. Transparency in this process should be mandated to provide understanding of how the health care dollars are spent. This legislation will provide clarification and ultimately the access to the maximum health care dollars possible for both the dentist and the patient.

Dentistry is costly, and many times my patients don't feel they understand why there is not more coverage for services and why they need to pay large amounts out of pocket. As consumers, I would like them to understand better the insurance plans they are purchasing and how their money is being used. As a provider, I would like to know more about the insurance companies with whom I am contracting. If I am associating with an insurance company, it would be heartening to know what their business practices are, and that I am associated with good business practices. Also, association with an insurance company is a form of endorsement; should I not have a better understanding of how they utilize my patient's money? Please consider the positive impacts of passing this legislation.

S. 648 An Act relative to ensuring treatment for genetic craniofacial conditions

The Massachusetts Dental Society supports this legislation to improve insurance coverage for craniofacial conditions. Providing medically necessary coverage for “functional repair or restoration of craniofacial disorders to improve the function of, or to approximate the normal appearance of any abnormal structures caused by congenital disease or anomaly. Coverage under this section shall include the necessary care and treatment of medically diagnosed congenital disease or anomaly, including ectodermal dysplasia, dentinogenesis imperfecta, and amelogenesis imperfecta. Please consider including in the language of the legislation other similar conditions: Regional odontodysplasia; Dentin dysplasia, type I and II; Odonotogenesis Imperfecta or Enamel and Dentin Aplasia; Anodontia (failure of teeth to erupt); Hypodontia (agenesis of less than six teeth, not including third molars); ectodermal dysplasia; dental agenesis as a consequence of cancer therapy. These conditions are devastating to the primary and permanent dentition, deleteriously effect the quality of life of patients, and are handicapping both esthetically and functionally for our patients. Tooth loss prior to adulthood leads to malocclusion and loss of function, and subsequently effect’s ability to function normally in a society that values white straight teeth. I have had patients describe lately that they were happy to be wearing masks to cover their teeth, and how hard it will be to take the mask off because they are made fun of by their peers because of the condition of their teeth. Missing teeth reduce ability to speak and chew, and are a social stigma. Passing this legislation will benefit so many children and provide them a better quality of life.