

**WRITTEN TESTIMONY BEFORE THE JOINT COMMITTEE ON FINANCIAL SERVICES  
BY MASSACHUSETTS DENTAL SOCIETY PRESIDENT DR. MEREDITH BAILEY**

**July 27, 2021**

**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**

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

All Massachusetts residents deserve access to quality oral health care, and they should be able to choose the dental provider that's best for them. The Massachusetts Dental Society believes that all Massachusetts residents should have access to quality oral health care and we are advocating for a simple solution through patient-choice legislation that would apply to all carriers that operate in the Commonwealth. Assignment of benefits provisions in dental benefit plans allow patients who choose to seek treatment from an out-of-network dentist to direct their insurance carrier to directly pay the provider. Permitting the assignment of benefits enables patients to have fewer immediate out-of-pocket expenses, increased choice in providers, and—therefore—greater access to care.

Patients deserve predictability and support in seeking out oral health services that are essential to maintaining good overall health. By preventing patients from having the ability to assign benefits directly to the provider of their choice, patients are responsible for all costs up front; they must submit a claim to the carrier after the fact, then wait for an undefined period of time for a reimbursement check for an unpredictable amount of money back. The convenience of not fronting payment is an access to care issue and a valuable protection for patients against undue financial hardship.

Massachusetts is falling behind other states by failing to enact assignment of benefits laws popular across the country that require insurance carriers to directly pay the patient's provider of choice. Right now, most dental benefits companies recognize assignment of benefits in the Commonwealth, and it has created no disruption in the insurance marketplace. However, carriers are permitted to—and the largest dental benefits company in Massachusetts does—impose an unnecessary burden on patients by refusing to allow the assignment of benefits as part of their contract provisions. By withholding the assignment of benefits, carriers are interfering with a patient's ability to choose the provider who best meets their needs.

When a patient has a long-time relationship with a dental provider, but their insurance changes, the ability to assign dental benefits permits them to continue seeing their current dentist if they wish to do so without incurring an undue financial hardship.

To preserve patient choice, an *Act Relative to Increasing Patient Choice Through Assignment of Benefits* requires 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.

This legislation would solidify a patient's right to make full use of their dental benefit plan and choose the dental provider they feel is best for them and their families. By instituting this change, patients will have less immediate out-of-pocket expenses, increased choice in providers, and, therefore, more access to 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. Dental benefits companies, unlike health insurance companies, are not held to ratio standards in which they must spend at least 80% of premium dollars on patient care. Due to the lack of a ratio standard, dental benefits companies are free to raise premiums and increase executive salaries while spending less on care. *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.