

**TESTIMONY OF THE MASSACHUSETTS DENTAL SOCIETY
BEFORE THE JOINT COMMITTEE ON FINANCIAL SERVICES
NOVEMBER 28, 2017**

**H.551 – AN ACT RELATIVE TO ANESTHESIA COVERAGE FOR CHILDREN
HOSPITALIZED FOR DENTAL TREATMENT**

Young children and persons with special health conditions have greater difficulty undergoing long dental procedures. They are prone to involuntary movements and risk suffering serious injury from sharp instruments in the mouth. For this reason, hospitalization and general anesthesia are often necessary for these patients to receive proper and safe dental treatment. General anesthesia renders the patient temporarily unconscious to prevent discomfort, pain, and movement that can affect the safety and outcome of the treatment process.

Unfortunately, many of these patients are forced to delay, compromise, or forgo treatment because their families cannot afford hospital and anesthesia fees on top of treatment. Many private insurers refuse reimbursement for these costs, citing the procedures as medically unnecessary. As a result, the young patient does not receive necessary dental care, resulting in greater use of antibiotics and painkillers, disturbed sleep patterns, problems with eating, and overall prolonged pain and suffering.

An Act Relative to Anesthesia Coverage for Children Hospitalized for Dental Treatment will allow these patients to receive the dental care they need by requiring that private insurers cover the cost of general anesthesia rendered by an anesthesiologist and the associated hospital fees. This change would apply only to children who are under six years, the severely

developmentally disabled, and those who have special medical conditions that require hospitalization for dental procedures. While MassHealth currently covers these same costs, many children in the Commonwealth are ineligible. This initiative ensures that these patients receive necessary care with costs covered for general anesthesia administered in a hospital.

As of 2010, 32 states have enacted legislation relative to anesthesia coverage for children hospitalized for dental treatment. A study conducted after this legislation was passed in North Carolina in 2000 revealed a 60% increase in non-Medicaid visits and 33% increase in Medicaid visits, with 43% more children overall seeking dental care post-legislation. When Louisiana also passed comparable legislation in 1997, the Louisiana Dental Association (LDA) estimated that the bill would increase costs for medical insurance companies by approximately \$2.62 per policyholder. A leading national medical insurance company, in a letter addressed to the executive director of the LDA, indicated that the new law increased the cost of plans by less than 0.2%. The Alabama Society of Pediatric Dentistry has calculated that a similar mandate in their state would add about \$0.97 annually to each policy holder. It is important to note that dentists do not benefit financially from this legislation since the reimbursement would be paid to the hospital and anesthesiologist. Requiring coverage for anesthesia and hospital costs associated with dental treatment may add a small annual cost to a policy, while allowing an enormous increase in access-to-care for children in the Commonwealth, inarguably a vital group needing better access to quality dental care.

The Massachusetts Dental Society urges the Joint Committee on Financial Services to take favorable action on this item and require all third-party payers to administer hospitalization

and general anesthesia cost reimbursements in recognition of the fact that general anesthesia is often necessary for the delivery of dental care to young and special-needs children.