

**HOUSE . . . . . No. 582**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

***John W. Scibak***

*To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:*

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

**An Act relative to dental benefit plan transparency and patients' Bill of Rights.**

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>John W. Scibak</i>	<i>2nd Hampshire</i>	<i>1/19/2017</i>
<i>Harriette L. Chandler</i>	<i>First Worcester</i>	<i>1/31/2017</i>
<i>Angelo J. Puppolo, Jr.</i>	<i>12th Hampden</i>	<i>2/1/2017</i>
<i>David Paul Linsky</i>	<i>5th Middlesex</i>	<i>1/19/2017</i>
<i>Kenneth I. Gordon</i>	<i>21st Middlesex</i>	<i>1/19/2017</i>
<i>Bradford R. Hill</i>	<i>4th Essex</i>	<i>1/19/2017</i>
<i>Barbara A. L'Italien</i>	<i>Second Essex and Middlesex</i>	<i>1/19/2017</i>
<i>Jennifer E. Benson</i>	<i>37th Middlesex</i>	<i>1/19/2017</i>
<i>Chris Walsh</i>	<i>6th Middlesex</i>	<i>1/19/2017</i>
<i>Kathleen O'Connor Ives</i>	<i>First Essex</i>	<i>1/19/2017</i>
<i>Michael J. Barrett</i>	<i>Third Middlesex</i>	<i>1/19/2017</i>
<i>Paul K. Frost</i>	<i>7th Worcester</i>	<i>1/19/2017</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>	<i>1/19/2017</i>
<i>Thomas J. Calter</i>	<i>12th Plymouth</i>	<i>1/19/2017</i>
<i>James M. Cantwell</i>	<i>4th Plymouth</i>	<i>1/19/2017</i>
<i>John H. Rogers</i>	<i>12th Norfolk</i>	<i>1/19/2017</i>
<i>Sean Garballey</i>	<i>23rd Middlesex</i>	<i>1/19/2017</i>

**HOUSE . . . . . No. 582**

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By Mr. Scibak of South Hadley, a petition (accompanied by bill, House, No. 582) of John W. Scibak and others relative to dental insurance benefit plans and further protecting the rights of dental patients. Financial Services.

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**The Commonwealth of Massachusetts**

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**In the One Hundred and Ninetieth General Court  
(2017-2018)**  
\_\_\_\_\_

An Act relative to dental benefit plan transparency and patients' Bill of Rights.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1           SECTION 1. The General Laws are hereby amended by inserting after chapter 176U the  
2 following chapter:-

3           Chapter 176V  
4           Dental Benefit Plans

5           Section 1. As used in this chapter the following words shall, unless the context clearly  
6 requires otherwise, have the following meanings:-

7           “Carrier”, any insurer licensed or otherwise authorized to transact accident and health  
8 insurance under chapter 175, non-profit medical service corporation under chapter 176B; a  
9 dental service corporation organized under chapter 176E, health maintenance organization  
10 organized under chapter 176G, or preferred provider arrangement organized under chapter 176I  
11 offering dental benefit plans in the commonwealth.

12 “Commissioner”, the commissioner of the division of insurance.

13 “Connector”, the commonwealth health insurance connector, established by chapter  
14 176Q.

15 “Dental benefit plans”, any stand-alone dental plan that covers oral surgical care,  
16 services, procedures or benefits covered by any individual, general, blanket or group policy of  
17 health, accident and sickness insurance issued by an insurer licensed or otherwise authorized to  
18 transact accident and health insurance under chapter 175; any oral surgical care, services,  
19 procedures or benefits covered by a stand-alone individual or group dental medical service plan  
20 issued by a non-profit medical service corporation under chapter 176B; any oral surgical care,  
21 services, procedures or benefits covered by a stand-alone individual or group dental service plan  
22 issued by a dental service corporation organized under chapter 176E; any oral surgical care,  
23 services, procedures or benefits covered by a stand-alone individual or group dental health  
24 maintenance contract issued by a health maintenance organization organized under chapter  
25 176G; or any oral surgical care, services, procedures or benefits covered by a stand-alone  
26 individual or group preferred provider dental plan issued by a preferred provider arrangement  
27 organized under chapter 176I.

28 “Self-insured customer”, a self-insured group for which a carrier provides administrative  
29 services.

30 “Self-insured group”, a self-insured or self-funded employer group health plan.

31 “Third-party administrator”, a person who, on behalf of a dental insurer or purchaser of  
32 dental benefits, receives or collects charges, contributions or premiums for, or adjusts or settles  
33 claims on or for residents of the commonwealth.

34           Section 2. Except as otherwise provided, this chapter applies to all dental benefit plans  
35 issued, made effective, delivered or renewed after April 1, 2017 whether issued directly by a  
36 carrier, through the connector, or through an intermediary, excepting those plans issued,  
37 delivered or renewed to a self-insured group or where the carrier is acting as a third-party  
38 administrator. Nothing in this chapter shall be construed to require a carrier that does not issue  
39 dental benefit plans subject to this chapter to issue dental benefit plans subject to this chapter.

40           Section 3. (a) Notwithstanding any general or special law to the contrary, the  
41 commissioner may approve dental benefit policies submitted to the division of insurance for the  
42 purpose of being provided to individuals and groups. These dental benefit policies shall be  
43 subject to this chapter and may include networks that differ from those of a dental plan's overall  
44 network. The commissioner shall adopt regulations regarding eligibility criteria.

45           Section 4. (a) The division of insurance, with the advice of the director of the connector,  
46 shall issue regulations to define coverage for dental benefit plans and to implement this section.  
47 The regulations shall include, but not be limited to, a determination of dental services eligible to  
48 be defined under the following categories of services: (i) preventative and diagnostic; (ii) basic  
49 restorative services; (iii) major restorative; and (iv) orthodontia. All carriers shall use this  
50 definition.

51           (b) All dental benefit plans shall cover 100 per cent of preventative and diagnostic  
52 services for those individuals aged 18 and older. All dental benefit plans shall cover 100 per cent  
53 of preventative and diagnostic services and 100 per cent of basic restorative services for those  
54 individuals under 18 years of age.

55 (c) No carrier shall issue, make effective, deliver or renew any dental benefit plan with a  
56 contractual annual maximum limitation of benefit of less than \$1000 after April 1, 2018.

57 (d) All dental benefit plans shall allow a covered individual to carry over 100 per cent of  
58 difference between the contractual annual maximum and actual benefits used from the current  
59 calendar year to the next calendar year.

60 (e) No carrier shall issue, make effective, deliver or renew any dental benefit plan with a  
61 contractual waiting limitation on preventative and diagnostic services.

62 (f) The division shall determine which, if any, dental services shall not be subject to a  
63 contractual frequency limitation or other contractual limitation for certain individuals including,  
64 but not limited to, individuals with diabetes, heart disease, and cancer.

65 Section 5. (a) The division of insurance shall issue regulations to define and review the  
66 contracts between carriers and dentists and to implement this section.

67 (b) Carriers shall file any changes to reimbursement fee methodologies with the division  
68 six months prior to the effective date of those changes. The commissioner shall disapprove any  
69 reimbursement fee methodologies that do not increase reimbursements by at least the most recent  
70 calendar year's percentage increase in the New England dental CPI. Rates of reimbursement or  
71 rating factors included in the reimbursement methodology filing materials submitted for review  
72 by the division shall be deemed confidential and exempt from the definition of public records in  
73 clause Twenty-sixth of section 7 of chapter 4.

74 (c) The commissioner shall disapprove any reimbursement fee methodology that uses  
75 geographic region for the purpose of area rate adjustment where the methodology: (i) uses 3 or

76 fewer geographic regions; (ii) the value of such an area rate adjustment is not within the range of  
77 0.8 to 1.2; or (iii) public policy so dictates.

78 (d) Every carrier shall allow, as a provision in a group or individual policy, contract or  
79 health plan for coverage of dental services, any person insured by such carrier to direct, in  
80 writing, that benefits from a dental benefit plan be paid directly to a dentist who has not  
81 contracted with the carrier to provide dental services to persons covered by the carrier but  
82 otherwise meet the credentialing criteria of the entity and has not previously been terminated by  
83 such entity as a participating provider. If written direction to pay is executed and written notice  
84 of the direction is provided to such carrier, the carrier shall pay the benefits directly to the  
85 dentist. The carrier paying the dentist, pursuant to a direction to pay duly executed by the  
86 subscriber, shall have the right to review the records of the dentist receiving such payment that  
87 relate exclusively to that particular subscriber/patient to determine that the service in question is  
88 rendered. The paying carrier shall not pay the dentist who has not contracted with the carrier a  
89 different rate than a dentist who has contracted with the carrier for the same services rendered.

90 (e) Fees for dental services paid to dentists shall be set in good faith and not be nominal.