

**SENATE . . . . . No. 236**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

*Patrick M. O'Connor*

*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 establishing a dental patient bill of rights.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Patrick M. O'Connor</i>	<i>Plymouth and Norfolk</i>	
<i>Carmine Lawrence Gentile</i>	<i>13th Middlesex</i>	<i>5/4/2021</i>
<i>Steven S. Howitt</i>	<i>4th Bristol</i>	<i>5/4/2021</i>
<i>Ryan C. Fattman</i>	<i>Worcester and Norfolk</i>	<i>5/6/2021</i>
<i>John J. Cronin</i>	<i>Worcester and Middlesex</i>	<i>5/11/2021</i>
<i>David Henry Argosky LeBoeuf</i>	<i>17th Worcester</i>	<i>5/11/2021</i>
<i>Danielle W. Gregoire</i>	<i>4th Middlesex</i>	<i>8/3/2021</i>

**SENATE . . . . . No. 236**

By Mr. O'Connor, a petition (accompanied by bill, Senate, No. 236) of Patrick M. O'Connor, Carmine Lawrence Gentile, Steven S. Howitt, Ryan C. Fattman and other members of the General Court for legislation to establish a dental patient bill of rights. Consumer Protection and Professional Licensure.

**The Commonwealth of Massachusetts**

In the One Hundred and Ninety-Second General Court  
(2021-2022)

An Act establishing a dental patient 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 176X the  
2 following chapter:-

3 "CHAPTER 176Y

4 SECTION 1. DISCLOSURE OF BENEFIT TERMS.

5 (a) An employee benefit plan or health insurance policy shall:

6 (1) if applicable, disclose that the benefit for dental care services offered is limited to the  
7 least costly treatment; and (2) specify in dollars and cents the amount of the payment or  
8 reimbursement to be provided for dental care services or define AND explain the standard on  
9 which payment of benefits or reimbursement for the cost of dental care services is based, such  
10 as: (A) "usual and customary" fees; (B) "reasonable and customary fees; (C) "usual,  
11 customary, and reasonable" fees; or (D) preset fee schedule or (E) words of similar meaning.

12 (b) A person or entity who provides or issues an employee benefit plan or health  
13 insurance policy or the employer or employee organization, if applicable, shall establish an  
14 Internet website to provide resources and accurate information to dentists, insureds, participants,  
15 employees, and members, including the standard on which reimbursement is based.

16 (c) An employee benefit plan or health insurance policy shall make accessible on the  
17 Internet website established under Subsection (b) information about the plan or policy sufficient  
18 for patients and dentists to determine the type of dental care services covered by the plan or  
19 policy and the amount of the payment or reimbursement available for those services under the  
20 plan or policy. Access to the Internet website must be at no charge to patients under the plan or  
21 policy and dentists providing dental care services to the patients whether in network or out of  
22 network.

23 SECTION 2. (a) The employee benefit plan or health insurance policy shall: (1)  
24 provide: (A) that payment or reimbursement for a noncontracting provider dentist shall be the  
25 same or greater as payment or reimbursement for a contracting provider dentist; (B) that the  
26 party to or beneficiary of the plan or policy may assign the right to payment or reimbursement to  
27 the dentist who provides the dental care services; and (C) one or more methods of payment or  
28 reimbursement that provide the dentist 100 percent of the contracted amount of the payment or  
29 reimbursement and that do not require the dentist to incur a fee to access the payment or  
30 reimbursement; and (2) disclose on the Internet website required under and on request of a  
31 dentist or a party to or beneficiary of the plan or policy the fees, if any, associated with the  
32 methods of payment or reimbursement available under the plan or policy.

33 SECTION 3. (a) An employee benefit plan or health insurance policy may not: (1)  
34 interfere with or prevent an individual who is a party to or beneficiary of the plan or policy from  
35 selecting a dentist of the individual's choice to provide a dental care service the plan or policy  
36 offers if the dentist selected is licensed in this state to provide the service; (2) deny a dentist the  
37 right to participate as a contracting provider under the plan or policy if the dentist is licensed to  
38 provide the dental care services the plan or policy offers; (3) authorize a person to regulate,  
39 interfere with, or intervene in the provision of dental care services a dentist provides a patient,  
40 including diagnosis, if the dentist practices within the scope of the dentist's license; (4) require  
41 a dentist to make or obtain a dental x-ray or other diagnostic aid in providing dental care  
42 services; or (5) deduct the amount of an overpayment of a claim from a payment or  
43 reimbursement of another claim unless both claims were for dental services provided to the  
44 same patient by the same dentist.

45 (b) This section does not prohibit the predetermination of benefits for dental care  
46 expenses before the attending dentist provides treatment. An employee benefit plan or health  
47 insurance policy that provides a written predetermination of benefits to a dentist with respect to a  
48 dental care service for a patient that includes a specific benefit payment or reimbursement  
49 amount may not pay or reimburse the dentist for providing that service to the patient in an  
50 amount that is less than the amount set forth in the predetermination."