

**HOUSE . . . . . No. 1111**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

*Alice Hanlon Peisch*

*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 a dental patient bill of rights.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Alice Hanlon Peisch</i>	<i>14th Norfolk</i>	<i>1/20/2023</i>
<i>James C. Arena-DeRosa</i>	<i>8th Middlesex</i>	<i>7/3/2023</i>
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>	<i>7/3/2023</i>
<i>Denise C. Garlick</i>	<i>13th Norfolk</i>	<i>12/12/2023</i>
<i>Tommy Vitolo</i>	<i>15th Norfolk</i>	<i>12/12/2023</i>

**HOUSE . . . . . No. 1111**

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By Representative Peisch of Wellesley, a petition (accompanied by bill, House, No. 1111) of Alice Hanlon Peisch relative to a dental insurance. Financial Services.

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[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE HOUSE, NO. 1173 OF 2021-2022.]

**The Commonwealth of Massachusetts**

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**In the One Hundred and Ninety-Third General Court  
(2023-2024)**  
\_\_\_\_\_

An Act relative to 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 Chapter 176X of the General Laws, as appearing in the 2020 Official Edition, are hereby  
2 amended by adding the following chapter:-

3 Chapter 176Y

4 SECTION 1. DISCLOSURE OF BENEFIT TERMS.

5 (a) An employee benefit plan or health insurance policy shall: (1) if applicable, disclose  
6 that the benefit for dental care services offered is limited to the least costly treatment; and (2)  
7 specify in dollars and cents the amount of the payment or reimbursement to be provided for  
8 dental care services or define AND explain the standard on which payment of benefits or  
9 reimbursement for the cost of dental care services is based, such as: (A) "usual and customary"

10 fees; (B) "reasonable and customary fees; (C) "usual, customary, and reasonable" fees; or (D)  
11 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.

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

32 dentist or a party to or beneficiary of the plan or policy the fees, if any, associated with the  
33 methods of payment or reimbursement available under the plan or policy.

34 SECTION 3.

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

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