SENATE DOCKET, NO. 2394 FILED ON: 1/17/2025

SENATE . . . . . No. 807

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 relative to dental insurance assignment of benefits.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
Patrick M. O'Connor	*First Plymouth and Norfolk*

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SENATE . . . . . No. 807

By Mr. O'Connor, a petition (accompanied by bill, Senate, No. 807) of Patrick M. O'Connor for legislation relative to dental insurance assignment of benefits. Financial Services.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE SENATE, NO. *698* OF 2023-2024.]

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Fourth General Court
(2025-2026)

An Act relative to dental insurance assignment of benefits.

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

SECTION 1. Chapter 176W of the General Laws, as so appearing the 2020 Official Edition, is hereby amended by inserting the following chapter:-

Chapter 176X. Dental Benefit Plans

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

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

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

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

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

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

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

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

33 “Written direction” refers to the assignment of benefits to the dental provider by the
34 patient on the claim form sent electronically or by regular mail to the dental plan.

35 Section 2. Dental insurance assignment of benefits. Dental benefit plans as defined in
36 section 1 shall allow, as a provision in a group or individual policy, contract or health benefit
37 plan for coverage of dental services, any person insured by such entity to direct, in writing, that
38 benefits from a health benefit plan, policy or contract, be paid directly to a dental care provider
39 who has not contracted with the entity to provide dental services to persons covered by the entity
40 but otherwise meets the credentialing criteria of the entity. If written direction to pay is executed
41 and written notice of the direction to pay is provided to such entity, the insuring entity shall pay
42 the benefits directly to the dental care provider. The amount of benefits paid directly to the dental
43 care provider under this section must be at least equal to the amount paid to participating
44 dentists. The entity paying the dentist, pursuant to a direction to pay duly executed by the
45 subscriber, shall have the right to review the records of the dentist receiving such payment that
46 relate exclusively to that particular subscriber/patient to determine that the service in question
47 was rendered. Provided, however, this section shall not apply to insurance coverage providing
48 benefits for: (1) hospital confinement indemnity; (2) disability income; (3) accident only; (4)
49 long-term care; (5) Medicare supplement; (6) limited benefit health; (7) specified disease
50 indemnity; (8) sickness or bodily injury or death by accident or both; and (9) other limited
51 benefit policies.