

**JOINT COMMITTEE ON FINANCIAL SERVICES
2025-2026 (194th) BILL SUMMARY**

Bill No: H1292

Title: AN ACT RELATIVE TO FINANCIAL SERVICES CONTRACTS FOR DENTAL BENEFITS CORPORATIONS

Sponsor: Rep. Angelo J. Puppolo, Jr. (*Springfield*)

Hearing Date: October 27, 2025

Reporting Deadline: December 3, 2025

Prior History:

2023-24 (H1122): Ordered to a House Study

2019-20 (H1005): Ordered to a House Study

2017-18 (H583): Ordered to a House Study

Similar Matters: None

CURRENT LAW:

M.G.L. c. 175 Insurance

M.G.L. c. 176B Medical Service Corporations (Blue Shield of Massachusetts)

M.G.L. c. 176E Dental Service Corporations

M.G.L. c. 176G Health Maintenance Organizations (HMOs)

M.G.L. c. 176I Preferred Provider Arrangements (PPOs)

Chapter 38 of the Acts of 2013, An Act making appropriations for the fiscal year 2014 for the maintenance of the departments, boards, commissions, institutions and certain activities of the commonwealth, for interest, sinking fund and serial bond requirements and for certain permanent improvements, § 164 created the Special Commission on Dental Insurance to review dental insurance and to make recommendations to ensure that the terms and conditions within dental contracts promoted quality and affordability. Some dental contracts contain provisions under which consumers are eligible to receive discounted fees for services not covered due to either benefit or contractual limitations. The Special Commission recommended against legislation that would limit such contract terms.

SUMMARY:

This bill would prevent dental benefit plans from entering contracts with dentists where dentists would be required to accept specified fees for services not covered under such dental contracts.

SECTION 1.

Adds the following definition to *M.G.L. c. 175 Insurance § 1*

"Covered services" means dental care services for which a reimbursement is available under an enrollee's plan contract, or for which a reimbursement would be available but for the application of contractual limitations such as deductibles, copayments, coinsurance, waiting periods, annual or lifetime maximums, frequency limitations, alternative benefit payments, or any other limitation.

SECTION 2.

Adds the following definition to *M.G.L. c. 175 Insurance § 1*

"Dental plan" will include any policy of insurance which is issued by a health care service contractor which provides for coverage of dental services not in connection with a medical plan.

SECTION 3.

Prohibits non-covered services fee setting under any accident or sickness. Prohibits contractors and third-party administrators from making network providers available to a plan that sets dental fees for any services except covered services.

SECTION 4.

Prohibits non-covered services fee setting under medical service corporation (Blue Shield) contracts.

SECTION 5.

Prohibits non-covered services fee setting under dental service corporation contracts.

SECTION 6.

Prohibits non-covered services fee setting under HMO contracts.

(SECTION 6).

Prohibits non-covered services fee setting under PPO contracts.