

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

Bill No: H1306

Title: AN ACT ENSURING TRANSPARENCY IN THE PRACTICE OF DENTAL LEASED NETWORKS

Sponsor: Rep. Daniel J. Ryan (*Boston*)

Hearing Date: October 27, 2025

Reporting Deadline: December 3, 2025

Prior History: None

Similar Matters: S696 (Crighton - Identical)

CURRENT LAW:

M.G.L. c. 30A State Administrative Procedure § 2 Regulations requiring hearings; adoptions, amendments or repeals; small business impact statement; emergency regulations

A public hearing is required prior to the adoption, amendment, or repeal of any regulation if: (a) violation of the regulation is punishable by fine or imprisonment; or (b) a public hearing is required by the enabling legislation of the agency or by any other law; or (c) a public hearing is required as a matter of constitutional right.

M.G.L. c. 112 Registration of Certain Professions and Occupations

§ 45 Registration of dentists; applications; examinations and re-examinations; fees; participation in medical assistance program; certificate; alien applicants

Applications for registration hereunder shall be in writing upon blanks furnished by the board, which shall be signed and sworn to by the applicant, presenting proof of the requirements herein specified.

§ 48 Reciprocity certificate for dentist lawfully in practice for at least five years in another state; fee

The board may, without examination upon payment of a fee determined annually by the commissioner of administration under the provision of section three B of chapter seven, register, and issue a certificate to, a dentist who has been lawfully in practice for at least five years in another state, if he presents to the board a certificate of registration, and duration of practice, from the board of dental examiners or other like board of said state; provided, that such other state shall require a degree of competency equal to that required of applicants in this commonwealth. Subject hereto, the board may waive written examination with respect to a dentist who has received a certificate of qualification from the National Board of Dental Examiners.

SUMMARY:

This bill adds a new chapter to the general laws, *Chapter 176Y*, relating to leased dental networks.

Contractual Arrangement Transparency

The bill directs any Provider Network Entity that sells, rents, leases or grants access to its Participating Dental Providers or its Dental Network, directly or indirectly, to Third-Party Health Plans to have a signed written agreement with each Participating Dental Provider who participates in any of the Provider Network Entity's Dental Networks.

The bill specifies that the Provider Network Entity must provide to each Participating Dental Provider at the time of initial contracting: (i) a list of the Third-Party Health Plans to which the Provider Network Entity has leased, rented or otherwise made it Dental Network accessible, and that the dentist will now be considered in-network for the Third-Party Health Plan's Dental Network (ii) if signed agreement between Provider Network Entity and Participating Dental Provider includes multiple fee schedules, Provider Network Entity shall identify which fee schedule will be utilized by each Third-Party Health, (iii) applicable Third-party Health Plan's credentialing practices and administrative policy and procedures; and (iv) any other material terms affecting the Participating Dental Provider's participation in the Third-Party Provider Network Entity's Dental Networks.

The bill requires Third-party Health Plans to reimburse Participating Dental Providers in accordance with the contracted fee schedule for the respective Dental Benefit Plan. If the Third-Party Health Plan uses more than one Dental Network which could be a combination of proprietary and or multiple Provider Network Entities Third-Party Health Plan they will provide written notice to each Participating Dental Provider identifying the specific Provider Network Entity contract being accessed for that Dental Benefit Plan, specifying the applicable fee schedule that will be used for reimbursement for that specific Dental Benefit Plan. The Third-party Health Plan must provide written notice to Participating Dental Provider identifying the specific Provider Network Entity and or the prevailing fee schedule in advance of any changes or updates. The Provider Network Entity will reissue the notice requirements in the event of a proposed change or amendment to the written agreement.

Notification of Access to Provider Network

Each Third-party Health Plan will, notify its insured and administrative services only customers that the Third-party Health Plan is renting, leasing or otherwise making accessible, a network of providers from a Provider Network Entity. Annually, the Third-party Health Plan will provide a report to its insured and administrative services only customers, including a total number of subscribers and their dependents that received Dental Services from each Provider Network entity. A Third-party Health Plan is required to adopt and/or maintain consistent credentialing standards, utilization review and management processes, and quality of care practice or protocols (collectively, "Provider Quality Measures") for all Dental Networks to which the Third-party Health Plan provides access, regardless of whether such Dental Networks are proprietary and internal to the operations of the Third-party Health Plan or through a Provider Network Entity. If the Third-party Health Plan does not adopt and maintain consistent Provider Quality Measures, the Third-party Health Plan will notify its insured and administrative services only customers annually that it does not maintain consistent Provider Quality Measures and the differences in such Provider Quality Measures used for the Dental Networks.

Each Third-party Health Plan's provider directory will indicate the listed providers are part of a leased, rented or made otherwise accessible, through a contractual arrangement with the Provider Network Entity and that Third-party Health Plan does not have a direct contract with such Participating Dental Provider. Each Third-party Health Plan will notify its subscribers and their dependents annually that any disputes or disagreement that arise between a subscriber or their dependents and the Participating Dental Provider will be resolved according to the terms of the direct written agreement between the Participating Dental Provider and the Provider Network Entity.

Annually, by November 15th, each Provider Network Entity will provide each Participating Dental Provider the notice requirements. The notice will include, in addition to the list of Third-party Health Plans that utilize the Participating Dental Provider, the volume of patients seen through each Third-party Health Plan.

Commissioner's approval

Third-Party Health Plan that is renting, leasing or otherwise accessing a Dental Network under this Section will be subject to a public hearing as provided by *section two of chapter 30A* and receive prior written approval from the Commissioner. No such arrangement will be approved if the Commissioner finds the use of such Dental Network by a Dental Benefit Plan or by the Third-Party Health Plan is unreasonable in relation to (i) the median fee schedule reimbursement from all Dental Benefit Plans offering by Carriers, (ii) the premium charged for such services, and (iii) if the premium charge are excessive, inadequate or unfairly discriminatory.