

Ohio Senate Insurance and Financial Institutions Committee

November 6, 2019

Written Testimony, Kelly L. Phillips, Union Benefits Trust

SB 148

Good morning Chairman Hackett and other esteemed members of the Senate Insurance and Financial Institutions Committee. Thank you for the opportunity to share our written opponent testimony today.

My name is Kelly L. Phillips, Director of the Union Benefits Trust (UBT). UBT provides dental, vision and life insurance to all State of Ohio bargaining unit members for more than 5 unions. I'm testifying today because we manage the dental insurance plan covering approximately 80,000 union represented State of Ohio employees and their families.

Our testimony today is in opposition to SB 148, legislation that uncaps the fixed dental fees chargeable for non-covered services.

While there are many reasons this legislation is a bad idea, I will focus on oral health issues and costs.

Per the Mayo Clinic, American Dental Association and others, numerous studies have shown that your oral health contributes to various diseases and conditions, including:

- Endocarditis. This infection of the inner lining of your heart chambers or valves (endocardium) typically occurs when bacteria or other germs from another part of your body, such as your mouth, spread through your bloodstream and attach to certain areas in your heart.
- Cardiovascular disease. Although the connection is not fully understood, some research suggests that heart disease, clogged arteries and stroke might be linked to the inflammation and infections that oral bacteria can cause.
- Pregnancy and birth complications. Periodontitis has been linked to premature birth and low birth weight.
- Pneumonia. Certain bacteria in your mouth can be pulled into your lungs, causing pneumonia and other respiratory diseases.

Putting a higher price tag on dental services will make more Ohioans sick and not be able to afford treatment. If we are to continue the strides being made in our attempts to control the cost of health care as a whole, we must not change the current landscape with respect to capped dental fees. Like the EpiPen manufacturer, dentists and other medical service providers need a watchdog.

Let's move on to cost. To understand this proposed legislation fully, we must look at the entirety of how dental insurance and services truly work. Dentists may see patients both insured and uninsured. It is important to note that all claims for uninsured patients are non-covered services. Thus, the dentist may charge whatever he/she prefers. Current Bureau of Labor statistics show 44% of workers had access to dental insurance coverage. This statistic clearly shows that dentists are able to strike a balance between the number of discounted fee (insured) patients and full fee (uninsured) patients they have in their practice. In fact, we have seen dentist temporarily stopped accepting insured patients to realign that balance and that is acceptable by the insurance carriers.

I've worked on network recruitment with various carriers for 20 years. In its simplest form, dentists join insurance carrier networks with the purpose of increased patient volume and in return, they accept discounted fees on covered and non-covered services.

At any point, the dentist has the choice to terminate the contract, freeing them from discounted fees for both covered and non-covered services. To leave the network puts the practice at risk of angering their insured patients and possibly losing those patients to other network dentists. Dentists make the decision to contract with an insurance carrier knowing the provisions of the contract and the promised return on investment of being a network provider. It seems unconscionable that Dentists and the Ohio Dental Association who represents them now wish to remove those provisions through legislative action. Dentists have every right to choose not to renew those contracts, and every right to balance their practices with full fee (uninsured) patients.

Since most dental insurance is employer-provided insurance; the employer is the one who decides what services will be covered, not the employee and not the insurance company. The employer will purchase what it can afford but the patients are still left to pay for services covered or non-covered. The patients are the ones who deserve the protections against price gouging, and this is what capping non-covered services provides. provide.

Most dental insurance varies from employer to employer. There are many services that are not covered. Such examples may include implants, fluoride treatments for adults under age 55, nitrous oxide (aka laughing gas) for children who are nervous and anxious, etc. Most Ohioans cannot afford to pay more for dental coverage. This bill would simply pass the cost on to Ohioans. Due to the link to overall health and wellness and the cost, I urge you to vote no on this bill which will harm most Ohioans.

For these reasons and many more I strongly urge you to vote no on SB 148.

Thank you again for the opportunity to provide written testimony in opposition to SB 148.