

**David J. Owsiany, J.D. (Pronounced “O-Shaw-nee”)
Executive Director – Ohio Dental Association
Proponent Testimony in Support of SB 40 and
Amendment AM_135_1833
Ohio House Health Provider Services Committee
April 16, 2024**

Chairman Cutrona, Vice Chair Gross, Ranking Member Somani, and members of the House Health Provider Services Committee –

My name is David Owsiany and I am the Executive Director of the Ohio Dental Association an organization that represents nearly 70 percent of the dentists in the state of Ohio. Thank you for the opportunity to present proponent testimony in support of SB 40 and amendment AM_135_1833.

Amendment AM_135_1833 is very limited in scope and only seeks to remedy the current inequity in the dental insurance market. It does not mandate coverage of any services or mandate that dental insurance companies pay a certain amount for any services. This bill just addresses the issue of dental insurance companies dictating fees for non-covered services, which is creating hardships on dental offices unnecessarily interfering with the dentist-patient relationship related to services that the insurers do not even cover.

Policymakers have taken notice of this insurance practice in state after state and decided reforms needed to be put in place. The National Conference of Insurance Legislators passed a model act in 2010 prohibiting dental insurers from dictating fees for non-covered services. The NCOIL Act serves as a model for Amendment AM_135_1833.

Since the NCOIL model legislation was passed forty-three states have now passed this reform legislation, including our neighboring states of Kentucky, Pennsylvania, West Virginia, and Indiana, and states of all different sizes and in every region of the country, including Illinois, Texas, California, Georgia, Washington, Virginia, North Carolina, and Wisconsin. The vast majority of American citizens live in states with these reforms in place. In all cases, despite dire predictions from the dental insurance companies, none of these states have experienced any difficulties in implementing these reforms on limiting dental insurers from setting prices for non-covered services and none of these states have had any disruptions in their dental benefit marketplaces and no state has experienced price spikes for dental services.

Moreover, this amendment also incorporates specific disclosure requirements that dentists would have to make if they choose not to follow a dental insurer's non-covered services fee limitations. With these disclosure requirements, this amendment is also modelled after House Bill 156 from the 132nd General Assembly, which addressed these same non-covered services issues in the context of vision insurance. House Bill 156 passed the Ohio House of Representatives by a 92-2 vote in 2018 and unanimously passed the Ohio Senate. There is no reason not to extend these protections to the dental settings just as you have already done in the vision care setting.

In the end, Amendment AM_135_1833 is a very limited remedy targeted to a specific problem in the dental insurance marketplace. This reform will protect small business dental offices from these unfair practices and ensures that dental insurance companies are not interfering with dentists and their patients on services that the insurers do not even cover.

Ohio has been a leader in promoting dental licensure reform and especially in promoting licensure reciprocity and portability for many years. Senate Bill 40 is the next crucial and logical step for dental licensure reform in Ohio. Like Ohio has already done by joining the Medical Licensure Compact and the Nurse Licensure Compact, Senate Bill 40 will have Ohio join the Dentist and Dental Hygienist Licensure Compact.

In 2021, the Council of State Governments partnered with the U.S. Department of Defense, the American Dental Association, the American Dental Hygienists' Association, and others to develop a Licensure Compact

to support the mobility of licensed dentists and dental hygienists. Senate Bill 40 reflects the important work of these groups.

Senate Bill 40 has a series of requirements to ensure patients are protected under the bill. For example, in order to participate in the Compact, a dentist must satisfy the following criteria:

- **Graduation from an Accredited Dental School** - Section 3 (A)(8) of Senate Bill 40 specifically requires that for a state to participate in the Compact it must require applicants for a Dentist License or dental hygiene license to “graduate from a predoctoral dental education program accredited by the Commission on Dental Accreditation or another accrediting agency recognized by the United States Department of Education for the accreditation of dentistry and dental hygiene education programs, leading to the Doctor of Dental Surgery (D.D.S.) or Doctor of Dental Medicine (D.M.D.) degree.”
- **Passage of the National Board Examinations of the Joint Commission on National Dental Examinations (NBDE)** - Section 3(A)(7) of Senate Bill 40 requires that for a state to participate in the Compact it must “accept the National Board Examinations of the Joint Commission on National Dental Examinations (NBDE) or another examination accepted by Commission rule as a licensure examination.” The NBDE tests areas required for the safe, independent, general practice of dentistry by entry-level practitioners, such as diagnosis and treatment planning, oral health management, dental practice and professional issues, infection control, OSHA, ethics, pharmacology, and pathology.
- **Successful Completion of a Clinical Assessment** - Section 3(A)(10) of Senate Bill 40 requires that for a state to participate in the Compact, it must require applicants to “successfully complete a Clinical Assessment.” Currently, states employ 3 main approaches for satisfying dental licensure clinical assessments:
 - completion of a regional clinical exam – utilizing hand skills on a manikin, or
 - completion of an accredited dental residency program of at least one year (PGY1), or
 - completion of an Objective Structured Clinical Examination (OSCE).

As you can see, Senate Bill 40 has an extensive set of requirements in order to gain practice privileges in Ohio.

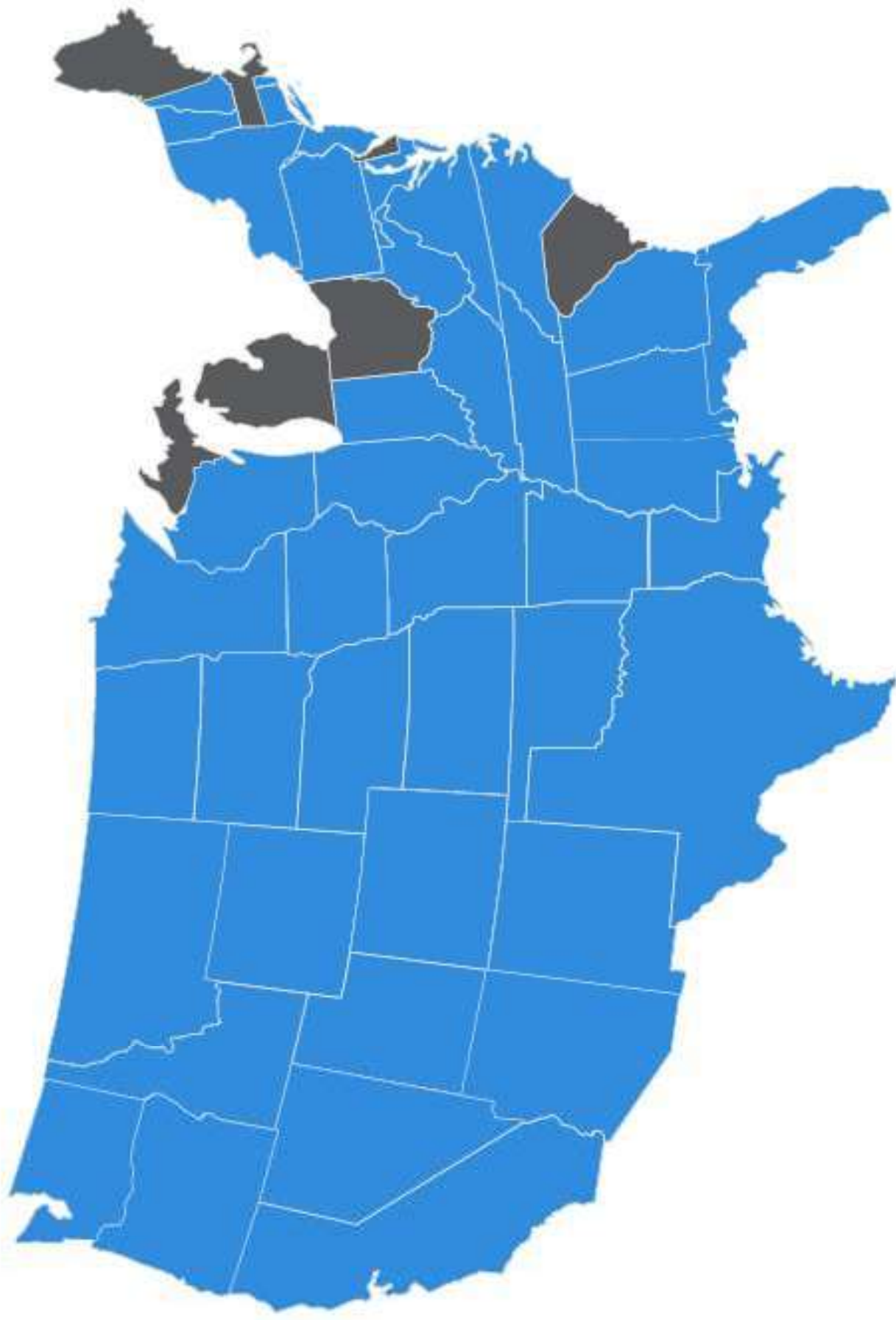
Additionally, Senate Bill 40 has several other provisions promoting patient safety including ensuring that the Ohio State Dental Board has access to all relevant licensing information for any dentist or dental hygienist seeking practice privileges in Ohio through the compact. Senate Bill 40 also specifically delineates that any dentist or dental hygienist practicing in Ohio pursuant to the Compact would be required to follow Ohio’s laws and regulations and would be subject to the full range of disciplinary powers of the Ohio State Dental Board.

As you can see, Senate Bill 40 appropriately promotes dental practice portability while preserving state regulation and patient protections.

For all these reasons, on behalf of the 5,000 member dentists of the ODA, I urge you to support Senate Bill 40.

43 States have Non-Covered Services Laws

Blue Shaded States



April 30, 2013

Assemblyman David P. Bobzien, Chairman
Assembly Commerce and Labor Committee
Nevada State Legislature
401 South Carson Street
Carson City, NV 89701

RE: Nevada SB 497 – Non-Covered Services

Dear Assemblyman Bobzien:

I am writing on behalf of Delta Dental Insurance Company in support of SB 497, regarding non-covered services relating to plans for dental care. The proposed bill fits into conformity with the direction taken by almost every state with similar requirements, and with the Model Act on non-covered service legislation developed by the National Conference of Insurance Legislators (NCOIL).

In these provisions, non-covered services are legislatively defined as only those dental services that are never covered for any reason under a group or individual dental benefits contract. By contrast, procedures that are contractually limited by an annual maximum, frequency limitation, waiting period, and/or which provide an allowance toward an alternative benefit are still “covered” services, and therefore dentists can and will be held to their contracted fee for these categories of services.

Holding our Delta Dental Premier and Delta Dental PPO dentists to their contracted fees is of primary benefit to our enrollees when they obtain covered services specifically referenced in their group contract or policy of coverage; they are the procedures most frequently prescribed to prevent and treat the most common and prevalent forms of dental disease. **Non-covered services, by contrast, tend to be cosmetic or optional, and are therefore rendered far less frequently.** In short, the cost and complexity of designing systems that can vary from state by state would greatly exceed the relatively small amount of savings generated by holding dentists to contracted rates for these relatively infrequent services.

If you have any questions, please do not hesitate to call me at (415) 972-8418, or our legislative advocate Helen Foley at 702-234-6500.

Sincerely,



Jeffrey M. Album
Vice President, Public & Government Affairs



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Delta Dental already compliant with new PA non-covered services law

Current claims processing guidelines aligned with SB 1144 since 2011

November 20, 2012

New dental-related legislation passed by the Pennsylvania state legislature and signed last month by Governor Corbett has no practical impact on Delta Dental of Pennsylvania claims payment policies or dentist contracts.

The legislation, SB 1144, was championed by the Pennsylvania Dental Association and carried by State Senator Kim Ward (District 39-Westmoreland County). Delta Dental supported the bill after working with Senator Ward to ensure the bill followed a model for such legislation endorsed by the National Conference of Insurance Legislators (NCOIL).

In brief, SB 1144 prohibits an insurer's contract with a dentist from requiring that the dentist provide services to covered patients at a fee set by the insurer, unless those services are "covered dentist services." The definition of "covered dentist services" is key to interpreting how this bill might affect some Pennsylvania dentists under various contracts with some dental insurance companies. Covered dentist services are defined in the legislation as those services for which reimbursement is available under an insured's policy, "regardless of whether the reimbursement is contractually limited by a deductible, copayment, coinsurance, waiting period, annual or lifetime maximum, frequency limitation or alternative benefit payment."

Delta Dental of Pennsylvania first implemented payment policies that adhere to the provisions of SB 1144 nearly two years ago, allowing dentists' submitted claims to be paid in full by the patient whenever the service is one that is never covered, even in part, under the patient's policy in effect. The company made this change in order to comply with similar policies already in effect (or soon to be) across the entire 15-state holding company system to which it belongs.

"Delta Dental has actively participated in helping state dental societies win similar legislation in California, Louisiana, Georgia, Maryland and Texas," said Jeff Album, vice president of Public and Government Affairs. "So long as the definition of covered services closely hews to the NCOIL model, we think a level playing field across all dental insurers is a good thing, one that benefits both dentists and the competitive markets for dental insurance."

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