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**President – Ohio Dental Association**

**Proponent Testimony**  
**House Bill 160**  
**Ohio House of Representatives**  
**Insurance Committee**  
**September 20, 2023**

Chairman Lampton, Vice Chair Barhorst, Ranking Member Miranda, and members of the House Insurance Committee-

Thank you for the opportunity to provide testimony in support of House Bill 160. My name is Dr. Lori Fitzgerald, and I am a private practice dentist in Canfield, Ohio. I founded my dental practice 17 years ago and today we employ more than 17 team members. I currently serve as the President of the Ohio Dental Association.

House Bill 160 addresses the issue of dental insurance companies dictating the fees that I charge for services that the insurers do not even cover. This practice is fundamentally unfair to dental practices and puts a strain on dentist-patient relationships - - relationships that I have come to value as much as any friendship. My patients are extended family to me.

As a long-time small business owner, I appreciate the contracting process between two private entities. Over the years, I have been involved in many contractual agreements with vendors, suppliers, and others. In these situations, both sides are free to negotiate on a level playing field to reach an agreement that is mutually beneficial to both sides.

That is NOT the case when a dentist is presented with a participating provider contract from a dental insurer. The contracting process with a dental insurance company is NOT one that is negotiated. It is a “take it or leave it” situation. Dentists have no recourse or leverage to negotiate.

When I first signed on to be an in-network provider with a few dental insurers back when I started my dental practice, insurers did not dictate what I could charge for services that they, the insurers, did not even cover. This all changed several years ago.

For certain elective and cosmetic services, the insurance companies reinterpreted the provider agreements so that they can now dictate the price of these services even though that insurer will not pay any of the cost for their enrollee. One may think that cosmetic services are aesthetic and are therefore unnecessary. However, for a patient with severe tetracycline staining who smiles and sees blue, grey, and yellow bands across their teeth, veneers (a cosmetic procedure) are often the only option. They give the patients back their confidence by giving them a beautiful smile.

The economics of this situation is very difficult for any office because often the amount we are allowed to charge for these non-covered services does not even cover the cost of overhead to perform the services. Accordingly, the patients often face the situation where they must either forgo getting the desired procedure or leave the dentist that they have come to trust in order to find an out-of-network dentist to do the procedure. If the patient asks me to perform the procedure and not submit to their insurance company, I am in breach of my contract. The fear patients have of dental offices is all too common, and once the trust to seek care is gained, it should not be interfered with.

Because this situation has been playing out over and over again across the country, the National Conference of Insurance Legislators (NCOIL) created a model act prohibiting these unfair insurance company tactics. Now, 43 states have enacted this common-sense law. House Bill 160 closely follows the NCOIL model and will add fairness and transparency back into the dental delivery system in Ohio.

I urge you to support House Bill 160 so that patients can continue to receive the care that they desire from the dentist that they choose and trust.

Thank you, and I would be happy to answer any questions you might have.