

SENATE No. 236

The Commonwealth of Massachusetts

PRESENTED BY:

Patrick M. O'Connor

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act establishing a dental patient bill of rights.

PETITION OF:

NAME:

Patrick M. O'Connor

DISTRICT/ADDRESS:

Plymouth and Norfolk

SENATE No. 236

By Mr. O'Connor, a petition (accompanied by bill, Senate, No. 236) of Patrick M. O'Connor for legislation to establish a dental patient bill of rights. Consumer Protection and Professional Licensure.

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Second General Court
(2021-2022)**

An Act establishing a dental patient bill of rights.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. The General Laws are hereby amended by inserting after chapter 176X the
2 following chapter:-

3 "CHAPTER 176Y

4 SECTION 1. DISCLOSURE OF BENEFIT TERMS.

5 (a) An employee benefit plan or health insurance policy shall:

6 (1) if applicable, disclose that the benefit for dental care services offered is limited to the
7 least costly treatment; and (2) specify in dollars and cents the amount of the payment or
8 reimbursement to be provided for dental care services or define AND explain the standard on
9 which payment of benefits or reimbursement for the cost of dental care services is based, such
10 as: (A) "usual and customary" fees; (B) "reasonable and customary fees; (C) "usual,
11 customary, and reasonable" fees; or (D) preset fee schedule or (E) words of similar meaning.

12 (b) A person or entity who provides or issues an employee benefit plan or health
13 insurance policy or the employer or employee organization, if applicable, shall establish an
14 Internet website to provide resources and accurate information to dentists, insureds, participants,
15 employees, and members, including the standard on which reimbursement is based.

16 (c) An employee benefit plan or health insurance policy shall make accessible on the
17 Internet website established under Subsection (b) information about the plan or policy sufficient
18 for patients and dentists to determine the type of dental care services covered by the plan or
19 policy and the amount of the payment or reimbursement available for those services under the
20 plan or policy. Access to the Internet website must be at no charge to patients under the plan or
21 policy and dentists providing dental care services to the patients whether in network or out of
22 network.

23 SECTION 2. (a) The employee benefit plan or health insurance policy shall: (1)
24 provide: (A) that payment or reimbursement for a noncontracting provider dentist shall be the
25 same or greater as payment or reimbursement for a contracting provider dentist; (B) that the
26 party to or beneficiary of the plan or policy may assign the right to payment or reimbursement to
27 the dentist who provides the dental care services; and (C) one or more methods of payment or
28 reimbursement that provide the dentist 100 percent of the contracted amount of the payment or
29 reimbursement and that do not require the dentist to incur a fee to access the payment or
30 reimbursement; and (2) disclose on the Internet website required under and on request of a
31 dentist or a party to or beneficiary of the plan or policy the fees, if any, associated with the
32 methods of payment or reimbursement available under the plan or policy.

33 SECTION 3. (a) An employee benefit plan or health insurance policy may not: (1)
34 interfere with or prevent an individual who is a party to or beneficiary of the plan or policy from
35 selecting a dentist of the individual's choice to provide a dental care service the plan or policy
36 offers if the dentist selected is licensed in this state to provide the service; (2) deny a dentist the
37 right to participate as a contracting provider under the plan or policy if the dentist is licensed to
38 provide the dental care services the plan or policy offers; (3) authorize a person to regulate,
39 interfere with, or intervene in the provision of dental care services a dentist provides a patient,
40 including diagnosis, if the dentist practices within the scope of the dentist's license; (4) require
41 a dentist to make or obtain a dental x-ray or other diagnostic aid in providing dental care
42 services; or (5) deduct the amount of an overpayment of a claim from a payment or
43 reimbursement of another claim unless both claims were for dental services provided to the
44 same patient by the same dentist.

45 (b) This section does not prohibit the predetermination of benefits for dental care
46 expenses before the attending dentist provides treatment. An employee benefit plan or health
47 insurance policy that provides a written predetermination of benefits to a dentist with respect to a
48 dental care service for a patient that includes a specific benefit payment or reimbursement
49 amount may not pay or reimburse the dentist for providing that service to the patient in an
50 amount that is less than the amount set forth in the predetermination."