

SENATE No. 714

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 relative to dental insurance assignment of benefits.

PETITION OF:

NAME:

Patrick M. O'Connor

DISTRICT/ADDRESS:

Plymouth and Norfolk

SENATE No. 714

By Mr. O'Connor, a petition (accompanied by bill, Senate, No. 714) of Patrick M. O'Connor for legislation relative to dental insurance assignment of benefits. Financial Services.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE SENATE, NO. 628 OF 2019-2020.]

The Commonwealth of Massachusetts

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

An Act relative to dental insurance assignment of benefits.

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 176W the
2 following chapter:-

3 Chapter 176X

4 Dental Benefit Plans

5 Section 1. As used in this chapter the following words shall, unless the context clearly
6 requires otherwise, have the following meanings:-

7 “Carrier”, any insurer licensed or otherwise authorized to transact accident and health
8 insurance under chapter 175, non-profit medical service corporation under chapter 176B; a
9 dental service corporation organized under chapter 176E, health maintenance organization

10 organized under chapter 176G, or preferred provider arrangement organized under chapter 176I
11 offering dental benefit plans in the commonwealth.

12 “Commissioner”, the commissioner of the division of insurance.

13 “Connector”, the commonwealth health insurance connector, established by chapter
14 176Q.

15 “Dental benefit plans”, any stand-alone dental plan that covers oral surgical care,
16 services, procedures or benefits covered by any individual, general, blanket or group policy of
17 health, accident and sickness insurance issued by an insurer licensed or otherwise authorized to
18 transact accident and health insurance under chapter 175; any oral surgical care, services,
19 procedures or benefits covered by a stand-alone individual or group dental medical service plan
20 issued by a non-profit medical service corporation under chapter 176B; any oral surgical care,
21 services, procedures or benefits covered by a stand-alone individual or group dental service plan
22 issued by a dental service corporation organized under chapter 176E; any oral surgical care,
23 services, procedures or benefits covered by a stand-alone individual or group dental health
24 maintenance contract issued by a health maintenance organization organized under chapter
25 176G; or any oral surgical care, services, procedures or benefits covered by a stand-alone
26 individual or group preferred provider dental plan issued by a preferred provider arrangement
27 organized under chapter 176I.

28 “Self-insured customer”, a self-insured group for which a carrier provides administrative
29 services.

30 “Self-insured group”, a self-insured or self-funded employer group health plan.

31 “Third-party administrator”, a person who, on behalf of a dental insurer or purchaser of
32 dental benefits, receives or collects charges, contributions or premiums for, or adjusts or settles
33 claims on or for residents of the commonwealth.

34 SECTION 2. Dental insurance assignment of benefits. Dental benefit plans as defined in
35 section 1 shall allow, as a provision in a group or individual policy, contract or health benefit
36 plan for coverage of dental services, any person insured by such entity to direct, in writing, that
37 benefits from a health benefit plan, policy or contract, be paid directly to a dental care provider
38 who has not contracted with the entity to provide dental services to persons covered by the entity
39 but otherwise meets the credentialing criteria of the entity. If written direction to pay is executed
40 and written notice of the direction to pay is provided to such entity, the insuring entity shall pay
41 the benefits directly to the dental care provider. Any efforts to modify the amount of benefits
42 paid directly to the dental care provider under this section may include a reduction in benefits
43 paid of no more than five percent (5%) less than the usual and customary rates paid to
44 participating dentists. The entity paying the dentist, pursuant to a direction to pay duly executed
45 by the subscriber, shall have the right to review the records of the dentist receiving such payment
46 that relate exclusively to that particular subscriber/patient to determine that the service in
47 question was rendered. Provided, however, this section shall not apply to insurance coverage
48 providing benefits for: (1) hospital confinement indemnity; (2) disability income; (3) accident
49 only; (4) long-term care; (5) Medicare supplement; (6) limited benefit health; (7) specified
50 disease indemnity; (8) sickness or bodily injury or death by accident or both; and (9) other
51 limited benefit policies.