



VIA E-MAIL

September 17, 2020

The Honorable Pamela Hunter
Chair, Health Insurance and Long-Term Care
Issues Committee
National Conference of Insurance Legislators
2317 Route 34 S., Suite 2B
Manasquan, NJ 08736

The Honorable Deborah Ferguson
Vice Chair, Health Insurance and Long-Term Care
Issues Committee
National Conference of Insurance Legislators
2317 Route 34 S., Suite 2B
Manasquan, NJ 08736

Dear Assemblywoman Hunter and Representative Ferguson:

On behalf of the 9,000 fellows and members of the American Association of Oral and Maxillofacial Surgeons (AAOMS), we commend the committee's ongoing leadership in the development of NCOIL's "Patient Dental Care Bill of Rights" (PDCBOR) and continue to support the provisions contained within.

As mentioned in our February letter of support, our members have significant issues in many of the areas mentioned within the PDCBOR, which in turn have a negative impact on our patient base. Frequently patients appear at our offices for what they know to be in-network treatment under plans that our members have not contracted, only for office staff to learn the OMS's network was leased to a third party without the doctor's knowledge. This creates issues not only for the provider and his/her staff, but also for the patient as we collectively navigate the ambiguity of these situations. Patients may be told incorrect information simply because the provider does not know where their contract has been sold.

Also as referenced in the PDCBOR, OMS offices frequently reach out to insurers to prior authorize procedures and predetermine benefits only for such authorization to later be denied after the service has been rendered, often due to a technicality. Patients in such situations are faced with denied bills because insurers failed to adhere to their own rules to provide patient care. This places a severe and unfair financial hardship on the patient.

While electronic or virtual credit cards can be a convenient method for reimbursement to providers, these methods often come with hidden processing fees of 3 to 5 percent per transaction. OMSs – like other dental professionals – are small business owners, so these rates can add up quickly and have a significant impact on the operational budget of a practice. This in turn can affect services offered, number of appointments, auxiliary staff available and thus patient care. In addition, there are instances where insurers may have an arrangement to receive a portion of the fees from these transactions, which – especially if not appropriately disclosed – could be considered an unfair trade practice.

Dentists – and by extension OMSs – are conduits of patient welfare. We see daily and experience firsthand the way current policies affect our patients and impact our nation's healthcare system on a human level. In

light of the COVID-19 pandemic, we should continue to work to streamline the dental insurance process to facilitate better patient access to care and the benefits they already pay for.

We look forward to working with all parties. Please contact Ms. Sandy Guenther of the AAOMS Governmental Affairs Department at 847-678-6200 or sguenther@aaoms.org with questions or for additional information.

Sincerely,



Victor L. Nannini, DDS, FACS

President

CC: The Honorable George J. Keiser, North Dakota Legislative Assembly
Chad Olson, Director, Department of State Government Affairs, American Dental Association
Karin Wittich, CAE, Associate Executive Director, Practice Management and Government Affairs,
American Association of Oral and Maxillofacial Surgeons