



October 28, 2025

VIA ELECTRONIC MAIL

Representative Michael “Sarge” Pollock, Chair
Senator Justin Boyd, Vice-Chair
Health Insurance and Long-Term Care Issues Committee
National Council of Insurance Legislators

RE: Opposition to Last-Minute Inclusion of Dental in the Prior Authorization Reform Model Act

Dear Chairman Pollock and Vice-Chairman Boyd,

On behalf of the National Association of Dental Plans and Delta Dental Plans Association, we are writing to express our strong concerns regarding the proposal to open the Prior Authorization Reform Model Act at this late stage to include dental services. Such a significant expansion has not been discussed, vetted, or evaluated during the model consideration process this year, and introducing it now risks undermining the thoughtful deliberation and stakeholder engagement that has characterized the work to date.

We respectfully urge the committee to maintain the current scope of the Prior Authorization Reform Model Act and to keep excepted benefits, including dental benefit plans, excluded.

Dental Benefits Are Fundamentally Different

Dental benefit plans are excepted benefits under federal law and should remain excluded from this model act. Including dental plans in the prior authorization process would disrupt the current dental market, which relies on distinct benefit designs that emphasize preventive care and cost-sharing to maintain affordability. Unlike medical plans, dental plans do not use “prior authorization” as defined in the medical context. Instead, dental carriers rely on pre-treatment estimates, which promote a healthy engagement between the provider and patient in development of a thorough treatment plan. Pre-treatment estimates provide advance notice to the patient and provider of whether a proposed service is covered under the terms of the plan and what the patient’s payment responsibility is likely to be.

Further, the types of treatments and services typically covered by stand-alone dental plans tend to be less complex than those found in medical plans, many of which require prior authorization. For the small subset of covered procedures, pre-determinations function effectively as a pay/deny decision based solely on coverage criteria, not on a medical necessity review. This streamlined pretreatment estimate process allows patients to receive more timely care and reduces the administrative burden on both providers and carriers.

Inclusion of Dental Benefits Is Misaligned with the Model's Purpose

The Prior Authorization Reform Model Act is designed to address the administrative and clinical burdens caused by prior authorization in the medical insurance arena. Dental benefit structures, coverage limitations, and review processes are fundamentally different, and the operational burdens cited in the model's medical context simply do not exist in dental. Expanding the scope to include dental services would add unnecessary complexity, create confusion among regulators and stakeholders, and dilute the model's intended focus. Moreover, prior authorization in dental is already appropriately addressed in the Transparency in Dental Benefits Contracting Model Act, which reflects the unique structure of dental coverage. This model act was adopted in 2020 and is currently being reconsidered for renewal with the same prior authorization requirements.

Lack of Stakeholder Vetting

Introducing dental at this eleventh hour means bypassing the thorough discussion that the model development process requires. Stakeholders in the dental community — including carriers, providers, and patient advocates — have not had the opportunity to review, analyze, or comment on such inclusion. Proceeding without that input risks unintended consequences and undermines the credibility of the model.

Thank you for your attention to this matter and for your commitment to a transparent, thoughtful policymaking process. We look forward to continuing to work collaboratively to advance reforms that are well-informed, targeted, and effective.

Sincerely,



Bianca Balale
Director of Government Relations
National Association of Dental Plans (NADP)



Emily O'Brien
Vice President, Public Policy
Delta Dental Plans Association



Jill Rickard
Regional Vice President, State Relations

The American Council of Life Insurers (ACLI)

A handwritten signature in black ink, appearing to read "JP Wieske", with a long horizontal flourish extending to the right.

JP Wieske
Vice President State Affairs
Health Benefits Institute