Date: February 1, 2017

To: House Committee on Health and Human Services

From: Dr. Nick Rogers, President Elect Kansas Dental Association and Practicing Dentist in Arkansas City for 39 years.

RE: **Support of HB 2119-**Clarifying that de minimis coverage and exhausted coverage are not covered dental services

Good afternoon Chairman Hawkins and members of the Committee,

I am Dr. Nick Rogers, President-elect of the Kansas Dental Association and for 38 years have been a general dentist in Arkansas City. My practice also includes two other dentists which are my son and my daughter-in-law and with three dentists we see many patients with a variety of insurance plans representing many different insurance companies.

I am speaking today to show my support for HB 2119 which will preserve the integrity and intent of KDSA 40-2, 185 that states *"No contract issued or renewed after July 1, 2010, between a health insurer and a dentist who is a participating provider with respect to such health insurer's health benefit plan shall contain any provision which requires the dentist who provides any service to an insured under such health benefit plan at a fee set or prescribed by the health insurer unless such service is a covered service".*

Since that legislation was passed in 2010, some insurance companies have found ways to circumvent the intent of this legislation. Two means in particular have evolved with some insurance companies in recent years.

1) In one instance, in an effort to dictate fees of previously uncovered services, insurance companies have expanded the number of procedures covered only to be reimburse the dentist a minimal amount such as $1. 2) In other instances, insurance companies have

lowered the maximum reimbursement per year. Once a patient "max's out" his/her benefits, the insurance company is no longer responsible for any insurance reimbursement. The insurance companies, however, continue to control the fee charged by dentists for treatment.

Over the last few years, my practice and my patients have been negatively impacted by insurance companies that have included these unfair policies that allow them to dictate what fees I can charge for procedures that are not covered benefits by the respective plans. While I consider it fair, as agreed to in my contracts, to accept a reasonably lower fee for covered procedures, it is not fair for the insurance companies to force me to charge a lower fee for services that are not benefits available through these plans. These contracts have no provisions for negotiation, and that prevents me from being able to negotiate the terms of the agreements. It is a "Take it or leave it" proposition.

Furthermore, unlike organized labor, dentists cannot band together to demand fair treatment and resist abusive market power by insurance companies. Because of antitrust restrictions, the only place dentists can turn for relief from this abuse is the government. Similarly, state dental associations cannot involve themselves in contract decisions of individual dentists and are only able to support the profession through the pursuit of changes in public policy.

Insurers are eroding the longstanding insurer-dentist relationship that has made dental care more accessible and affordable for decades. Dentists accept discounted fees from insurance plans based upon an agreement of covered services. Increasingly aggressive efforts by insurers to dictate prices outside of covered services has resulted in a very substantial change in the longstanding relationship between dental insurers and dentists, a relationship that has helped make dental care more readily available and affordable.

These unfair practices by insurance companies are designed to make their plans appear more attractive in the market. However, the artificial pricing set by insurers doesn't save any money; it will instead result in a cost shifting from those covered under the particular insurance plan to everyone else – especially those who have no dental insurance and may be least able to pay.

Hence, this plan is a money maker for insurance companies, not a cost savings for those who pay for and consume dental services. Moreover, decisions about a patient's oral health care should not be beholden to insurers marketing strategies.

The power to set prices for uncovered services effectively gives insurers the power to ration care. Those covered under these plans will be able to access uncovered services at artificially set prices that likely are not related to a paid benefit or to the cost of delivering the services. Meanwhile, everyone else will bear the burden of cost shifting, and for some, the cost of these services may become prohibitive. Thus, insurance companies are in effect making medical decisions that should be made by a dentist with his or her patient.

I am dedicated to providing the best dental care possible to my patients, effectively and efficiently, without sacrificing quality. I am very agreeable to reasonably lower fees for covered benefits as stated in my contracts, but some policies are not fair to me or my patients. Therefore, I am asking the committee to support HB 2119 so that small business participating providers like me are not subject to unfair contract provisions that I must accept when signing these contracts.

I would like to thank the committee for your time to hear my concerns.

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