

HOUSE No. 1171

The Commonwealth of Massachusetts

PRESENTED BY:

Alice Hanlon Peisch

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:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Alice Hanlon Peisch</i>	<i>14th Norfolk</i>	<i>2/16/2021</i>

HOUSE No. 1171

By Ms. Peisch of Wellesley, a petition (accompanied by bill, House, No. 1171) of Alice Hanlon Peisch relative to dental insurance assignment of benefits. Financial Services.

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. Chapter 176W of the General Laws, as so appearing the 2018 Official
2 Edition, is hereby amended by inserting the following chapter:-

3 Chapter 176X. Dental Benefit Plans

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

6 “Carrier”, any insurer licensed or otherwise authorized to transact accident and health
7 insurance under chapter 175, non-profit medical service corporation under chapter 176B; a
8 dental service corporation organized under chapter 176E, health maintenance organization
9 organized under chapter 176G, or preferred provider arrangement organized under chapter 176I
10 offering dental benefit plans in the commonwealth.

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

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

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

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

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

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

33 “Written direction” refers to the assignment of benefits to the dental provider by the
34 patient on the claim form sent electronically or by regular mail to the dental plan.

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