

SENATE No. 676

The Commonwealth of Massachusetts

PRESENTED BY:

Paul W. Mark

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 to ensure consumer cost protection under the dental medical loss ratio.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Paul W. Mark</i>	<i>Berkshire, Hampden, Franklin and Hampshire</i>	
<i>Susannah M. Whipps</i>	<i>2nd Franklin</i>	<i>2/13/2023</i>
<i>Joanne M. Comerford</i>	<i>Hampshire, Franklin and Worcester</i>	<i>2/13/2023</i>
<i>Vanna Howard</i>	<i>17th Middlesex</i>	<i>2/13/2023</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>2/16/2023</i>
<i>John Barrett, III</i>	<i>1st Berkshire</i>	<i>2/21/2023</i>

SENATE No. 676

By Mr. Mark, a petition (accompanied by bill, Senate, No. 676) of Paul W. Mark, Susannah M. Whipps, Joanne M. Comerford, Vanna Howard and other members of the General Court for legislation to ensure consumer cost protection under the dental medical loss ratio. Financial Services.

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Third General Court
(2023-2024)**

An Act to ensure consumer cost protection under the dental medical loss ratio.

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. Section 1 of chapter 176X, as inserted by chapter 287 of the acts of 2022 is
2 hereby amended by inserting before the definition of “Carrier” the following definition:-

3 “Annual benefit maximum”, the total dollar amount that a dental carrier will pay for a
4 plan member’s care within the given plan year.

5 SECTION 2. Said section 1 of said chapter 176X, as so appearing, is hereby further
6 amended by inserting after the definition of “Carrier” the following definition:-

7 “Cost-Sharing”, the share of costs for the services covered by the dental benefit plan that
8 are paid out of a beneficiary’s pocket, including but not limited to co-pays, deductibles and co-
9 insurance.

10 SECTION 3. Section 1 of said chapter 176X, as so appearing, is hereby further amended
11 by inserting after the definition of “Dental benefit plans” the following definition:-

12 “Out-of-pocket costs”, expenses paid for dental care that are not reimbursed by insurance,
13 including but not limited to: deductibles, coinsurance and copayments for covered services plus
14 all costs for services that aren't covered.

15 SECTION 4. Notwithstanding any general or special law to the contrary, subsection (b)
16 of section 2 of said chapter 176X as so appearing, is hereby amended by inserting in line 8, after
17 the words “associated with paying claims.” the following sentence:-

18 The commissioner shall additionally require carriers offering dental benefit plans to
19 submit information regarding out-of-pocket costs for dental plan members, including but not
20 limited to: (i) annual benefit maximums, and (ii) cost-sharing including, but not limited to co-
21 pays, deductibles, and co-insurance.

22 SECTION 5. Notwithstanding any general or special law to the contrary, subsection (c)
23 of said section 2 of said chapter 176X as so appearing, is hereby further amended by inserting, in
24 line 6, after the words “not actuarially sound.”, the following sentence:-

25 The commissioner may disapprove proposed changes to the base rates and changes to
26 rating factors if the commissioner finds an increase in out-of-pocket costs paid by a carrier's
27 beneficiaries is unreasonable or excessive.