

American Association of Oral and Maxillofacial Surgeons

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VIA EMAIL: wmelofchik@ncoil.org

February 22, 2023

The Honorable Steve Westfall Chair, Health Insurance & Long-Term Care Issues Committee National Council of Insurance Legislators 616 5th Ave., Unit 106 Belmar, N.J. 07719 The Honorable Rachel Roberts
Vice Chair, Health Insurance & Long-Term Care
Issues Committee
National Council of Insurance Legislators
616 5th Ave., Unit 106
Belmar, N.J. 07719

Dear Del. Westfall and Rep. Roberts:

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 "Medical Loss Ratios (MLR) for Dental Health Care Services Plans Model Act."

Oral and maxillofacial surgeons (OMSs) are surgically and medically trained doctors of dental medicine (DMD) or dental surgery (DDS) who treat patients suffering from an array of dental, medical and surgical conditions that include facial trauma, temporomandibular joint disorders, third molar and other dental extractions and reconstructive procedures. Unlike most dentists – and due to the unique nature of our training – OMSs accept both medical and dental insurance benefits. Our distinct position straddling both the dental and medical worlds affords us a unique perspective, especially in terms of insurance policies.

When a patient or employer pays for insurance coverage, they expect to receive value in return for their premium. Due to a lack of transparency, patients are largely unaware of how little care they receive in return for their premium when compared to how much is allocated towards administrative expenses, including salaries, profits and bonuses. In light of the current economic conditions, we should continue to work to streamline the dental insurance process to facilitate better patient access to care and the benefits for which they already pay. It is not unreasonable to ask that dental enrollees receive 85 percent of their premium payment back in the form of patient services. Such a requirement already exists for medical plans and dental should operate no differently.

While dental and medical insurance are different vehicles, the principles of value and transparency remain the same. Efficient dental insurers will be able to comply with such a requirement as evidenced by the medical plan experience following passage of the Affordable Care Act (ACA). As a result of that legislation, medical insurers adhere to an 85 percent medical loss ratio for plans in the large group market. Following implementation, medical insurers did not fail, and patient access was not negatively impacted.

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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. A mandated loss ratio for dental plans supports our patients by ensuring they receive care for the money spent on insurance premiums.

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,

Paul J. Schwartz, DMD AAOMS President

CC: Chad Olson, Director, Department of State Government Affairs, American Dental Association Karin Wittich, CAE, Executive Director, American Association of Oral and Maxillofacial Surgeons Srini Varadarajan, JD, Associate Executive Director, Practice Management, Health Policy and Governmental Affairs