



**VIA E-MAIL**

February 21, 2020

The Honorable Pamela Hunter  
Chair, Health Insurance and Long-Term Care Issues Committee  
National Conference of Insurance Legislators  
2317 Route 34 S., Suite 2B  
Manasquan, NJ 08736

Dear Assemblywoman Hunter:

On behalf of the 9,000 fellows and members of the American Association of Oral and Maxillofacial Surgeons (AAOMS), we commend the committee's leadership in the development of NCOIL's "Patient Dental Care Bill of Rights" (PDCBOR) and fully support the provisions contained within.

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 reimbursement policies.

Our members have significant issues in many of the areas mentioned within the PDCBOR, which in turn have a negative impact on our patient base. Frequently patients appear at our offices for what they know to be in-network treatment under plans that our members have not contracted, only for office staff to learn the OMS's network was leased to a third party without the doctor's knowledge. This creates issues not only for the provider and his/her staff, but also for the patient as we collectively navigate the ambiguity of these situations. Patients may be told incorrect information simply because the provider does not know where their contract has been sold.

Also as referenced in the PDCBOR, OMS offices frequently reach out to insurers to prior authorize procedures and predetermine benefits only for such authorization to later be denied after the service has been rendered, often due to a technicality. Patients in such situations are faced with denied bills because insurers failed to adhere to their own rules to provide patient care. This places a severe and unfair financial hardship on the patient.

In terms of retroactive denials, as surgical providers OMSs frequently will only see a patient within a limited time frame when care is rendered. If an insurer decides to deny or take back a payment for a procedure performed – in some cases, more than two years prior – not only may the patient not be actively receiving treatment from an OMS at that time, they may not even live in the geographic area anymore. Beyond the

financial and administrative hassle for the provider, the patient is left with an unplanned bill that they may not be able to cover at that point, leading again to financial hardship.

While electronic or virtual credit cards can be a convenient method for reimbursement to providers, these methods often come with hidden processing fees of 3 to 5 percent per transaction. OMSs – like other dental professionals – are small business owners, so these rates can add up quickly and have a significant impact on the operational budget of a practice. This in turn can affect services offered, number of appointments, auxiliary staff available and thus patient care. In addition, there are instances where insurers may have an arrangement to receive a portion of the fees from these transactions, which – especially if not appropriately disclosed – could be considered an unfair trade practice.

As demonstrated by our aforementioned comments, we would refute the statements made by the National Association of Dental Plans, America’s Health Insurance Plans and the American Council of Life Insurers that the PDCBOR’s “extraneous provisions seek to regulate the relationships between insurers and dentists, rather than addressing patients’ welfare.” 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.

We look forward to working with all parties to remove the administrative barriers that currently hamper care so patients may receive the treatments they need. Please contact Ms. Sandy Guenther of the AAOMS Governmental Affairs Department at 847-678-6200 or [sguenther@aaoms.org](mailto:sguenther@aaoms.org) with questions or for additional information.

Sincerely,



Victor L. Nannini, DDS, FACS

President

CC: The Honorable George J. Keiser, North Dakota Legislative Assembly  
Chad Olson, Director, Department of State Government Affairs, American Dental Association  
Karin Wittich, CAE, Associate Executive Director, Practice Management and Government Affairs,  
American Association of Oral and Maxillofacial Surgeons