Enhance Access to Dental Providers and Strengthen Consumer Protections

An Act Increasing Access to MassHealth Dental Providers (HB.1236/SB.779)


An Act to Ensure Consumer Cost Protection under the Dental MLR (HB.1119/SB.676)


Why is this legislation needed?

Oral health is a critical component of overall health, yet dental services remain out of reach for many residents who struggle to afford care and find providers that accept their insurance. Increasing dental access and preventing consumer cost increases is vital to improving oral health outcomes for people across the Commonwealth.

- Less than half (44%) of Massachusetts (MA) dentists accept MassHealth, compared with 73% of primary care physicians.
- Of dentists accepting MassHealth, almost half (47%) did not see any MassHealth patients in the past year.
- In Massachusetts, dental care is the most common unmet health care need due to costs.
- Cost and accessibility barriers to routine preventive care result in more avoidable dental emergency problems.

Why is this a health equity issue?

- Access to oral health care is fundamentally an issue of health equity. Black and Latinx families are more likely to have unmet needs for medical or dental care.
- Black and Latinx families are less likely than white families to have had a dental visit in the last year.
- Black and Hispanic Americans are most likely to face cost barriers to dental care.
- Dental health professional shortage areas are concentrated in rural counties.
- Low income adults are 5 times more likely to be missing 6 or more teeth.

What does this legislation do?

- **Increasing Access to MassHealth Dental Providers:** Establishes an incentive payment on a per-member-per visit basis to dental providers who see at least 10 additional MassHealth members in a given year.
  - The payments would be made available initially in 20 municipalities with a high share of MassHealth members, but low use of dental services.
  - The proposal builds on a recent MassHealth rural add-on payment and efforts in other states such as Colorado.
- **Consumer Cost Protections under Dental Medical Loss Ratio (MLR):** Amends the new dental MLR statute created by Question 2 to ensure the Division of Insurance (DOI) includes consideration of the impacts on consumer out-of-pocket costs in their oversight.
  - Dental benefit plans would submit information on out-of-pocket costs paid by consumers for dental care through maximum benefit limits, and cost-sharing such as deductibles, co-pays, and co-insurance.
  - DOI would have the ability to take the impact of increases in these out-of-pocket costs into account when determining whether to approve dental plan premiums.

For more information, please contact Grace Coughlin at Health Care For All at gcoughlin@hcfama.org