



AAPD 2013 LEGISLATIVE FACT SHEET

DENTAL INSURANCE FAIRNESS ACT OF 2013

REQUEST: Co-sponsor the Dental Insurance Fairness Act of 2013.

BACKGROUND: Dental coverage currently helps 173 million Americans get care that is vital to ensuring good oral and overall health. During the 112th Congress, Representative Paul Gosar (R-AZ), a dentist by profession, introduced the “Dental Insurance Fairness Act of 2012” (H.R. 4818). This bi-partisan legislation will be re-introduced during the 113th Congress as the “Dental Insurance Fairness Act of 2013.” Many employers maintain self-insured dental plans covered under the Employee Retirement and Income Security Act (ERISA), which means they are regulated by federal law rather than state insurance law.

JUSTIFICATION: This bill would help consumers receive the full value of their dental coverage. **Passage of this legislation would provide a more equitable system for dental patients, making dental care more affordable and accessible.**

Unfair practices have crept into common practices of dental benefit plans. They hinder families’ ability to receive the full benefits for which they pay. In some cases, this can shift funds that should cover those benefits into profits for the dental insurance industry. This can occur when a family pays premiums for coverage under two separate dental plans but the plans’ practices prohibit a secondary plan from paying any of the cost of care. As a result, a family is paying for coverage that is not there when they may need it. In addition, plans that prohibit beneficiaries from assigning payment for dental services directly to non-participating dentists are unfairly and unnecessarily penalizing patients who choose to go outside a network to receive care. If families can’t assign benefits, they are forced to pay the dentist themselves and then file paperwork and wait for their dental plans to reimburse them.

The Dental Insurance Fairness Act would require that:

- All self-funded health plans that offer dental benefits will provide **uniform coordination of benefits**. When a consumer is covered by more than one plan, the secondary payer should be responsible for paying the remainder of the claim (up to, but not exceeding, 100 percent of the amount of the claim). To do otherwise provides the insurance industry with an unfair gain at the expense of beneficiaries.
- All self-funded health plans that offer dental benefits will permit **assignment of benefits**. The bill will permit consumers to designate a dental plan’s payment to providers who do not participate in the network (called “assignment of benefits”), so that the patient’s family does not have to pay for covered services out-of-pocket and wait to be reimbursed by the plan.