

Legislative Testimony
Insurance and Real Estate Committee
HB 6589 An Act Concerning Third-Party Access to Participating Dental Provider
Contracts
March 18, 2021

Dear Senator Lesser, Representative Wood, and Members of the Insurance and Real Estate Committee,

My name is Dr. Richard Riddle. I have been practicing dentistry in Connecticut since 1984. I started out in the SouthWest Community Health Center in Bridgeport, CT and rose to become Dental Director there. From there I opened up my own practice in Southington. I am currently the co-chair of the Connecticut State Dental Association's Legislative Council. As such I lead a group of volunteer dentists trying to help their colleagues, help their patients. I am testifying in support of proposed HB 6589: An Act Concerning Third-Party Access to Participating Dental Provider Contracts. As Doctors Le and You have already told you, this bill would specify the circumstances in which a health carrier, or a health carrier's contractor or subcontractor, may enter into a contract with a third party for the purpose of providing the third party with access to a participating dental provider contract.

As my colleagues have already pointed out, legislation of this type has already passed in 20 states including New Jersey, Vermont, and Rhode Island. In my my mind, it only makes sense that if you enter into a contract, you know what you are getting. When someone can change the terms of that contract without giving you an opportunity to agree or opt out, then is it really a fair contract? The way it shows up with us as dentists is as follows: A patient presents with a broken tooth. We spring into action and try to verify what their benefits are. They present a card from an insurance company with whom we have a network agreement. We know what our agreement says it will cover. We propose treatment, perform same, and later find out that the patient was part of a leased network under the umbrella of the insurance company whose card they presented. It turns out, the coverage was not as beneficial to the patient as we said it would be and now the patient is unhappy. The trust between the patient and doctor has been broken by a lack of transparency on the part of the 3rd party payer. We are looking to bring back the trust or at least not lose it in the first place. We are asking for transparency for our patients.

This year, more than ever, this legislative session is trying to address the issue of transparency. In the Insurance Committee alone there are: PSB-52 by Senator Champagne, PSB-199 by Senator Anwar, PSB-502 by Senators Kelly, Formica, and Hwang, PHB-6246 from Representatives Dathan, Farrar, and Turco, and this bill, PHB-5353.

We have more ways in which we would be happy to help in bringing transparency to your constituents and our patients. We even have a "Dental Bill of Rights" or more properly phrased, a Dental Patient's Bill of Rights. These all deal with ways that

unexpected surprises that shouldn't occur, break down the relationship between patient and doctor and leave the patient holding the financial "bag". From knowing if your plan is an ERISA plan and not subject to Connecticut laws, but Federal laws, to eliminating retroactively denying coverage, for a pre-authorized procedure, months, if not years after the treatment is rendered and the patient has paid their portion. We would appreciate participating with this Committee in helping to craft legislation to bring transparency to the health insurance process. I am happy to entertain any questions you may have at this time.

I urge you to support HB 6589.

Respectfully Submitted,

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