

House Insurance Committee

Wednesday, February 7, 2024

Written Testimony, Angela L. Harrington, Director, Union Benefits Trust
HB 160

Good morning, Chairman Lampton and other esteemed members of the House Insurance Committee. Thank you for the opportunity to share our written opponent testimony today.

My name is Angela L. Harrington, Director of Union Benefits Trust (UBT). UBT provides dental, vision and life insurance to all State of Ohio bargaining unit members for seven unions. I'm testifying today because we manage the dental insurance plan covering 75,000 union represented State of Ohio employees and their families.

Our testimony today is in **opposition** to HB 160, legislation that uncaps the fixed dental fees chargeable for non-covered services.

There are several reasons this legislation is not good for Ohio consumers; I will focus on some of these issues in my testimony. Charging Ohioans more for dental services will prevent many of them from being able to afford treatment for themselves as well as for their families, specifically children. If we are to continue the strides being made in our attempts to control the cost of health care as a whole and keep those costs affordable for Ohioans, we must not change the current landscape with respect to capped dental fees. Rising healthcare costs are a major concern for Ohio's employers and their employees. This is a key reason we oppose HB 160, which would increase the cost of dental care for our employees and their family members.

HB 160 would eliminate dental benefit administrators' ability to set fair and reasonable maximum fees on services not reimbursed by an employer's dental plan. If adopted, the bill would increase the out-of-pocket cost of dental care and remove a valuable component of dental coverage for our employees.

Dentists and insurers freely enter contracts that include cost protections for consumers, even if the dental service is not reimbursed by the patient's dental plan. As a result, dental patients save money on their care and have peace of mind knowing that they are not being subjected to excessive fees. HB 160 would eliminate these patient savings and take this important consumer cost protection measure away from Ohio families.

HB 160 could also contribute to an increase in overall healthcare costs, since an increase in fees could easily lead to some patients neglecting their dental care until more severe and costly problems occur. Poor oral health has been linked to diabetes and other serious medical conditions.

Higher costs for dental care, government intrusion in private contracts, poor oral health, and higher overall healthcare costs are all potential ramifications of HB 160. We urge you to oppose HB 160 and encourage your colleagues to do the same.

There may be times when an enrollee or the enrollee's dependent needs or wants treatment for a service that is not covered by the enrollee's dental plan. These individuals often have lower out-of-pocket expenses because our participating dentists agree to charge them no more than the maximum allowable fee for most non-covered services. This offers considerable value for enrollees and encourages them to get the treatment they desire, while providing fair compensation for participating dentists.

Early detection is key, and with the fastest growing segment of diagnosed cases in nonsmoking young adults, it is even more important to engage this segment of legislation and others to understand the importance of dental preventive visits for Ohioans. We know there is a correlation between heart disease, diabetes, osteoporosis, and pre-term, low-weight babies, and periodontal (gum) disease which is used in this example. Gums hold our teeth in place. Periodontal disease erodes the gums and leads to tooth decay, loss of teeth and bone. Following an invasive planning/scaling or surgical procedure to correct periodontal disease, the patient should have periodontal maintenance (high level cleanings) every three months to build upon the success of the treatment. Most dental insurance plans don't cover periodontal maintenance visits at the frequency needed; hence, the patient would be responsible for the full cost. If by chance that patient suffers from diabetes and can no longer afford the maintenance visits because discounts no longer apply, the sugar in the uncontrolled gum disease further exacerbates their diabetes and not only does the patient end up back at square one with their oral health, but there could be increased medical care costs involved as well. This is just one example. With so much information surrounding the correlation between oral health and overall health, is this really the time to put a higher price tag on these services? This dental bill has been on-going for ten years and continues to reappear a couple times a year.

Implants are still not always covered by some employer dental plans. Having an implant is a costly procedure. If not covered by their dental plan, at least a discounted fee would be charged. Instead, many people would opt for a bridge that is more invasive than an implant, compromising the integrity of two additional teeth or worse yet, do nothing.

Some employers only offer a limited dental plan that can be all they can afford for their employees. The goal is to get patients into the dental chair to catch dental issues early. Also, by simply examining someone's mouth, a dentist can see signs and symptoms that may point to more serious health issues. If certain signs are detected, dentists can urge patients to see the appropriate medical attention and can help save lives! If a dental

issue is found, taking care of it at a discounted fee is more likely to occur than at a higher fee. Once again, just because an employer plan is more limited, this should not have a bearing on discounts a provider contractually agreed to with the insurance company!

Other items not covered (as stated above, an employer can offer a limited-service plan, leaving many items not covered). Some plans offer only preventive services or include some limited basic services, but that is it. This leaves the costly items even more costly, and most people will let these go especially since wages have not kept up with recent inflation. Adult ortho is often not covered and with discounts, this allows more people to take advantage of this life altering care, impacting a person's self-esteem, confidence etc.

Adults miss more than 164 million work hours a year due to dental-related illness. Keeping dental costs down can help continue to make dental care more affordable – and keep Ohioans healthy! By keeping up with regular preventive exams, dentists can help catch problems early before they are more costly to address.

Dentists make the decision to contract with the carriers knowing full-well the provisions of the contract and the promised return on the investment of being a network provider. Dentists have every right to choose not to renew those contracts, and every right to balance their practices with full fee (uninsured) patients. In fact, we have seen dentists temporarily stop accepting insured patients to realign that balance, which is acceptable by the insurance carriers. It just seems unconscionable that they and the Ohio Dental Association, who represents them, now wishes to remove those provisions through legislative action.

The fee savings to UBT's members on non-covered services from July 1, 2010 (inception with Delta Dental) through June 30, 2023 (end of last fiscal year) was \$2.0 million. Since

inception, approximately \$7.4 million is the fee savings on claims over the annual maximum.

Since most dental insurance is employer-provided insurance, the employer is the one who decides what services will be covered, not the employee and not the insurance company. The employer will purchase what it can afford, but it is the patients who are still left to pay for services covered or non-covered. The patients are the ones who deserve the protections against price gouging, and this is what capping non-covered services provide.

Many dental insurances vary depending on the employer and many services are not covered. Examples of non-covered services that could go up without a cap include sealants, nitrous oxide, and resin-based composites (tooth-colored fillings). Most Ohioans cannot afford to pay more for dental coverage, especially what many Ohioans have been through the past three years with COVID, have lost jobs, lost housing, have inadequate or no daycare and have had work hours cut or adjusted.

Adding this extra financial burden on already hurting Ohio families is just not good... What we do not want to do is keep families from going to the dentist when they really do need to get something fixed before it becomes an even bigger issue, not only for their medical, but overall health as well. If someone is over their annual plan limit, at least they would receive a discounted fee something the dentist already agreed to contractually. Nobody wins in this scenario except the dentists who can then charge what they want when something is not covered for one reason or another. It might even be the fact that the employer plan only covers preventive and basic services, but not the more expensive restorative (major) services. At least there are discounts the patient could obtain to help with these expensive procedures. Again, the fee schedules have already been agreed to...and without these fee tables in place, it only hurts the family's financial well-being. Tough choices are already being made on how to spread the family budget these days...so something will give, and it is usually detrimental in the long run-in terms of lost

time at work (many organizations are already dealing with critical labor shortages), lost wages, pain, and more expensive procedures later on.

For these reasons and many more I strongly urge you to vote no on HB 160.

Thank you again for the opportunity to provide written testimony in opposition to HB 160.