



Connecticut State Dental Association

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Commissioner Mais and esteemed members of the Connecticut Insurance Commission:

I am Dr. Bryanne Chandler, a general dentist who owns private practices in Colchester and Kensington. In addition, I served 8 years in the Connecticut Army National Guard as an Officer in the Dental Corps (rank Major) preparing the soldiers of Connecticut for deployments. I run a free dental clinic for residents at the South Park Inn Homeless Shelter in Hartford. I operate under the commitment of “Service Above Self” and that is why I chose to become a dentist; to help those who need care the most and thus my practice is open to patients from all walks of life. I am here today to offer two common sense solutions to the problem of escalating insurance cost: medical loss ratio for dental plans and joint negotiation.

Often I have the privilege of seeing a patient three or four times before they have a routine medical checkup. This means that in addition to providing routine, preventive and restorative dental care, my role is also to watch for changes in health, including early signs of oral cancers, diabetes, and chronic issues like anxiety, eating disorders and addiction. One example of investment benefiting both healthcare expenditure and outcomes is the reduction of acute cardiac events attributed to the wider use of medications for cardiovascular risk factors. When people cannot afford health care, chronic illnesses go untreated, with catastrophic results. In short, oral health professionals are an essential component to overall patient care. Raising dental insurance premiums forces people in tough situations to make impossible choices, including foregoing care, which can lead to catastrophic consequences. Given the economic situation in our state and the rippling effects of the pandemic, there could not be a worse time to raise premiums; patients deserve health care and raising rates is another, unnecessary barrier to adequate care.

Today I am here as a representative of my profession, and the Connecticut State Dental Association, which represents 88% of dentists in Connecticut. In reality, what I am sharing with you today will improve the lives of every dental patient in our state. It will improve care for those that have insurance, and it will improve access to care for those who are covered by HUSKY and other programs. It would even enable more dentists to give back to their community and care for those who have no coverage nor the means to easily access oral health care.

Dental insurance costs less than medical health insurance but dental insurance is not anything like health insurance. Dental insurance is like a limited store gift card – you usually cannot use the benefit where you want, nor when you need, and often not for what you need. Those who have dental insurance find that co-insurance (sometimes 50% of cost of the service) and co-payments can result in high out-of-pocket costs; this often forces patients to delay or even forgo much needed care. All too often delaying care becomes a chronic situation, leading to tooth extractions and other

life altering treatments. The subsequent hardships that impact overall health and quality of life could be avoided if dental insurance was better administered and aided patients in affording the care they need.

Higher premiums derail patient care and prescribed treatment plans. There are, however, two measures that will dramatically, and positively, impact the dental insurance landscape in Connecticut. To implement these initiatives in the “Insurance Capital of the World” will be proof that patient care is more important than corporate profits. Moving forward on these reforms will affirm that small businesses, which includes most dental practices in Connecticut, can provide quality oral health care for every citizen, without forcing a patient to choose between rent and preventive oral care, between food or regular hygiene visits, between child care or necessary restorative care. The two initiatives dentists and patients in Connecticut need are (1) including dental plans in the medical loss ratio statute, and (2) reintroducing joint contract negotiations.

Medical Loss Ratio (MLR) is the portion of insurance premiums that are spent on patient care, rather than overhead like profits, marketing and administration. An MLR sets a minimum percentage of patient premiums collected that must be spent on care. Right now, Connecticut fails to hold dental insurance companies accountable in the same way they do medical health insurance. This is unfair and costly to patients.

MLR laws ensure that patients and employers who pay dental insurance premiums get a better value for their premiums, slow the growth of premium increases and increase the direct care received by patients. According to reporting from states that do measure dental plan MLR, we can assume that approximately **40% of dental insurance premiums** go to insurance company overhead, including C-Suite compensation packages, rather than patient care. In the current environment, there is no transparency, allowing dental insurance companies to raise rates with no guarantee that any money will go towards increased patient care. Patients deserve to know how much of their insurance premiums are being used for care, and they deserve good value for the dental insurance premiums.

MLR already exists in Connecticut under the Affordable Care Act, but **only for medical insurance**. A 2021 survey¹ of Connecticut residents reported that 94% of respondents believe Connecticut should require transparency by requiring dental insurance companies to report the percentage of premiums used for administrative costs. And, a nearly identical 91% say the state should impose a limit on the percentage of a person’s premium payment that can be used for administrative overhead costs.

Joint Contract Negotiations is a game changer for private and group dental practices in our state, allowing practices to work collaboratively, within existing antitrust laws, to level the playing field with multibillion-dollar insurance companies. In 2013, HB 6431 contemplated this strategy; allowing health care professionals to join together in order to provide health care services, negotiate pricing, share patients, personnel, support services, laboratory facilities and/or procedures. Such agreements would also enable health care professionals to increase quality of care, help to contain costs, and improve access to health care. Insurers have had nearly a decade since this

¹ Spectrum Associates. (2021) *Connecticut State Dental Association Connecticut Resident Perceptions Survey*.

bill was considered and little has changed with respect to any joint effort to improve care; in fact, it has gotten worse. Now is the time to enact language to allow health care providers to engage in meaningful joint contract negotiations, for the benefit of Connecticut patients.

The current system requires health care providers to enter unfair and often non-negotiable contracts in order to treat patients. The only way to combat unfair contract provisions and negotiate with an insurer is through passage of legislation to allow health care providers more leverage in negotiating with insurers and help foster a more competitive market for dental coverage. The result is patients would receive more care at an affordable cost. CSDA is fully prepared and positioned to help health care providers take advantage of the law as soon as it is enacted.

Joint Contract Negotiations would enable small practices to effectively negotiate better contract terms with large insurers, for the benefit of their patients (approximately 95% of dental practices in Connecticut are small businesses). It would also improve coverage designs, enabling more patients to get the oral health care they need.

Over half of Americans who get routine oral health care skipped care during the height of the COVID pandemic. So patients used insurance less, and continued to pay premiums. The money went into the system but was never used. And now when patients are coming back to sit in my dental chair, they need longer appointments and often more restorative care, because of the gap in their oral health care.

As a mother of four, I know the tremendous economic burden families in Connecticut face. A steady paycheck dwindles faster than ever with inflation, gas prices, food costs and medical care. From 1996-2016, costs for dental care in the United States rose 45%². The top four largest insurance companies in the U.S. by membership – UnitedHealthCare, Anthem, Aetna and CIGNA – all are asking for rate hikes in Connecticut; the revenues of those four companies in 2021 exceeded half a trillion dollars. Connecticut residents deserve better and this is a prime opportunity to level the playing field and improve patient care. After all, oral health is the gateway to an individual's overall health and well-being; an investment in oral health reduces overall healthcare expenditures.

In conclusion, I come before you today as an advocate for patients in Connecticut. I bring forward two proven measures that the Insurance Commission, Attorney General Tong, the Connecticut General Assembly and our Governor can all make a reality and directly improve health care in Connecticut. I urge you to not let this opportunity slip away but rather to embrace in and lean in to help Connecticut residents live healthier lives in our great state.

Thank you.

² Hung, M., Lipsky, M. S., Moffat, R., Lauren, E., Hon, E. S., Park, J., Gill, G., Xu, J., Peralta, L., Cheever, J., Prince, D., Barton, T., Bayliss, N., Boyack, W., & Licari, F. W. (2020). *Health and dental care expenditures in the United States from 1996 to 2016*. PloS one, 15(6), e0234459. <https://doi.org/10.1371/journal.pone.0234459>