By Electronic Mail Only

April 24, 2025

Joint Standing Committee on Health Coverage, Insurance and Financial Services
c/o Legislative Information Office
100 State House Station
Augusta, ME 04333

Re: Testimony Regarding LD 1361

Senator Bailey, Representative Mathieson and members of the Committee, I am Brian Duffy, Vice President and General Counsel at Delta Dental Plan of Maine d/b/a Northeast Delta Dental ("Delta Dental"). As Maine's largest dental benefits administrator, Delta Dental administers dental benefits for over 350,000 Mainers and contracts with a network of over 650 dentists, 72 independent practice dental hygienists (IPDHs), and 12 denturists.

Delta Dental neither supports nor opposes LD 1361 but respectfully submits this testimony directing the Committee's attention to two significant problems with the bill. Due to these issues, the proposed bill would be unworkable and would grant preferential treatment to registered dental hygienists (RDHs).

First, proposed 24-A MRSA §2765-B(3)(A) and 24-A MRSA §2847-X(3)(A) both require insurers to "facilitate the ability of the dental hygienist to directly bill the insurer for services that are within the lawful scope of practice of a dental hygienist." These provisions would make dental hygienists unique among licensed dental providers. Dental insurers are not required to accept direct billing from all dentists, denturists, or IPDHs. Such direct billing is reserved for providers who are in-network with insurers. Non-participating providers typically do not bill insurers directly. This is the reason that Maine has an assignment of benefits law at 24-A M.R.S. §2827-A. Proposed 24-A MRSA §2765-B(3)(A) and 24-A MRSA §2847-X(3)(A) undermine the benefits of network participation, render assignment of benefits rules unnecessary, and privilege RDHs over other licensed dental providers.

Second, the language at proposed 24-A MRSA §2765-B(3)(B) and 24-A MRSA §2847-X(3)(B) requiring that hygienists be reimbursed at a rate no lower than the "rate for providing the same services as a dentist" is unworkable. Dental insurers may reimburse dentists at different rates depending upon whether they participate in the insurer's network and then upon which network the dentist participates in. For example, Delta Dental maintains three separate dentist networks in the state of Maine, each of which is reimbursed at a different rate. Non-participating dentists are reimbursed at still a different rate. The proposed payment parity provisions do not clarify how to assess parity when dentists may be paid at different rates. Moreover, existing law requiring insurers to pay for covered services rendered by IPDHs, 24-A MRSA §2847-Q, does not require payment parity with dentists (though Northeast Delta Dental does reimburse IPDHs at the same rate it reimburses dentists in our general practitioner PPO network). As with the first set

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of provisions discussed above, proposed 24-A MRSA §2765-B(3)(B) and 24-A MRSA §2847-X(3)(B) privilege RDHs over other licensed professionals. More significantly, the payment parity provisions cannot be implemented because payment rates vary.

These issues could be addressed by copying the example of 24-A MRSA §2847-Q. This statute was enacted to require that insurers cover services rendered by IPDHs if such services would be covered when rendered by dentists. The goal of LD 1361 is the same. Amending LD 1361 to consist of a revised § 2847-X that matches § 2847-Q but replaces " independent practice dental hygienist" with "dental hygienist" would alleviate the concerns mentioned above and align the treatment of IPDHs and RDHs in statute.

Sincerely,

\s\ Brian Duffy

Brian Duffy, Esq.