



Connecticut State Dental Association

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**Legislative Testimony
Insurance Committee
SB 16 Standards In Health Care Provider Contracts
Tuesday, January 25, 2011
Brian S. Duchan, D.M.D**

Senator Crisco, Representative Megna, and members of the Insurance Committee, my name is Brian Duchan and I am the Secretary /Treasurer and a past President of the Connecticut State Dental Association. The CSDA represents over 2,400 dentists and dental team members. I have been in the practice of general dentistry in Westport since 1977 and I thank you for the opportunity to present this written testimony to you in support of the language in Section 5 of Senate Bill 16.

Somehow, the general public has reached the false conclusion that insurance is supposed to cover 100% of the cost involved. While that might be true for other types of insurance, it is not, and never has been, the reality for dental insurance. In fact, since dental insurance came into being about fifty years ago, the maximum yearly amount payable by insurance companies has not really changed. But premiums paid to insurance companies and related deductibles have certainly risen. Perhaps it should not be called "insurance," but rather a "cost assistance program" or some other name that would imply that it is only meant to help share the cost of treatment.

Insurance companies are not in existence because they want to "do good". They exist to make a profit. Simply put, this is the amount left over after receiving premiums from insureds and paying out claims and other salaries and expenses. Like any other business, they attempt to increase their income while decreasing their expenses. In recent years they have discovered a new way to make a profit at the expense of others: Sell a product that costs them nothing and require someone else (both the patient and dentist) to pay for it. That, in essence, is what insurance companies are doing with non-covered services. They market the product as cost containment and then force a participating dentist to reduce his/her fees accordingly. It's the ultimate insurance company dream: Collect the income and have no risk! Does this sound fair to you? When an insurance policy clearly states that it will not cover a specific procedure, why should it have any say in that procedure's cost?

Unfortunately we live in an imperfect world. And just like an insurance company, a dental office is a small business that needs to cover its expenses. Most dental offices do pro bono treatment and many participate in reduced payment programs, such as HUSKY or private insurance contracts. When they accept a lower fee, this shifts the burden to other patients. When unfair insurance practices push the fee lower (sometimes below the doctor's cost), this makes the problem even worse. The burden will become greater on the uninsured patients, or the dentist will eventually be forced to cancel his agreement entirely with the insurance company. This tactic may push needed dental treatment out of reach for the un- or under-insured patient.

If you were a teacher, under contract to teach a set number of days per academic year, would you object to being told that your students need additional days of instruction that you must provide without additional compensation (or at a reduced rate)? Would you say, "Hey, that's not fair! This was never spelled out in my contract. And you never told me what I would be paid."

Sixteen states across the country have awakened to this unfair business practice and have already deemed it illegal.

In the interest of fairness and good business practice, I urge you to support Section 5 of SB 16. Put an end to insurance companies unfairly dictating fees for services that they do not cover.

I would like to thank the Committee for its consideration of this testimony. Please feel free to contact me if you have any questions.

Sincerely,

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