

Legislative Testimony
Insurance Committee
SB 16 AAC Standards For Health Care Provider Contracts
Tuesday, January 25, 2011
Sheldon Natkin, DDS

Senator Crisco, Representative Megna and members of the Insurance committee, my name is Dr. Sheldon Natkin and I have been practicing dentistry for 39 years in the town of West Haven. I also have been teaching dentistry at Yale New Haven Hospital for more than 25 years. I thank you for the opportunity to present this written testimony to you in support of SB 16.

I strongly support section 5 of SB 16 ACC Standards For Health Care Provider Contracts because it adds fairness to dental providers in contracting with insurance contractors. It prohibits third party payers from dictating fees that dentists can charge for services they provide that are non-covered services in their contractual agreements. This will have no effect to the patients for covered services even after the yearly maximum benefit is reached.

The dentists are contractually obligated to have set fees for covered services. It is unfair to have the dentists of CT pay for the marketing effort of insurance companies who say they are saving money for their subscribers. In fact what they are doing is shifting costs away from the insurance company and placing it on the dentists.

The dentists of Connecticut have had major success in addressing access to care issues over the past few years. Thanks in large part to a legislature which realized that reimbursement rates had not been addressed in over 15 years and who subsequently raised those rates to a level where a dentist would not lose money in participating, dentists in the HUSKY program went from 156 providers to now over 1,100. The CT State Dental Association was instrumental in the aggressive recruiting of its members to ensure that we remained true to our promise to legislators that if the reimbursement rates were addressed, dentists would step up to participate. Now, according to the Department of Social Services any child in CT can receive an emergency dental appointment within 24 hours and a routine visit within 4 weeks which mirrors the privately paying patient. This is a major success for CT and has been recognized nationally. However, the setting of fees for non-covered services by insurance companies could decrease access by having dentists leave their present networks in order to remain solvent.

The National Conference Of Insurance Legislators (NCOIL) recognizes this as an unfair practice and has approved language similar to that in Section 5 of this bill to prohibit a dental insurance plan from requiring a dentist who provides services to its subscribers to accept a fee set by the plan for any services except covered services. Sixteen state legislatures (AK, AZ, CA, ID, IA, KS, LA, MS, NE, NC, OK, OR, RI, SD, VA, and WA) have already enacted legislation that prohibits this unfair practice and approximately 15 other states are expected to deal and hopefully rectify this issue as well.

I ask for your support for Section 5 of this bill. It is the right thing to do in fairness to dentists who are small business people. In closing, I would like to again thank the Committee for allowing me to submit testimony. Should you have any questions I would be more than happy to do my best to answer them for you.

Sincerely,

Sheldon Natkin, DDS
655 Sawmill Rd
West Haven, CT 06525
203 932 5818
snatkindds@soundental.com