



Connecticut State Dental Association

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**Legislative Testimony
Insurance Committee
SB 16 AAC Standards For Health Care Provider Contracts
Tuesday, January 25, 2011
Carolyn Malon, DDS**

Senator Crisco, Representative Megna, and members of the Insurance Committee, my name is Carolyn Malon and I currently serve as Vice President of the Connecticut State Dental Association. I am writing to you to express my support for Section 5 of Senate Bill 16.

Section 5 of SB 16 addresses the issue of payment from insurers for services which are not covered. The practice of insurers forcing dental health care providers, who participate in their plans to accept specified fees for services which the insurer does not make payment for, is patently unfair. It is also misleading, to both the dentist and patient, to have a certain fee indicated on a fee schedule, and then to find out that the policy does not pay any amount for said procedure.

A legislator recently asked, "Then why don't all of the dentists refuse to become participating providers in these insurance plans?" There are two very good reasons. First, dentists are subject to anti-trust regulations, which insurance companies are not. We may not legally band together in such a fashion to stand up to the insurers. Additionally, we in the dental community frequently have long-standing relationships with our patients and our communities. How would a patient feel if his or her dentist of ten or twenty years suddenly announces that the family dentist will no longer be able to treat the family, because the dentist no longer participates in that insurance plan? What about those communities in which a large group, say town employees or employees at the largest company in town, suddenly find that dentists in their area no longer participate in their plan?

I'm sure you understand that many people are somewhat nervous at the thought of a dental visit. My colleagues and I work hard to develop good relationships with our patients. I know that my long-standing patients are much less wary of their appointments because they feel comfortable with me. I would not want to have to turn people away because I decided that I can no longer accept their insurance plan. And because most dental insurance is not purchased by the individual, but by the employer, most people have no alternative but to use the plan they are given.

The insurance company representatives will tell you that they are indeed providing a service to the insured, by setting maximum fees for procedures, even if they don't cover

them. I challenge them to provide real service by covering these procedures. The insurers' liability in the dental field is already limited by the common practice of setting a maximum allowance per year. This maximum has barely changed in the twenty six years in which I have been in practice!

I respectfully urge the members of the Insurance committee to support Section 5 in SB 16.

Please feel free to contact me if you would like to discuss this issue further. Thank you.

Sincerely,

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