

SB 228_PJC_Favorable_FIN.pdf

Uploaded by: Ashley Black

Position: FAV



Ashley Woolard, Staff Attorney
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SB 228
Maryland Health Benefit Exchange – Qualified Health Plans – Dental Coverage
Hearing of the Senate Finance Committee
January 24, 2024
1:30 PM

FAVORABLE

The Public Justice Center (PJC) is a not-for-profit civil rights and anti-poverty legal services organization which seeks to advance social justice, economic and racial equity, and fundamental human rights in Maryland. Our Health and Benefits Equity Project advocates to protect and expand access to healthcare and safety net services for Marylanders struggling to make ends meet. We support policies and practices that are designed to eliminate economic and racial inequities and enable every Marylander to attain their highest level of health. Access to pediatric dental care has been an advocacy priority for us since one of our client's children, 12-year-old Deamonte Driver, died of an untreated tooth infection in 2007. Deamonte's death began a movement across the country that led to Medicaid covering comprehensive child dental care. **The PJC strongly supports SB 228** which would require all qualified health plans (QHPs) sold through the Maryland Health Benefit Exchange (MHBE) to include pediatric dental benefits.

In the United States, cavities are the most common chronic childhood disease.¹ As a result of untreated cavities, children may experience issues with pain and infections which can impact important areas of their lives, including speaking, eating and learning.² However, this dental disease is preventable.³ Access to pediatric dental care is essential to preventing and treating childhood dental infections. SB 228 would codify the requirement for QHPs to provide pediatric dental coverage. It would also prohibit the participation of QHPs in the MHBE that lack this necessary coverage, thus upholding the State's commitment to meeting the oral health needs of children in Maryland.

¹ Centers for Disease Control & Prevention, *Children's Oral Health*, <https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html> (last visited January 25, 2024).

² *Id.*

³ *Id.*

The Public Justice Center is a 501(c)(3) charitable organization and as such does not endorse or oppose any political party or candidate for elected office.

For these reasons, the Public Justice Center urges the committee to issue a **FAVORABLE** report for **SB 228**. Thank you for your consideration of our testimony. If you have any questions about this testimony, please contact Ashley Woolard at 410-625-9409 x 224 or woolarda@publicjustice.org.

Final SB 228 - MIA - FAV.pdf

Uploaded by: David Cooney

Position: FAV

WES MOORE
Governor

ARUNA MILLER
Lt. Governor



KATHLEEN A. BIRrane
Commissioner

TAMMY R. J. LONGAN
Acting Deputy Commissioner

200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202
Direct Dial: 410-468-2471 Fax: 410-468-2020
1-800-492-6116 TTY: 1-800-735-2258
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Date: January 24, 2024

Bill # / Title: Senate Bill 228 - Maryland Health Benefit Exchange - Qualified Health Plans - Dental Coverage

Committee: Senate Finance Committee

Position: Support

The Maryland Insurance Administration (MIA) appreciates the opportunity to share its support for Senate Bill 228, which is a Departmental bill.

Senate Bill 228 was developed in coordination with the Maryland Health Benefit Exchange (“MHBE”) as an important consumer protection. Pediatric dental coverage is important to assuring that children have access to oral health care. All qualified health plans (QHPs) currently offered on-exchange include coverage for pediatric dental. The proposed legislation will codify the status quo by requiring that all QHPs continue to include coverage for pediatric dental.

Pediatric dental coverage is one of the ten essential health benefits identified in the Affordable Care Act (ACA) that are required to be included in all non-grandfathered individual and small group health benefit plans. However, Section 1302 of the ACA provides that a health benefit plan that does not cover pediatric dental can still be considered a QHP, as long as there is at least one stand-alone pediatric dental plan available for purchase on the exchange on which the QHP is offered. In Maryland, there are ten stand-alone dental plans that include pediatric dental that are available for purchase on-exchange. That means that carriers are allowed by law to sell QHPs without pediatric dental coverage should they elect to do so. While, historically, carriers have included pediatric dental benefits in their QHPs voluntarily, if a carrier elected to file a QHP without pediatric dental in the future, the MIA would lack authority under existing law to prohibit them from doing so.

If some QHPs do not include pediatric dental coverage, the burden would be on the consumer to identify the coverage gap and to take action to fill that gap by purchasing a separate, stand-alone pediatric dental policy. The MIA and MHBE are concerned about the ability of consumers to make this determination. Although carriers are required to provide a disclosure form if a health benefit plan does not include pediatric dental benefits, this disclosure form is not part of the plan summary information displayed on the Maryland Health Connection website when consumers shop for health benefit plans through the Exchange. Additionally, unlike the off-exchange market where state law requires consumers to self-attest on the application for coverage that they have purchased a stand-alone dental plan through the Exchange, no corresponding attestation is required for the on-exchange market. Since health benefit plans purchased through the Exchange have historically included pediatric dental coverage, the average

consumer expects these benefits to be included. Requiring all QHPs to include coverage for pediatric dental maintains the status quo in the current market, while also eliminating the possibility of a consumer unknowingly or inadvertently purchasing a plan that excludes pediatric dental coverage.

Other states, such as Connecticut, have enacted legislation that requires all on-exchange plans to include pediatric dental. And, the MIA believes that codifying this important status quo, and providing the MIA with the regulator authority to prevent coverage gaps, will protect Maryland consumers while shopping on the Exchange.

For these reasons, the MIA urges a favorable committee report on SB 228 and thanks the Committee for the opportunity to share its support.

SB 228 - MIA - FAV.docx.pdf

Uploaded by: David Cooney

Position: FAV

WES MOORE
Governor

ARUNA MILLER
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consumer expects these benefits to be included. Requiring all QHPs to include coverage for pediatric dental maintains the status quo in the current market, while also eliminating the possibility of a consumer unknowingly or inadvertently purchasing a plan that excludes pediatric dental coverage.

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For these reasons, the MIA urges a favorable committee report on SB 228 and thanks the Committee for the opportunity to share its support.

Maryland Catholic Conference_FAV_SB228.pdf

Uploaded by: Jenny Kraska

Position: FAV



**MARYLAND
CATHOLIC
CONFERENCE**

January 24, 2024

SB 228

Maryland Health Benefit Exchange – Qualified Health Plans – Dental Coverage

Senate Finance Committee

Position: Favorable

The Maryland Catholic Conference (MCC) offers this testimony in support of Senate Bill 228. The Catholic Conference is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

Senate Bill 228 seeks to repeal a provision of the law, ensuring that all Qualified Health Plans (QHPs) sold through the Maryland Health Benefit Exchange (MHBE) include pediatric dental benefits.

The MCC believes it is essential to advocate for policies that prioritize the well-being and comprehensive health of children; aligning with our values to protect the most vulnerable in our communities. The proposed legislation takes a significant step towards promoting the health and welfare of our youngest members by ensuring that pediatric dental benefits are an integral part of all QHPs.

Children are a precious and vulnerable part of our community; their physical and emotional well-being is of paramount importance. This legislation reflects a commitment to providing comprehensive health coverage that addresses the unique needs of children, promoting early intervention and fostering a foundation for a healthy and fulfilling life. The legislation also helps ensure that all families, regardless of their circumstances, have access to the necessary resources to safeguard the health of their children.

The Conference appreciates your consideration and, for these reasons, respectfully requests a favorable report on Senate Bill 228.

2024 MCHS SB 228 Senate Side FAV.pdf

Uploaded by: Michael Paddy

Position: FAV



Maryland Community Health System

Committee: Senate Finance Committee

Bill: Senate Bill 228 – Maryland Health Benefit Exchange – Qualified health Plans – Dental Coverage

Hearing Date: January 24, 2024

Position: Support

The Maryland Community Health System (MCHS) supports Senate Bill 228 – Maryland Health Benefit Exchange – Qualified health Plans – Dental Coverage. Maryland Community Health System is a network of federally qualified health centers across the state whose mission is to provide care to underserved communities. MCHS supports legislative initiatives that remove barriers to access to care.

The bill requires all qualified health plans (QHPs) sold through the Maryland Health Benefits Exchange to include coverage for pediatric dental. Currently, all QHPs offered on the Maryland Exchange cover pediatric dental, however the law does not require a QHP to provide pediatric dental benefits. This bill would codify the status quo, which prevents the introduction of future QHPs on the exchange that lack this coverage and would require an individual to take additional steps in securing pediatric dental coverage.

We ask for a favorable report on Senate Bill 228. If we can provide any further information, please contact Michael Paddy mpaddy@policypartners.net.

2024 MDAC SB 228 Senate Side FAV.pdf

Uploaded by: Michael Paddy

Position: FAV



10015 Old Columbia Road, Suite B-215
Columbia, Maryland 21046
www.mdac.us

Committee: Senate Finance Committee

Bill Number: Senate Bill 228 - Maryland Health Benefit Exchange - Qualified Health Plans - Dental Coverage

Hearing Date: January 24, 2024

Position: Support

The Maryland Dental Action Coalition (MDAC) supports Senate Bill 228 - *Maryland Health Benefit Exchange - Qualified Health Plans - Dental Coverage*. MDAC is a leading oral health policy and advocacy organization who works to improve the health of all Marylanders through increased oral health promotion, disease prevention, education, advocacy and access to oral health care. This bill promotes the continued integration of medical coverage and dental coverage into one health plan.

The bill would specifically continue the State's commitment to ensuring all qualified health plans (QHPs) sold through the Maryland Health Benefits Exchange include coverage for pediatric dental. Currently, all QHPs offered on the Maryland exchange cover pediatric dental. This bill would codify the status quo, and prevent the future introduction of QHPs on the Exchange that lack pediatric dental coverage and would require an individual to take additional steps in securing pediatric dental coverage.

We ask for a favorable report on this bill. If we can provide any additional information, please contact Micheal Paddy at mpaddy@policypartners.net.

Optimal Oral Health for All Marylanders

SB0228 Testimony.pdf

Uploaded by: Sarah Paul

Position: FAV



Statement of Maryland Rural Health Association (MRHA)

To the Senate Finance Committee

Chair: Senator Pamela Beidle

January 23, 2024

Senate Bill 0228: Maryland Health Benefit Exchange – Qualified Health Plans – Dental Coverage

POSITION: SUPPORT

Chair Beidle, Vice Chair Klausmeier, and members of the committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 0228: Maryland Health Benefit Exchange – Qualified Health Plans – Dental Coverage.

Oral health is a largely known health indicator that can lead to the development of diseases such as diabetes, heart disease, and stroke (Healthy People 2030, n.d.). Furthermore, adequate dental care is essential in health preservation, especially for children. According to a 2021 Data Brief published by the National Center for Health Statistics (NCHS), pediatric dental coverage and utilization in the United States has seen a steady decline between 2019-2020. The southern region of the United States saw a 3.4% decrease in pediatric dental utilization, although the disparity was substantially higher for residents living below the federal poverty level. Although the COVID-19 pandemic influenced the decline, it began prior to the pandemic. (Adjaye-Gbewonyo & Black, 2021). With 9.6% of Maryland residents living below the federal poverty line, most of which reside in our rural communities, rural residents will be deeply impacted by the result of this bill (American Community Survey, 2022). This bill will provide families with an additional option to affordable dental coverage for themselves and their children. Dental cavities/tooth decay is the leading chronic illness found in children today and is 100% preventable. Poor oral health can negatively impact child growth and development resulting in lasting consequences that may follow the child into adulthood. MRHA believes that Senate Bill 0228 will have a significantly positive impact on the oral health of its residents.

Sincerely,

Jonathan Dayton, MS, NREMT, CNE, Executive Director

jdayton@mdruralhealth.org

Adjaye-Gbewonyo, D., & Black, L. I. (2021). Dental care utilization among children aged 1–17 years: United States, 2019 and 2020. *National Center for Health Statistics*. <https://dx.doi.org/10.15620/cdc:111175>

American Community Survey. (2022). *Poverty status in the past 12 months: Maryland 2022, table S1701*. [Data set]. U.S. Census Bureau. <https://data.census.gov/table/ACSST1Y2022.S1701?q=poverty%20line%20maryland&t=Poverty>

Healthy People 2030. (n.d.) Leading health indicators. <https://health.gov/healthypeople/objectives-and-data/leading-health-indicators>

SB 228 - FIN - MHBE - LOS.docx (1).pdf

Uploaded by: State of Maryland (MD)

Position: FAV



750 E. Pratt St., 6th floor
Baltimore, MD 21202
marylandhbe.com

January 24, 2024

The Honorable Pamela G. Beidle
Chair, Senate Finance Committee
Senate Office Building, 3 East
11 Bladen St.
Annapolis, MD 21401

Re: Letter of Support – SB 228 – Maryland Health Benefit Exchange – Qualified Health Plans – Dental Coverage

Dear Chair Beidle and Members of the Senate Finance Committee,

The Maryland Health Benefit Exchange (MHBE) respectfully submits this letter of support on Senate Bill (SB) 228 - Maryland Health Benefit Exchange – Qualified Health Plans – Dental Coverage. SB 228 would require that all qualified health plans (QHPs) cover pediatric dental benefits, in order to be certified and sold on the Exchange.

Under the Affordable Care Act (ACA), pediatric dental is one of ten essential health benefits (EHBs) that are required in all ACA-compliant individual and small group plans. However, pediatric dental differs from the other EHBs in that QHPs may exclude the benefit if pediatric dental coverage is available through supplementary stand-alone qualified dental plans (QDPs) sold through the Exchange. This bill repeals provisions that allow QHPs in Maryland to exclude pediatric dental from QHP coverage.

It should be noted that no carrier currently offers a QHP in Maryland that excludes pediatric dental. This bill will simply codify the status quo, and affirmatively require pediatric dental be included as a covered service under all QHPs. If a plan were to exclude pediatric dental, which is currently permitted subject to the flexibility explained above, it would require MHBE to implement a suite of system changes including but not limited to: updating our internal systems to identify information on which plans do not include pediatric dental, updates to the way we calculate advance premium tax credit (APTC) in order to account for plans that do not include pediatric dental, and changes to our plan display to alert consumers on which plans exclude pediatric dental – all of which would result in IT costs to the agency. In addition to system implementation challenges that would be triggered if a QHP were to choose to exclude pediatric dental, MHBE would also be concerned about consumer confusion that could result from an inconsistency in QHP pediatric dental coverage, potentially resulting in consumers inadvertently enrolling in a plan that lacks a benefit that has been determined to be essential.

For further discussions or questions on SB 228, please contact Johanna Fabian-Marks, Director of Policy and Plan Management at johanna.fabian-marks@maryland.gov.

Sincerely,

A handwritten signature in black ink that reads "Michele Eberle". The signature is written in a cursive, flowing style.

Michele Eberle
Executive Director

DOCS-#234052-v1-SB_228_Alliance_OPPOSE_2024.pdf

Uploaded by: Matthew Celentano

Position: UNF



15 School Street, Suite 200
Annapolis, Maryland 21401
410-269-1554

January 24th, 2024

The Honorable Pam Beidle
Chair, Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Senate Bill 228 – Maryland Health Benefit Exchange – Qualified Health Plans – Dental Coverage

Dear Chairman Beidle,

The Alliance of Maryland Dental Plans respectfully **opposes** Senate Bill 228 Maryland Health Benefit Exchange – Qualified Health Plans – Dental Coverage and urges the committee to give the bill an unfavorable report.

This bill removes the language from current statute that allows a qualified health plan (QHP) to omit the pediatric dental essential health benefit (EHB) as long as a stand-alone dental plan (SADP) is there to fulfill it. While SADP's do not see a lot of pediatric enrollment on exchanges, we believe SB 228 would set bad precedent, but also because of the adult dental EHB that HHS just proposed in the Notice of Benefit & Payment Parameters.

First, we believe this bill is a solution in search of a problem and we are not sure what concern might be driving this initiative after ten years of status quo, and certainly immense progress in expanding dental care coverage to Marylanders. Our state went from a position of tragedy with the Deamonte Driver situation to make continuous progress over the last decade in creating access through coverage expansion (in the commercial market and the Medicaid program) for which we should be proud.

Second, we believe the bill is problematic because it assumes that where a QHP has no dental network or dental claims capacity that the QHP will simply find a SADP partner to do it for them, but that assumption is dangerous; SADPs are not in existence just to partner with medical plans, so if it is not a good fit, a QHP could find themselves either unable to be certified for the exchange or having to exit the exchange because they cannot cover all 10 EHB.

Further, the cost-sharing under QHPs can result in dental benefits being “illusory” because the deductible and MOOP are combined for all benefits, whereas SADPs have low deductibles and a separate MOOP just for dental benefits.

Finally, the language that SB 228 contemplates removing was included in the Affordable Care Act (ACA) in recognition of SADPs that have decades of experience designing and administering dental benefits. Networks under QHPs are often not as broad as SADPs so it limits patient choice for keeping a provider they currently have and like. In addition, adults tend to select coverage for both themselves and their children as a package, when possible. We understand that all QHPs currently available on the MHBE embed pediatric dental, but that does not mean that situation will continue to be the status quo.

Seeing that the current statutory language is not interfering with MHBE setting a policy of all QHPs embedding pediatric dental, we recommend simply letting the current language stand so that MHBE will have future flexibility in changing this status quo should circumstances dictate that a QHP needs and deserves the flexibility to not provide the pediatric dental coverage but still be allowed to remain on the exchange as a testament to consumer choice.

For these reasons, the Alliance respectfully urges the committee to give Senate Bill 228 an unfavorable report.

Very truly yours,

A handwritten signature in black ink, appearing to read "Matthew Celentano", with a long horizontal flourish extending to the right.

Matthew Celentano
Executive Director

cc: Members, Senate Finance Committee