

Chair Klein and Committee Members,

This bill is very important to our clinic's ability to take the best care of our patients. Limitations on preventative dental treatment hurts our patients who are willing to pay outside of their insurance. They want to better their oral health, thereby benefiting their overall health. Patients with dental insurance benefits are shown to be healthier overall, but the practice of limiting non-covered services only benefits the third party payers.

Thanks for listening

Dr Mikkel Haugen DDS
St. Peter Family Dental Center



J. David Collier, D.D.S.** / Aruna Rao, D.D.S.** / Emma Zimmerman, D.M.D.**

Pediatric, Adolescent & Special Needs Dentistry

Dear Chair Klein and members of the Senate Commerce and Consumer Protection Committee;

We are asking that you take action and vote YES on bill number [SF1040](#)!

Simply put, the current practice is unfair to dental providers and patients we treat. Currently, dental plans dictate fees for dental services beyond what the plan is paying. There are many frequency limitations and allowable fees that force our providers to shift that cost to other patients, including the uninsured.

- We are a pediatric dental office that accepts multiple types of state insurance plans. General dental offices and pediatricians refer patients to us for dental care because we are often times the only one in the area that accepts their plans. This puts a massive strain on our providers and staff and we have to either turn many children away, or put them on a waitlist for the future.
- If a child has an exam at the general provider's office, we run in to frequency limitations and do not get reimbursed for the exam we provide. We have to do our own examination and develop a plan for that child and explain the findings and recommendations to the parent. We run into the same limits for diagnostic x-rays if the previous office doesn't send them, or they are indecipherable. In addition, if that previous office attempted any treatment, but was not entirely successful, we again run into frequency limitations and do not get reimbursed if we complete work on the same tooth. We cannot dictate if that office should actually bill for what they attempted to do, whether it was successful or not.
- Frequency limitations also vary greatly among dental plans. It is hard to make parents aware of accurate costs when plans vary. Certain insurances will cover a stainless-steel crown (SSC) every 90 days, while others only cover them once every 24 months. Based on our Academy Guidelines, these SSCs are often times the best restoration we have for a primary (baby) tooth. As dentists, we will treat the patient no matter how the insurance reimburses, but that usually requires a write-off for the office. **Collectively, our practice write-offs have totaled in the millions of dollars.**
- If a patient chooses a high deductible plan, we are still required to provide a write-off on the "covered" services, even though the plan is not providing any payment to the office. This is a good example where the plan has no risk or involvement. Allowable fees for dental plans also vary greatly. Most of the time, these fees are non-negotiable and result in high write-offs that the office must provide. In some cases, these fees are not even looked at more than every 3 years. In this economy, that is not frequent enough.

We are simply asking for a redefinition of the existing language. If plans claim a service is “covered”, then it should be reimbursed to the dental provider. Parents call our office asking us which plan to choose, and we have no answers because the contracts are so vague. Please reach out to us for any questions you may have and we thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Aruna Rao', with a stylized, cursive script.

Aruna Rao, DDS

K.O.A.L.A. Dental Care, LLC
St. Cloud, Buffalo, Baxter
Diplomate, American Board of Pediatric Dentistry
Clinical Adjunct Faculty, UofMN School of Dentistry
Member, Minnesota Dental Association

March 5, 2024

Regarding: **SF1040**

Dear Chair Klein and members of the Senate Commerce and Consumer Protection Committee,

I would ask that all of you take action and vote YES on SF1040!

Having this bill pass would remove a huge burden which has been placed upon myself, my practice and my patients. The insurance companies are basically using a loophole in the current definition of what a covered service is to accomplish a couple of things. First it is so they do not have to pay for services they are telling their clients (my patients) that are under their "covered benefit set". Second, they use it as a marketing advantage when selling their plans to employers to keep the cost to the employer artificially low. So, you may ask yourself – What is wrong with that? Well from the dentist and patient perspective it is a problem. It is also a problem that happens every single day in my practice and I am sure every other dental practice in this state.

So, in a nutshell this is what happens. I will use a generic dental procedure that our usual and customary fee for is \$100 and it is something that the insurance company says is a covered benefit for the patient. So, if we as the dentist are in a contract with the carrier our fee is \$100, their adjusted allowed amount is say \$80. We have to first write off the other \$20 as we are under contract to not charge the patient the \$20. Then if they have benefit remaining for the year (which is typically \$1000 or \$1500) then the insurance company will pay their percentage of the \$80 and the patient owes the balance of the \$80 allowed amount. So far, we have no problem, as we agreed to the contract. Where the problem comes in is if the insurance company does not pay their portion due to a variety of contractual limitations such as: waiting periods, frequency limitations, annual limits, etc. They will continue to call this service "covered" simultaneously dictating our clinic's fee, even though they are not covering it at all. This is unfair to the dentist, the patient and all of my other patients who now have to bear the burden of our overhead due to no reimbursement every time this happens.

Therefore, **IF A SERVICE IS NOT PAID FOR IT IS NOT COVERED - FULL STOP**

Providing full transparency- will this potentially cause some patients to have a higher out of pocket cost – potentially yes. However, across the full spectrum of services they receive it will probably reduce costs to them as individual practices such as mine would not have to cost shift our overhead to other procedures and patients. So, looking at the big picture, this is a pro-patient and pro-consumer bill.

Third party payors are not supposed to interfere in the doctor patient relationship and the dental clinics business decisions, but that is exactly what happens. Lastly, I will close by telling you that language very similar to what we are seeking passed in Iowa and the world still turns down there. I know there is probably a good Iowa joke in here, but truly this is no joke and ***I ask for your support to VOTE YES on SF 1040!***

Please feel free to contact me if you have any questions.

Sincerely,

Loren J. Taple, DDS Ltaple@northwooddental.com

Northwood Dental
1227 Northwood Pkwy
Eagan, MN 55121



Michael B. Miskovich D.D.S.

3/05/2024

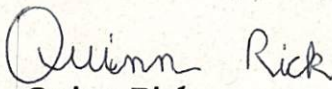
Re: SF1040

Dear Chair Klein and members of the Senate Commerce and Consumer Protection Committee,

Virginia Family Dental asks you to vote YES on SF1040 for the following reasons:

- The cost of doing business has increased substantially over the past few years. Increasing costs of dental supplies, payroll expenses, and utilities etc. have only exacerbated the cost of running a dental practice. These increasing costs have become a financial burden for our dental practice. **Passage of SF1040 will help our dental practice offset these rising costs.**
- Lab fees are also increasing. Our practice relies on partner Dental labs to create removable prostheses such as full and partial dentures along with custom crowns for our patients. Partner labs increasing their fees creates a domino effect that puts a financial burden on our practice. **Passage of SF1040 will help our dental practice offset these rising costs.**
- Third party payers not reimbursing on covered services due to contractual limitations (waiting periods, frequency limitations, annual limits, etc.), while simultaneously dictating our clinic's fee, is unfair.
- The burden of covering the cost for the service is put on the dentist, not the payer.
- Third party payers use this as a marketing tool to sell their product, yet do not pay for services they claim to cover and require the dentist to write off the cost for the third-party payer's behavior.
- Third party payers should not interfere in a dental clinic's business decisions.
- The amount of write offs our clinic experiences negatively impact my business and requires us to find other ways to make up for costs.
- The financial burden does impact our ability to treat patients and provide appropriate access to care.
- In some circumstances, patients are being required to make up the difference in cost because of this practice.

Sincerely,


Quinn Rick

Business Manager

Virginia Family Dental



Dentistry for Children & Adolescents

Creating Healthy Teeth
& Happy Smiles Since 1968!

www.childrensdent.com

Sally W. Schuette, DDS, MS
Gayathri Sambasivan, DDS, MS
Thekla K. Swanson, DDS, MS
Lisa M. Abadeer, DDS
Daniel M. Fallon, DDS
Lindsay G. Bedeaux, DDS

Centennial Lakes
Medical Center
7373 France Ave. So.
Suite 402
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6385 Old Shady Oak Road
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Eden Prairie, MN 55344
952-932-0920
Fax 952-932-0929



March 5, 2024

Dear Chair Klein and members of the Senate Commerce and Consumer Protection Committee,

We request your support for bill SF1040 and a favorable vote on this critical legislation.

As a dental clinic deeply committed to providing quality care to our patients, we have witnessed firsthand the detrimental effects of third-party payers not reimbursing on covered services due to contractual limitations. This practice not only undermines the integrity of our profession but also poses significant challenges to our ability to serve our community effectively.

The burden of covering the cost of services falls unfairly on the shoulders of dentists rather than on the payers responsible. This disrupts our business operations and hampers our ability to provide timely and comprehensive care to our patients. Patients, who rightfully expect coverage for their dental needs, are left to navigate a complex system that often fails to deliver on its promises.

The financial strain these write-offs impose directly impacts our clinic's sustainability and ability to reinvest in essential resources for patient care. Moreover, it creates a barrier to access for those in our community who rely most on our services.

Our clinic currently faces a significant challenge, with write-offs averaging 35%. This means that for every dollar we bill, we only receive a reimbursement of .65. Meanwhile, our operational costs, including supplies, staffing, and rent, continue to rise steadily. As a result, we are compelled to seriously reconsider our participation in-network with other contracted plans due to the inadequate reimbursement.

SF1040 represents a crucial step towards rectifying this inequity and ensuring fair treatment for providers and patients. This bill promotes transparency, fairness, and consumer protection by prohibiting third-party payers from interfering in dental clinic business decisions and holding them accountable for their obligations.

In conclusion, we would appreciate it if you could acknowledge the importance of SF1040 in addressing the systemic challenges of dental clinics across our state. Your support for this bill not only safeguards the interests of consumers but also advances the cause of equitable healthcare access for all.

Please act and vote YES on SF1040. Together, we can create a more just and sustainable healthcare system for our community. Thank you for your attention to this critical issue.

Sincerely,

Dentistry for Children & Adolescents

*Drs. Schuette, Sambasivan, Swanson, Abadeer, Fallon, and Bedeaux
Lisa Gromacki, Administrator*



March 5, 2024

Re: Bill Number SF 1040

Dear Chair Klein and members of the
Senate Commerce and Consumer Protection Committee,

I am Kelly Lenz, a dental practice manager with over 18 years of experience at Birchwood Dental located in Eagan. Today I respectfully request that you take action and vote yes on SF 1040. As someone deeply familiar with the intricacies of running a dental office, I understand the importance of this bill and how it will benefit both our practice and our patients.

The importance of this YES vote cannot be overstated. At present, third party payers who bear no financial risk or stake in non-covered dental services nevertheless determine the fees our office can charge for those services. This enables third party payers to impose fee structures on services they do not reimburse. The burden then falls on our practice to deliver quality care under these constraints. Taking back control of our own fee structures for non-covered services is vital to sustainably meeting our patients' needs at the highest standards of care.

For example, our patients often need occlusal guards to treat grinding and clenching, yet most third party payers offer no coverage for these guards despite dictating our fees under their "covered services" clause. We rely on outside labs to fabricate these devices, increasing our costs. For now, we can only provide this valued treatment at dictated rates, which forces us to cost shift onto other patients, including our uninsured. While this is just one example of many, it illustrates our office's restraints in providing quality care at reasonable rates.

As dental professionals, we strive to serve patients to the best of our abilities. However, limitations imposed by third parties often make this exceedingly difficult.

In summary, I respectfully urge that third party payers should not determine our office's fees for services beyond those contractually reimbursed in whole or in part. We kindly request your support in voting YES to SF 1040, which would redefine "covered services" for dental care as only those services reimbursed fully or partially under a provider agreement. This change would ensure fairness for dental providers and patients alike. Your affirmative vote would be greatly appreciated.

Sincerely,

Kelly Lenz, CPA (Inactive)
Practice Manager
Birchwood Dental
3356 Sherman Crt, St 101
Eagan, Minnesota 55121

March 5, 2024

Reference bill number **SF1040**

Dear Chair Klien and members of the Senate Commerce and Consumer Protection Committee:

I am writing in support of reference bill number **SF1040** and I am asking the committee to vote YES on **SF1040**.

Third party payers not reimbursing on covered services due to contractual limitations (waiting periods, frequency limitations, annual limits, etc.) while dictating our clinic fees is unfair. The burden of covering the cost for the service is put onto the dentist, not the payer. Third party payers use this tactic as a marketing tool to sell their product, yet do not pay for services they claim to cover and require the dentist to write off the cost for the third party's behavior.

In my opinion, third party payers should not interfere with the dental clinic's business decisions. Dental practices are largely small businesses, and the write offs negatively affect the business and require that we as dentists find another way to make up costs. Unfortunately, the financial burden does impact our ability to treat patients and provide appropriate access to care.

Please vote YES for **SF1040- this bill will help patients and consumers**.

Respectfully,

Kimberly Lindquist, DDS, MSD

Diplomate, American Board of Endodontics

Dear Chair Klein and members of the Senate Commerce and Consumer Protection Committee,

I hope this email finds you well. I am reaching out to express my concerns regarding the current challenges faced by dental clinics, particularly in relation to third-party payers, and to request your support in addressing these issues by voting YES on SF1040.

As a starting point, I want to acknowledge your crucial role in shaping policies that impact healthcare providers and the patients we serve. I believe that your commitment to consumer protection is essential in addressing the pressing issues we are currently facing.

The focus of our concern is the impact of third-party payers, who, due to contractual limitations such as waiting periods, frequency limitations, and annual limits, are not reimbursing on covered services. This situation becomes even more unfair when these payers simultaneously dictate our clinic's fees. The burden of covering the cost for services is unfairly placed on the dentist, rather than the payer who should be responsible for fulfilling their contractual obligations.

It is disheartening to note that third-party payers use these limitations as a marketing tool to sell their products, yet fail to uphold their end of the bargain by not adequately compensating dental clinics for the services they claim to cover. This places an undue financial strain on our clinic, impacting our ability to provide quality care and negatively affecting our patients.

The financial burden resulting from these circumstances not only affects our ability to treat patients but also requires us to find alternative ways to make up for the costs. The increasing write-offs we experience have a detrimental effect on our business, making it challenging to sustain the level of care our community deserves.

I believe that SF1040 presents a crucial opportunity to address these challenges. By supporting this bill, you have the power to prevent third-party payers from interfering in dental clinic business decisions, ultimately protecting both clinics and patients.

SF1040 is pro-consumer and pro-patient, as it aims to rectify the current imbalances and ensure that third-party payers fulfill their obligations. By voting YES on SF1040, you will be taking a significant step towards creating a fair and sustainable healthcare system that benefits both providers and patients alike.

In conclusion, I urge you to take action and vote YES on SF1040. Your support will not only protect dental clinics like ours but will also contribute to the well-being of the patients we serve. Thank you for your time and consideration.

Sincerely,
Sogol Biroon, DMD
Dakota dental and wellness center
14682 Pennock Ave, Apple Valley, MN 55124

Dear Chair Klein and members of the Senate Commerce and Consumer Protection Committee,

My name is Dr. Steven Graber, DDS and I practice at 1932 London Road, Duluth, MN, 55812. I've provided care for patients here for almost 20 years, since 2004. Over this time, I have seen reimbursements stagnate while my costs have increased significantly. Third party payers have not held their responsibilities to the patient nor the provider. Many times a procedure that is needed is not covered and the dentist is expected to cover that cost for the patient. A comparison would be asking a mechanic to replace a customer's brakes for free because it isn't covered by insurance. This isn't sustainable. Access to care will be less because providers can't continue to sustain this unfair burden. If a patient has a maximum dental coverage amount annually, unlike medical insurance, one would think they could at least use that money that they are paying premiums to have. Many dentists have dropped these insurance plans that unfairly handle dental insurance claims. I am beginning to investigate the same thing, which puts me in the terrible position of reducing care to my loyal patients. These patients don't even know this is happening and would be angry to hear that dentists don't get any reimbursement for the patients consented treatment. I put you to the task of making what should be right. Please help the patients and the providers from third parties who act as though they can do whatever they want. Help us and Vote Yes on SF1040.

Thank you for your time and consideration. I think you will find that the majority feels the same.

Sincerely,
Dr. Steven Graber, DDS

Dear Chair Klein and members of the Senate Commerce and Consumer Protection Committee,

I am writing to ask you to vote yes for SF1040.

There needs to be a better system on many fronts as the over 3,000 dentists in Minnesota are being bullied daily by big business insurance companies.

-Our office is forced to write off 10-40% on many of these insurance plans. We have dropped plans in the past and are now considering dropping most of the plans as the write offs are too large.

-As more established quality offices drop the insurance plans the patients are forced to go to certain providers that are far from their homes who are less experienced and the patients may have compromised treatment results. Patients deserve the right to choose who they want to see.

-We have 3 fulltime employees of our 30 that only deal with insurance and are on hold on the phone for hours a day which is a waste of human resources.

Thanks for your attention and I am open to discussing this further,

Mike Hoxie

--

Michael H. Hoxie DDS, MS

Ovation Orthodontics

Eden Prairie ● Chaska ● Waconia ● Minnetonka

952-937-0111

Dear Chair Klein and members of the Senate Commerce and Consumer Protection Committee,

This is in reference to bill SF1040

- Please vote YES on SF1040!

Dentists cannot be expected to dictate treatment based on what insurance will or will not cover. Many times we are dictated how to care for our patients and how we should proceed with treatment. My practice has been burdened with many write-offs for surgery which was required. Many times the 3rd party payers do not even understand the surgery process. I have been burdened with time away from patient care having to justify standard of care and explaining how procedures work to the insurance companies.

Rather than a doctor taking on the financial burden of care, it should at least be on the patient to cover costs for appropriate care. The last thing we want to happen is compromised care to fit the narrative of 3rd party payers. In medicine and dentistry we are skilled, trained and expected to do what is best for our patients. Let doctors dictate appropriate treatment and expect insurance to cover appropriate treatment. The doctors should not be penalized for providing what a patient requires.

I am a dual degree oral surgeon with the largest multi-specialty clinic in MN. I practice out of our Coon Rapids location and am Clinical Director of our 6 other oral surgeons and 4 prosthodontists. Insurance write-offs, billing limitations and non covered services have been a real burden on our care model, treatment plan options and have led to doctor and patient frustration. We are spending too much time writing narratives and justifying our treatment. As board certified doctors, we should not have to justify our decisions to a 3rd party payer. It's almost as if we are required to jump through unnecessarily hoops to simply be compensated for our services.

I honestly feel it is medical malpractice on the insurance companies' behalf as they seem to define what is required. Naturally, our patients then feel that insurance companies are advocating for their clients, which they are not. This is how medical care is slowly compromised over time.

Vote YES on SF1040

Thanks,

Matthew Karban DMD, MD, FACS
Diplomate, American Board of Oral & Maxillofacial Surgery
Minneapolis, MN
www.thedentalspecialists.com
[763-201-6962](tel:763-201-6962)

Dear Chairperson Klein and members of the Commerce and Consumer Protection Committee,

I am writing to you today to ask for your support in voting "YES" for the SF1040 bill regarding covered services. I am asking for your support because it is currently detrimental to some of our patients receiving the care they need.

One instance where this occurs is when a patient comes in with a broken off front tooth. We can repair this tooth under most insurance plans at a contracted rate. However, it gets more complicated if the patient breaks off the tooth again for whatever reason and it has been less than two years. In this instance, the insurance company will not pay for the procedure again and it also states that we can not charge the patient to complete the procedure. This leaves us in an awkward situation. Either we do the procedure for free or the patient has to wait until the two years are up and then complete the procedure. If the tooth is left untreated, this causes undue embarrassment for the patient and it can affect the overall health of the tooth.

This is just one of several instances, but If the SF 1040 bill is passed, this kind of situation would be eliminated. The patient and provider would be able to make decisions and choices without the insurance company dictating the patient's treatment. Please consider this important legislation and please vote "YES" on SF 1040.

Sincerely,

John Noack D.D.S.
Professional Dental Group
1501 Clinton Lane
Northfield, MN 55057



Geetha J. Damodaran DDS
4641 White Bear Parkway White Bear Lake, MN 55110 651.429.0404
<http://www.birchlakedental.com/>

This letter pertains Reference bill number **SF1040**

Dear Chair Klein and members of the Senate Commerce and Consumer Protection Committee,

My name is Geetha Damodaran and I am the owner of Birch Lake Dental located in White Bear Lake, Minnesota.

Through the years insurance companies have changed their processes and have added much complexity.

We bring up third party payers not reimbursing on covered services due to contractual limitations (waiting periods, frequency limitations, annual limits, etc.), while simultaneously dictating our clinic's fee.

Here is an example: The insurance plan covers crowns. My patient has pain- there is a cavity under their existing crown. We get an estimate for the treatment so all parties know the cost. I complete the treatment. The insurance company will not pay me for new the crown because the original crown was done at a different clinic 9 years ago. Not only will they not reimburse this "covered" treatment, I cannot bill the patient. \$0 for 3 hours of treatment, overhead expenses and an incurred lab cost. How can a business survive?

This is unfair and places a burden to my dental practice and to patient care. There needs to be transparency with the dental insurance companies on reimbursement and payment. How can I run a business when the insurance company tells the patient that the service is covered but refuses to pay for the service rendered?

Bottom line...My business has to absorb the cost and as a small business I will not be able to survive.

I respectfully request the committee to: **Please take action and vote YES on SF1040!**

Sincerely,

A handwritten signature in black ink, appearing to be "Geetha J. Damodaran", written over a horizontal line.

Geetha J. Damodaran DDS

Dear Chair Klein and members of the Senate Commerce and Consumer Protection Committee. I request that you take action and vote yes on SF1040.

Third party payers not reimbursing on covered services due to contractual limitations (waiting periods, frequency limitations, annual limits, etc.), while simultaneously dictating our clinic's fee, is unfair. The burden of covering the cost for the service is put on the dentist, not the payer. Third party payers use this as a marketing tool to sell their product, yet do not pay for services they claim to cover and require the dentist to write off the cost for the third party payer's behavior. Our insurance rate offs are at an all-time high. These write offs make a difficult to keep up with the increasing wages for staff. A small business such as a dental office should not be in a position of having to financially support an insurance company's marketing efforts. I request that you vote yes on SF1040.

Ben Fenger DDS

Prairie Dental Group 6608 Flying Cloud Drive Eden Prairie, MN

Dear Chair Klein and members of the Senate Commerce and Consumer Protection Committee,

I hope this letter finds you well. I am writing to bring to your attention a matter that deeply concerns our dental clinic and, more importantly, the patients we serve. The current landscape of third-party payer practices is not only impacting our clinic's viability but also jeopardizing our ability to provide quality care to those in need.

In recent years, we have encountered numerous instances where third-party payers fail to reimburse us for covered services due to various contractual limitations. These limitations include waiting periods, frequency restrictions, annual limits, and other arbitrary constraints that seem designed to prioritize the interests of payers over the health and well-being of patients. What is particularly egregious is that while these payers dictate our clinic's fees, they refuse to honor their end of the agreement, leaving us to shoulder the financial burden.

Allow me to share a poignant example of how this practice affects both our clinic and our patients. Recently, we had a patient who required extensive dental work due to a traumatic injury. Despite the assurances provided by their insurance plan, we found ourselves in a situation where the necessary procedures were not fully covered, leaving us with a significant amount of write-offs. As a small clinic, these write-offs have a tangible impact on our ability to stay afloat and continue providing essential services to our community.

Furthermore, it is disheartening to witness how this practice directly affects our patients. Many individuals are forced to delay or forgo necessary dental treatments due to financial constraints imposed by inadequate insurance coverage. As healthcare providers, it is our duty to ensure that financial considerations never stand in the way of receiving timely and appropriate care.

The proposed bill before your esteemed committee offers a beacon of hope in an otherwise bleak landscape. By addressing the unfair practices of third-party payers and advocating for greater transparency and accountability, this bill has the potential to level the playing field for both providers and patients alike. It empowers consumers to make informed choices about their healthcare while safeguarding their right to access quality services without undue financial hardship.

In conclusion, I urge you to consider the profound implications of the current third-party payer practices on dental clinics and the patients we serve. By supporting this bill, you have the opportunity to champion pro-consumer and pro-patient policies that prioritize health equity and fairness in healthcare delivery.

Thank you for your attention to this matter, and I remain hopeful for a favorable outcome that advances the interests of all stakeholders involved.

Sincerely,

Steven Sarles, DDS

Owner, Dentist

Prior Lake Dental and Adelmann Dentistry

--



Prior Lake Dental, PLLC
14120 Commerce Ave. NE Suite 300
Prior Lake, MN 55372

952.447.1080
www.priorlakedental.com

Dear Chair Kein and members of the Senate Commerce and Consumer Protection Committee,

Re: SF1040

Please take action and vote YES on SF1040!

The current state of affairs regarding third party payer reimbursement has a negative impact upon dental patients, dental practices, and dental practice employees.

How?

Although it is understandable that third party payers structure their agreements with patients (who rarely purchase the insurance services directly from the payer, rather through brokers or similar middlemen who take their percentage of payment), the fact that the third party payers repeatedly are not reimbursing services stated in their agreements with providers using contract limitations involving waiting periods, limitations in the frequency for services provided, annual and other limits and more. They do this while simultaneously dictating our dental clinic fees which is unfair.

Third party payers also send notices to patients stating that their dentist is overcharging for covered services rendered when in fact that is not the case. Payers claiming that they cover services, yet not paying for them and requiring the dentist to cover the cost for this third-party payer's behavior.

Third party payers should not interfere with the dental clinic's business decisions and most particularly with the dentist's care, skill and judgement.

The number of write-offs for a number of third-party payers seems predicated upon the Medical Assistance reimbursement as too many of them offer to pay the same or little more than M.A. As recently as a few years ago Minnesota was LAST in the nation for medical assistance adult dental benefit reimbursement and fourth to last for children...disgraceful.

The number of write-offs affects our dental clinic negatively, preventing or delaying timely purchasing of technology, hiring of adequate staff and more.

Patients are impacted when they are denied services as dictated by the third-party payer, under-reimbursing for services, receiving deceptive letters regarding their dental offices, and burdensome restrictions on their use of benefits.

I am not able without the input of my office administrator to provide even more nuance on the day-to-day negative impacts faced in a dental office by third party payers – to the office and to patients.

SF1040 benefits patients and consumers if nothing else through transparency and streamlining the process and making it fair for all concerned!

Once again, I ask that you take action and vote YES on SF1040!

Sincerely,

John Lueth DDS
North Country Dental
1311 Bemidji Avenue
Bemidji, MN 56601

Dear Chair Klein and esteemed members of the Senate Commerce and Consumer Protection Committee,

I am reaching out to seek your endorsement for bill SF1040 and a favorable vote on this vital legislation.

Our dental clinic is dedicated to delivering high-quality care to our patients, and we have observed the adverse impacts of third-party payers not reimbursing on covered services due to contractual limitations. This practice not only compromises the integrity of our profession but also presents significant obstacles to effectively serving our community.

The responsibility of covering service costs unfairly burdens dentists rather than the responsible payers, disrupting our business operations and hindering our ability to provide timely and comprehensive care. Patients, rightfully expecting coverage for their dental needs, often navigate a complex system that falls short of its promises.

The financial strain from these write-offs directly affects our clinic's sustainability and hampers our ability to reinvest in essential resources for patient care. Additionally, it creates a barrier to access for those in our community who depend on our services the most.

SF1040 is a critical initiative to rectify this inequity, promoting transparency, fairness, and consumer protection by preventing third-party payers from interfering in dental clinic business decisions and holding them accountable for their obligations.

In conclusion, I kindly request your acknowledgment of the importance of SF1040 in addressing systemic challenges faced by dental clinics across our state. Supporting this bill not only safeguards the interests of consumers but also advances the cause of equitable healthcare access for all.

I appreciate your consideration of this pressing issue and urge you to cast a YES vote on SF1040. Together, we can contribute to creating a more just and sustainable healthcare system for our community.

Thank you for your attention to this matter.

Sincerely,

Stephanie Gruenes DDS
Dr. Stephanie Gruenes Center for Cosmetic Dentistry
Office 763-262-7645

Dear Chair Klein and members of the Senate Commerce and Consumer Protection Committee,

We're here to ask that you take action and vote YES on SF1040!

At our practice in Belle Plaine, we're greatly affected by this problem with insurance companies, particularly Delta Dental Insurance Company. At least twice a month we have to write off filling work, other kinds of treatments or x-rays because insurance determines the patient was too early for insurance to pay again or it's not something that's included in the patients plan. We shouldn't need to write off the cost of a filling that needs to be done again 'within 24 months' because of recurrent decay, or because the patient chose to do composite instead of amalgam fillings, not because the work we did failed but because Delta Dental tells us to. We should be able to charge the fee we see appropriate for the time, work, and materials we dedicate to the procedures. We write off thousands of dollars a year because of this and it causes us to have to raise our prices and have our other patients with no insurance, or out of network plans with no adjustments, to cover the costs. If this bill would pass it would make it possible to have more affordable prices across the board so it's better for the patients and the clinic. It's unfair as these insurance companies make millions, if not billions, of dollars a year and they don't need to have control over independent offices this way.

Please take action and vote YES on SF1040!

Strait Smiles Family Dentistry

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