



The Maryland State Dental Association Supports SB 308 – Health Insurance – Utilization Review – Revisions

Submitted by Daniel T. Doherty, Jr. on behalf of the Maryland State Dental Association

- A. Utilization review is a system used by insurance companies to determine if the proposed health care services treatment is medically necessary. Prior authorization is the process which requires dentists to obtain approval from the carrier in advance of treatment.
- 1. In 2021 insurers deemed 81,143 procedures were not medically necessary, of which dental denials constituted 15,133 (18.6%).** This number of dental prior approval denials in 2021 were significantly lower than in 2018, primarily because Covid caused a significant reduction in the number of patients who received dental care. In 2018 the number of total denials was 78,314, of which 24,677 (31.5%) were dental denials. *These denials, based on the carrier's determination that the services were not dentally necessary, rather than the judgement of the treating provider, were reversed under Maryland's Health Care Appeals and Grievance Law 70.5%.*
 - 2. In 2022 the Maryland Insurance Commissioner (MIA) modified or reverse the insurers' decision (including when a carrier reverse its decision during the course of investigation) 72.4% of the time on filed complaints. This means that in 7 out of 10 cases the insurer WAS WRONG.**
 - 3. In 2021 the American Medical Association conducted a survey on the impact that prior authorizations have on patients and physicians finding that:**
 - a. 93% of the time access to necessary care was delayed;
 - b. 82% of the time patients abandoned their recommended course of treatment because of prior authorization denials;
 - c. Often the basis used by the carrier to determine medical necessity is questionable – often the criteria was not evidenced based,
- B. SB 805 will provide patients with the much-needed reform to the system of Prior Authorization.
1. It will require evidence-based, peer reviewed criteria as the standard of care developed by an organization that works directly with health care providers or a professional medical specialty society.
 2. SB 308 will also require that the health care provider, dentist or physician that serves on the

health care service review panel that made an adverse decision be knowledgeable and experienced in the diagnosis and the treatment under review rather than only board certified or eligible in the same specialty.

3. It mandates that a physician or dentist who made or participated in the adverse decision notify the insured's physician, dentist or health care practitioner prior to making the adverse decision and be available to discuss the basis for the denial and the medical necessity of the health care service rather than deny care and then allow for a peer-to-peer meeting after the fact.

4. It will require that the physician or dentist that served on the panel making the adverse decision possess a current and valid Maryland license to practice medicine or dentistry.

5. It provides for a study to determine how to standardize electronic systems across all carriers (rather than each carrier having their own system) with the same data points and using a single point of entry, such as CRISP.

6. It requires a study of the feasibility of implementing a "gold card" standard in Maryland, which would exempt health care practitioners who meet certain criteria from prior authorization standards.

The Maryland State Dental Association requests that SB 308 receive a favorable report.

Submitted by:
Daniel T. Doherty, Jr.
February 15, 2023

301-606-7553
dan@dtodoherty.net