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January 25th, 2024

The Honorable Joseline Pean-Melnyk
Chair, House Health & Government Operations Committee
Room 241
Lowe House Office Building
Annapolis, Maryland 21401

House Bill 23 – Maryland Health Benefit Exchange – Qualified Health Plans – Dental Coverage

Dear Chairman Pena-Melnyk,

The Alliance of Maryland Dental Plans respectfully **opposes** House Bill 23 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 HB 23 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 EHBs.

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 HB 23 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 House Bill 23 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, House Health & Government Operations Committee