

Statement: Senate Bill 172
Dr. Cody Haslam
Senate Committee on Business, Labor and Economic Affairs
January 29, 2013

Mr. Chair and members of the Committee,

I am Dr Cody Haslam, a private practice dentist from Billings. Thank you for the opportunity to speak to you in support of Senate Bill 172. I would also like to thank Senator Walker for sponsoring this bill. I am here today for myself, and informally on behalf of other Montana dentists who are similarly impacted.

As a small business private practice dentist in Billings, it is necessary to be a participating provider for several dental plans. I am a participating provider for several dental plans, and appreciate the opportunity to help patients save some of their hard-earned money by agreeing to provide services for reasonably reduced fees. One plan in particular that I am proud to participate with is Tricare. This is for our retired military, veterans, and their families. I was raised with a deep appreciation for those who serve in the Armed Forces. My grandfather was killed during WWII following the Normandy invasion. My father retired after serving for 30 years in the Army National Guard. I have not served, but I can serve those who have. With all that our retired military and veterans have sacrificed and suffered, I believe they deserve to have a participating dentist to serve them. Ten years ago when I started my practice in Billings I was the only private practice dentist participating in the Tricare plan within a 150 mile radius of Billings. Since then, I have been honored to serve some of the most amazing people who have put it all on the line for freedom and this great nation.

Over the last few years, my practice has been negatively impacted by some insurance companies that have included in their contracts policies that allow them to dictate what fees I can charge for procedures that are not covered benefits by the respective plans. While I consider it fair, as agreed to in my contracts, to accept a reasonably lower fee for covered procedures, it is not fair for the insurance companies to force me to charge a lower fee for services that are not covered by these plans. These contracts have no provisions for negotiation, and that prevents me from being able to negotiate the terms of the agreements. It is a "Take it or leave it" proposition.

These policies result in my needing to increase all fees, because as a small business with overhead costs of 80-85% I cannot afford to absorb these write-offs forced upon me by the insurance companies for services that are not covered benefits. In turn, this affects all of my patients. This cost shift results in even higher fees for those without insurance, and this is unfair to those patients.

I am dedicated to providing the best dental care possible to my patients, effectively and efficiently, without sacrificing quality. I am very agreeable to reasonable lower fees for covered benefits as stated in my contracts, but some policies are not fair to me or my patients. Therefore, I am asking the committee to support Senate Bill 172 so that small business participating providers like me are not subject to contract provisions that I must accept when signing these contracts.

Following are some examples of non-covered services.

- Porcelain Veneers \$915 each
- Insurance changes codes for white fillings to metal fillings \$150-275 vs. \$100-200 each
- Panoramic x-ray to see wisdom teeth if taken same time as small x-rays \$98 each

I would like to thank the committee for your time to hear my concerns. Thank you.