



Good afternoon, Chairman Argall and members of the Senate Policy Committee. My name is James Mancini, and I am the President Elect of the Pennsylvania Dental Association (PDA). I currently serve as the dental director for the Meadville Dental Center. Prior to that I served as the dental director for Bradford Regional Hospital and the Salvation Army dental centers in Oil City and Johnstown. With me today is Dr. Darleen Oleski, past chair of PDA's Government Relations Committee and a current trustee of PDA. We both thank you for the opportunity to testify today.

Access to dental care in the Commonwealth is at a critical crossroads. A crisis is looming, and patients everywhere are feeling the pinch of too few dentists, but the impact is particularly acute in rural areas of the state. The average age of dentists in Pennsylvania is close to 60 and it is becoming increasingly difficult for practicing dentists to find their replacements, especially in rural areas. A study from the American Dental Association's Health Policy Institute found that Pennsylvania experienced a *negative* net migration of 13.3 percent of dentists per 100,000 residents from 2014-2024. Let me say that again: we ranked first in the nation with the number of dentists moving *out* of the state. This problem is exacerbated by the fact that Pennsylvania's overall net migration from 2020-2025 was just 0.4 percent. While the general population is choosing to stay in Pennsylvania, dentists are choosing to live and practice in other states. These statistics should alarm all of us, even those of us with dental insurance and who currently live in an area with an adequate number of dentists from which to choose.

We also have too few dental hygienists and assistants. Our members consistently report the difficulty they have recruiting and retaining dental hygienists; some even report that

they are providing hygiene services for their patients, which means they are spending less time treating more complicated oral health conditions.

Pennsylvania needs to capitalize on funding from the Rural Health Transformation program to offer incentives to dentists and dental team members. We need to offer tax breaks, tuition assistance and scholarships, and student loan forgiveness to dentists and dental team members. We need to invest in opening more dental assisting and hygiene programs at community colleges and explore opportunities to open another dental school or residency program that exposes dental students to practicing in rural areas. We should also invest in health career and technical education in high schools, particularly middle and high schools in rural areas, to improve access to the dental workforce pipeline.

Just as importantly, Pennsylvania needs to enact common sense dental insurance reforms to attract more dentists to Pennsylvania. PDA advocates for legislation to streamline the credentialing process, for notification before provider networks are leased to other parties, and for dental insurers to report their dental loss ratios so that we know the percentage of premiums that are used for dental treatment verses administrative costs. These are common sense measures that will improve transparency for patients and ease the financial burdens and administrative hassles for dentists so that they are able to provide more care and improve access for more patients.

We're here to talk to you specifically about dental networking leasing and streamlining the credentialing process, two insurance reforms that we believe will improve the business practice environment and attract more dentists, which will ultimately have a positive impact on the delivery of dental services in the Commonwealth.

Network leasing refers to a process by which a preferred provider organization (PPO) shares its network of dentists with other PPOs, so that the first PPO's in-network dentists must accept patients as in-network dentists of the other PPO. Many dentists participate

with numerous PPOs without even knowing and only find out when they receive an explanation of benefits after services are rendered. Patients are also taken by surprise with unexpected out-of-pocket expenses if the dentist's contracted fees with the leased PPO differs from the first PPO. The practice of leasing networks without prior notification causes confusion for dentists and patients. From a business perspective, dentists have greater difficulty ascertaining their practice's revenue stream as there is more volatility with reimbursement and the ability to balance bill. There are other risks associated with some leasing arrangements, including:

- Cherry-picking occurs when a dentist has signed contracts with multiple PPOs. When they use the same leased network, the lowest fee schedule among all the directly contracted PPOs are sometimes applied to all the PPOs with which the dentist participates.
- Silent PPOs are rental network arrangements in which a PPO scans all of a dentist's participation agreements to find the lowest fee schedule and then leases out the network to bind dentists to the lowest fee schedule. A silent PPO does not direct patients to the dentist as an in-network provider for the additional PPOs but it does acquire rental fees for itself while reducing fees for dentists.
- Stacking in dental network leasing occurs when a dental payer uses multiple leased networks and different fee schedules simultaneously for a single plan. This practice allows payers to access various provider networks, often resulting in dentists unknowingly participating in multiple, deeply discounted, or redundant plans, which can lower their overall reimbursement.
- Some network organizations that do not offer any PPO plans of their own but lease their networks to multiple PPOs. A dentist who contracts with one may unknowingly participate with literally hundreds of PPO plans nationwide.

Because of the potential pitfalls associated with network leasing, PDA supports legislation that requires dental insurers to notify participating providers before leasing its networks and allows dentists to opt out of the arrangements. Dentists can assess the terms of a

particular leasing arrangement and its financial impact on their practice. They can better determine reimbursement rates and avoid the unpredictability that results when a network is leased. Patients benefit from a more stable and dependable provider network and better transparency with the true cost of care.

I urge the General Assembly to do its part to attract more dentists to the Commonwealth by passing common sense dental insurance reform legislation. Having a network leasing law will help demonstrate that Pennsylvania is committed to reversing the “brain drain” when dental providers choose other states in which to practice. Let’s join the more than 20 other states that already enacted legislation to help maintain stable and viable dental practices.

I will now turn it over to Dr. Oleski to talk about another important dental insurance reform bill to streamline credentialing.