



Legislative Checkup Week

January 12-16, 2026

Please remember to take a picture with your legislator! Send the picture and provide feedback on your meeting(s) to PDA's government relations team at (800)-223-0016 or mss@pidental.org.

Credentialing Reforms (HB 554 & SB 888)

Rep. Steve Mentzer and Sen. Dave Argall introduced bills that would:

- Require use of the CAQH system for credentialing, for both applicants and insurers.
- Require insurers to notify health care practitioners within a reasonable amount of time when more information is needed to complete an application.
- Limit the credentialing period to 45 days for complete applications.
- Streamline the process for health practitioners practicing in multiple locations

What we're asking for: That legislators support credentialing reform and both HB 554 and SB 888, until one of them begins to "move" through the process and we can focus on one.

Talking points to help guide your discussion:

- It is imperative that the Commonwealth improve the business practice environment for health care practitioners. At present, less than 30 percent of students graduating from the Commonwealth's dental schools choose to practice here; they often cite a preference to practice in other states where dental insurers are held to account and treat dentists more fairly.
- Dentists who do practice in the Commonwealth often have difficulty credentialing with both commercial carriers and Medical Assistance managed care companies. Current credentialing processes may take six months or more. That results in practitioners either delaying the date they start to practice or having the administrative burden of seeking reimbursement retroactively after their credentialing application is approved. This not only costs practitioners and facilities money they need to operate, but it also potentially impacts patients' ability to access care.
- Credentialing delays are particularly difficult for those health care practitioners we strive to attract to the Commonwealth most--recent graduates who are applying for associate positions in an existing practice, and new practitioners in residency programs.
- Standardizing the credentialing process will improve the business climate for the Commonwealth's health care workforce, prevent untimely delays for practitioners who are ready to start practicing, and free up their time to focus more on patient care.

Medical Loss Ratio (HB 1325)

The Transparency of Patient Premiums Invested in Dental Care Act, introduced by Rep. Kyle Mullins, would require dental insurers to report how much they spend on administrative and patient care costs (commonly referred to as Medical Loss Ratio) for dental care. A law establishing a reporting requirement on a MLR for dentistry (“DLR”—the percentage of revenue from premiums spent on patient care)—would enhance transparency for patients seeking oral health care and make dental insurers more accountable.

What we’re asking for: That the legislature pass HB 1325 so that dental insurers must report annually their dental loss ratio (DLR) for dentistry to the Pennsylvania Insurance Department.

Talking points to help guide your discussion:

- It is estimated that 40 percent or more of patients’ unspent premiums is used to cover administrative costs rather than the actual cost of care. Patients would benefit from knowing how much of their dental plan premium is invested in dental services rather than administrative costs. It’s time for dental insurers to be more transparent to the people they serve.
- Filing an DLR report is already a requirement under the Affordable Care Act for insurers offering medical health plans. A law establishing a DLR reporting requirement—the percentage of revenue from premiums spent on patient care—would enhance transparency for patients seeking oral health care and make dental insurers more accountable. It is important for the Commonwealth to have a mechanism to obtain this information from dental insurers and make it accessible to the public.
- Data collection is essential to determining whether patients’ premiums are spent wisely and so that policymakers can make informed decisions and enact meaningful policies that improve patients’ oral health
- Four other states have laws that require DLR transparency through a reporting requirement: Maine, Arizona, California, and Washington.

Restoration of Adult Medicaid Services (HB 583)

The need to improve the dental Medicaid program in Pennsylvania has recently been in the news and on the minds of state lawmakers. Many are expressing concern about the inadequate funding to provide comprehensive services to adults, and there is a growing consensus that Medicaid dentists are not reimbursed enough.

It’s a great time to communicate with your Senator about the need to support Rep. Gina Curry’s bill for more funding to restore Medicaid dental benefits for adults and to raise fees to help recruit and retain dentists as Medicaid providers. This bill already passed the House.

It’s especially important for legislators to hear from those of you who are Medicaid providers! Please share your personal experience and any difficulties you have faced with caring for your patients.

What we're asking for: That you contact your Senator only and request support for HB 583, which allocates an additional \$19.8 million to restore adult Medicaid services that were cut in 2011. The House already passed HB 583.

Talking points to help guide your discussion:

- A 2020 study from the ADA's Health Policy Institute found that reimbursement for children's dental services is 58.5 percent of commercial insurance. Reimbursement for adult dental services is 56.1 percent of commercial insurance. Dentists' fees, which reflect the true cost of doing business, are *already reduced* by commercial insurers.
- Dentists are usually small business owners with significant overhead costs, and they often do not "break even" when treating Medicaid patients. Accepting such low Medicaid rates is not financially feasible, resulting in many choosing not to enroll or dropping out of the system altogether. The state must find a way to fairly reimburse dentists in individual or small group practices so that they can stay financially solvent and so that federally qualified health centers and other clinics do not become overburdened.
- In 2011, cuts were made to the adult Medicaid program so that it no longer includes coverage for periodontal and endodontic services, crowns and caps. It also limits dentures to one per lifetime. A restoration of adult services will:
 - Reduce out-of-pocket expenses for the poor. A study from Care Quest found that 93 percent of individuals living in poverty have unmet dental needs. Those who do seek care spend 10 times more of their annual family income compared to other families.
 - Improve job prospects for adults who suffer from missing or unsightly teeth.
 - Reduce costly emergency room visits. Pennsylvania is spending \$35 million annually for non-traumatic dental care provided in ERs.
 - Save money in the health care system when periodontal services are provided to patients with chronic conditions like diabetes.

Thank you for advocating for your profession and patients!