



March 17, 2025

The Honorable Mia Bonta, Chair  
Assembly Health Committee  
1020 N Street, Room 390  
Sacramento, CA 95814

**RE: AB 371 (Haney): Dental Coverage – SPONSOR**

Dear Chair Bonta:

The California Dental Association, representing 27,000 member dentists throughout the state, is proud to sponsor Assemblymember Matt Haney’s AB 371. This important legislation aims to hold commercial dental plans accountable and addresses several significant challenges that patients face when trying to utilize commercial dental insurance.

Californians are increasingly finding it difficult to locate in-network dentists. This challenge is not due to a shortage of dentists but rather a result of dental plans failing to offer adequate networks for consumers. Current California law mandates that the Department of Managed Health Care (DMHC) and the California Department of Insurance (CDI) assess the network adequacy of commercial dental plans to ensure they have enough providers to meet the needs of their enrollees.

Undermining this oversight is the fact that roughly half of Californians with commercial dental plans have a plan that is self-insured by their employer, known as ERISA plans, which are regulated by federal law. Because these plans fall outside of state regulatory oversight, they are not included in the network adequacy assessments, despite serving a significant number of patients. Regulators need a full and comprehensive view of all dental plan enrollees using a provider network to determine whether the plan is effectively meeting the needs of policyholders. Due to this “blind spot,” the state cannot fully evaluate whether dental plans offer enough in-network dentists and specialists, located within a reasonable time and distance from patients’ homes or workplaces, for timely access to care.

In addition to this loophole in the state’s oversight, while medical insurance plans are held to stringent time and distance standards, dental plans are not subject to the same requirements. This lack of standardization prevents patients from accessing necessary care in a timely manner. It is critical that patients have access to their routine dental needs.

Due to limited in-network options, many patients are forced to seek care from out-of-network providers. Another common frustration is that some dental plans refuse to honor a patient's

Assignment of Benefits (AOB). AOB allows patients to direct their dental benefits to their out-of-network dentist, enabling the dentist to handle payment directly. While most medical insurance plans honor AOB requests, some dental plans do not, often requiring patients to pay for care upfront, leaving them with significant out-of-pocket costs. Patients should not be penalized for choosing to see an out-of-network dentist, especially when their plan fails to provide an adequate network.

AB 371 will improve access and transparency by: 1) requiring dental plans to submit network information on all lines of commercial dental products (including ERISA plans) to DMHC and CDI when determining if a plan is meeting network adequacy standards, 2) Setting more appropriate time and distance standards for dental plans that more closely mirror primary care, and 3) requiring dental plans to comply with AOB requests from enrollees.

These improvements will ensure that patients receive better value from their dental coverage, both in terms of benefits and accessibility. **CDA is proud to sponsor AB 371 (Haney) and respectfully requests your AYE vote in the Assembly Health Committee.** If you have any questions or concerns regarding our position, please contact me at (916) 554-5968 or [eric.dowdy@cda.org](mailto:eric.dowdy@cda.org).

Sincerely,



Eric Dowdy  
Sr Legislative Advocate

cc: Members, Assembly Health Committee  
Assemblymember Matt Haney