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EME AUGUSTINI  
National Association  
of Dental Plans

August 7, 2020

The Honorable Charles Rettig  
Commissioner  
Internal Revenue Service  
1111 Constitution Avenue NW  
Washington, DC 20224

RE: Certain Medical Care Arrangements (RIN 1545-BP31)

Dear Commissioner Rettig,

The National Association of Dental Plans appreciates the opportunity to comment on the proposed rule regarding “Certain Medical Care Arrangements” (RIN 1545-BP31). The proposal would expand the definition of “medical care” under section 213(d) of the IRS Code, to include health sharing ministries and direct primary care arrangements. This would allow both arrangements to be reimbursable under employee Health Reimbursement Arrangements (HRAs).

Additionally, the administration asked for comments on the further expansion of the definitions in section 213(d) to potentially include other direct care arrangements such as “an agreement between a dentist and a patient to provide dental care, or an agreement between a physician and a patient to provide specialty care, would not be a direct primary care arrangement but nonetheless may be the provision of medical care under section 213(d).” NADP’s members provide a broad spectrum of dental coverage and benefits to over 200 million Americans. In comments on the 2019 rule (CMS-9918-F) that established HRAs, NADP stated the following principle:

- **Principle:** Employer provided or financed health benefits coverage of all types is critical to supporting the health and productivity of the workforce. While an array of options for financing coverage can be beneficial to coverage expansion and overall population health, it is important for those options to expand, not erode, coverage.

To that end, NADP recommends that any further consideration of expanding or elevating the status of direct dental care agreements or dental membership plans should ensure that potential enrollees in those plans are receiving meaningful dental coverage. The current dental benefits market is diverse and affordable, with enrollees on average paying 1/12<sup>th</sup> of medical premiums. In the last five years, dental benefits premiums have grown at an average annual rate of less than one percent. Expanding

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the section 213(d) definitions to include direct care agreements could lead to confusion among employers about the nature of such plans and their potential coverage or network limitations.

We hope that any policy changes related to dental coverage will include a further dialogue between plans, providers, patients, and the administration. NADP is appreciative of the opportunity to provide comments on the proposed rule. Questions regarding our comments should be directed to Teresa Cagnolatti, Director of Government and Regulatory Affairs, at [tcagnolatti@nadp.org](mailto:tcagnolatti@nadp.org) or 972-458-6998 x111. Again, thank you for your consideration.

Sincerely,



Eme Augustini  
Executive Director

**NADP Description:**

NADP is the largest non-profit trade association focused exclusively on the dental benefits industry. NADP's members provide dental HMO, dental PPO, dental Indemnity and discount dental products to 200 million Americans with dental benefits. Our members include the entire spectrum of dental carriers: companies that provide both medical and dental coverage, companies that provide only dental coverage, major national carriers, regional, and single state companies, as well as companies organized as non-profit plans.

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