

April 1, 2025

Dear Chair Patterson, Vice Chair Hayden & Members of the Senate Health Care Committee:

On behalf of the Oregon Dental Association and the nearly 2,000 dentists we represent, we urge you to support Senate Bill 532, which would offer more reliability and predictability for patients and their dentists and make dental insurance laws consistent with medical insurance.

Dental insurance should be clear and fair for both patients and dentists. Currently, dental insurance companies operate according to their own rules. They delay payments. They refuse to allow patients seeing an out-of-network dentist to direct their insurance payment for covered services directly to the dentist. And they can refuse to honor payment on previously authorized services or demand repayment for payment errors made by the insurer even years later, creating surprise billing for patients.

Senate Bill 532 seeks to reform three dental insurance issues: prompt pay, retroactive denials, and assignment of benefits, which will create a better dental insurance structure that protects both patients and providers, and removes financial uncertainties for both parties.

First, a common practice in insurance billing called retroactive denial allows insurance companies to require dentists to repay claims already paid to them when insurers discover they paid a claim mistakenly, even if the claim was processed years ago. Retroactive denials often result in an unexpected bill for patients and erodes trust between patients and their dentists, creating uncertainty that can keep patients from seeking care in the future. House Bill 532 would limit the time frame within which an insurer may demand a refund on a claim they have paid. Most of the existing retroactive denial laws limit the time allowed for insurer recoupment to around 12 to 24 months. HB 532 proposes adjusting this timeline to 18 months, which is consistent with medical insurance.

Second, when a patient is receiving care from an out-of-network dentist and wants to send the insurance payment directly to that dentist, known as assignment of benefits, insurers can refuse to send that payment directly to the provider. As a result, a patient may be forced to pay the provider at the time of services and then wait for reimbursement from their insurance, which can cause a financial burden to patients. Further, this creates an administrative burden for dental offices and can be confusing when the dentist has to contact a patient about payment. An assignment of benefits law would allow patients to direct their insurance to send payment directly to their provider. Under this new law, insurance companies would pay providers no more than if they paid the patient directly—and often save money if they aren't required to issue a paper check.

Finally, dentists often encounter unpredictability and delays when getting paid by insurers. Claim payments are vital revenue for many dental offices, and when prompt payment is not received, dentists may have trouble paying staff and other administrative expenses. This is particularly significant as operational costs have dramatically

increased while insurer payments have not kept pace. A prompt pay law helps hold payers accountable so that dentists can focus on patient care and not on accounting delays. ODA is asking that dental issuance laws are consistent with existing medical insurance laws, which require an insurer pay a clean claim or deny the claim no later than 30 days after the date on which the insurer receives the claim.

Patients and providers deserve a better dental insurance structure that protects patients, removes financial uncertainties, and makes dental insurance laws consistent with medical insurance. We urge you to support Senate Bill 532.

Sincerely,



Caroline Zeller, DDS
President, Oregon Dental Association