

Oregon Dental Association

2026 Legislative Priorities:

Dental Insurance Reform



Oregon's dentists are advocating for three minor dental insurance reforms included in the 2026 omnibus health care bill (HB 4040) that would align dental insurance with medical insurance laws. These reforms will benefit both patients and dentists and have been carefully negotiated with insurers.

Assignment of Benefits | HB 4040, Section 25

The Problem. When a patient seeing their out-of-network dentist wants the insurance payment for covered services to go directly to the dentist, known as “assignment of benefits,” insurers can refuse to do so in Oregon. Not allowing assignment of benefits has two negative effects for patients:

- The patient may have to pay at the time of dental service and await reimbursement from their insurer
- The dentist will have to contact the patient for payment after services have been rendered, which is often confusing to patients who expect their insurers to pay providers directly

The Solution. Assignment of Benefits laws require insurers to follow a patient’s request to pay their dentist directly for services rendered. Under this new law, insurance companies would pay providers no more than they would if they paid the patient directly — and often save money if they aren’t required to issue a paper check.

Prompt Pay | HB 4040, Section 23

The Problem. Dentists often encounter unpredictability and delay associated with getting paid for services provided from insurance companies. Claim payments are vital to the income stream for many dental offices, and when prompt payment is not received, dentists may have trouble paying staff and other expenses. This is particularly significant as operational costs have dramatically increased while insurer payments have not kept pace.

The Solution. The ODA is seeking consistency between dental issuance and medical insurance laws. HB 4040 requires an insurer pay a clean claim or deny the claim not later than 45 days after the date on which the insurer receives the claim. Dental-specific prompt pay laws have been passed in 46 other states.

Retroactive Denial | HB 4040, Section 24

The Problem. Currently, insurance companies can audit claims indefinitely and bill dentists for any overpayment they may have received—even if the claim is processed years ago. Insurance companies should have an avenue to collect overpayments, but the time frame should be reasonable.

The Solution. HB 4040 gives insurers 18 months to retroactively audit and deny claims. This is consistent with the timeline that medical insurers are subject to. This reasonable time frame allows small dental practices to settle their books, and mitigates surprise bills years down the line.

Please support oral health care patients and providers in Oregon by voting YES on HB 4040 with the three dental insurance reform concepts included.