

Patient Dental Insurance Dollars Should Be Spent on Patient Care

I'm Dr. Tessa Lagein and I've been a dentist for 12 years in Valley City, ND. I live in a small town where patients aren't only our patients, but are also our children's coaches, teachers, caregivers etc that we have grown to care about more than just the care of their mouth and oral care.

Patients who pay monthly premiums for dental insurance expect that insurance will pay for their dental care. As a dentist, unfortunately, I have seen that this is not always the case, causing major problems for patients. The State Legislature can provide a solution by requiring that at least 83% of patients' dental insurance premium dollars are spent on patient dental care.

I have this discussion far too often with many of my patients. Once treatment options have been viewed and determined for the patient's best interest, they bring up the same question. "How much does my insurance cover?" It is a very difficult discussion to have. It often is the determining factor for their dental care, not what the best clinical choice for their body is. All this money spent for dental coverage, yet very little is paid by the insurance company toward treatment. This situation, unfortunately, leads to delayed treatment, or sometimes, no treatment at all.

This problem isn't unique to my patients, or patients in North Dakota. Nearly half of American adults say they find it difficult to afford healthcare costs. They also say they are more likely to put off oral healthcare than any other type of care. When patients can not get the dental treatments they need, oral health problems can get much worse, leading to more extensive and expensive treatment down the road. Research has also shown that poor dental health is linked to conditions such as strokes and academic and employment challenges. Sadly, I see these real-life consequences in my practice. According to available data, a quarter of dental premiums are currently being spent by insurance companies on things like executive salaries, administrative costs and boosting profits — none of which directly benefit patients. Some insurers spend far more. While highly paid executives and shareholders reap the benefits, patients pay the price.

The State legislature can help protect dental patients by requiring that dental insurers spend at least 83% of the premiums they collect on patient care. If insurers do not meet this standard, they must refund the difference to patients or, if an employer is paying the premiums, to the employer. This law, known as Medical Loss Ratio, would increase transparency in dental insurance and help keep both premiums and out-of-pocket costs more manageable for patients.

It is also a tried-and-true strategy. Medical insurance carriers in Our State are already required to adhere to such standards, but currently, Our State does not apply the same standard to dental insurance. While dental insurers may say this is an unreasonable standard that will force them to stop selling insurance in Our State, we know this is simply untrue. Health insurers remain profitable under similar standards, and have in fact continued to increase their net income.

Some dental insurers already meet the 85% standard, but with no transparency and no minimum standard, some fall short. It is time to pass a law to ensure all patients get good value for the premiums they pay.

Dental patients know their dental insurance is not serving them well. That is why 72% of Massachusetts voters from across the political spectrum voted to adopt Medical Loss Ratio for dental insurance in November. Our State patients deserve the same protections.

Our lawmakers have the power to make it happen, and they should do so without delay this year.

Thank you for your consideration

Dr.Tessa Lagein

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