

Dental/DSO Industry Newsletter

In This Issue

Calendar of Events2

Q&A

Can Captive Insurance Be a Strategic Tool for DSOs?3

Key Findings

DSO Growth is Still Active, But Buyers Are More Selective5

Operational Standardization, Workforce Flexibility and AI Are Becoming Core DSO Priorities.....5

General Dentistry News

Organized Dentistry Presses for Federal Funding and Leadership Restoration.....6

Colorado Enacts Dental Insurance Network-Leasing Reform6

DSO Acquisition Demand Remains Strong Amid Tighter Diligence Standards7

Virginia Expands Dental Workforce Scope and Licensure Pathways.....7

DSO Expansion & Consolidation

Heartland Dental Expands Through April de novos and Affiliations.....8

Parkview Dental Partners Acquires VIP Dental in Palm Harbor, Florida.....8

Other DSO News

Dental Intelligence Integrates Engagement Suite with Denticon8

The Next Phase of DSO Growth: Fragmented Revenue to Standardized Models8

Private Equity

Dental Care Alliance Completes Lender-Led Restructuring Backed by Existing Sponsors.....9

Havencrest Completes Majority Recapitalization of OFFOR Health9

Partnerships and Innovation

Archy Launches Native AI Clinical Documentation Tool9

Pearl Enhances Dentrax Ascend with AI Integration10

DentScribe Expands AI across the Dental Workflow10

3Shape Dx Software Gains FDA Clearance.....10

SOTA Cloud Launches Smart Sensor for AI-Enhanced Imaging.....10

Pearl Introduces Ambient Voice AI Suite for Dentistry11

Pearl and RipeGlobal Partner to Advance Dental AI.....11

Litigation

ADA Urges FTC Healthcare Task Force to Scrutinize Dental Insurance Markets11

Absolute Dental Data Breach Class Action Settlement.....11

Maryland Orders Cigna to Stop Automatic Downcoding, Issues \$80,000 Fine12

ADA Raises Concerns about CMS CRUSH Anti-Fraud Initiative12

Staffing

GoTu Study Examines Dental Workforce Challenges12

We Have a Major Dental Hygienist Shortage. It's Unlikely to Go Away Soon13

Virginia Governor Signs ADA-Supported Workforce Bills into Law14

New DentalPost Industry Salary Report Results: A Glimpse of Optimism For 2026?14

Calendar of Events

ADSO Summit 2026

JUNE 15–17, 2026
Chicago, IL

The ADSO's official Summit page says Summit 2026 is designed to bring together not just CEOs, but broader management teams across operations, finance, IT, HR, marketing, clinical and compliance. Group Dentistry Now's event listing adds that the Summit is planned by DSOs for DSOs, is being held in Chicago, and is structured around thought leadership, innovation, networking and peer connections on the most pressing issues in the dental industry. The posted agenda includes sessions on state of the industry and value creation, consumer trends, AI and building high-performing teams, along with a solutions center and multiple networking events.

For more information, please click [here](#).

Florida Dental Conference 2026

JUNE 25–27, 2026
Orlando, FL

Situated at the Gaylord Palms Resort & Convention Center in Orlando/Kissimmee, this event offers comprehensive continuing education, a large exhibit hall featuring new dental products and services, and business forums. The conference addresses specific challenges and opportunities for DSOs in fast-growing markets like Florida.

For more information, please click [here](#).



Please contact us if you would like to post information regarding our upcoming events or if you'd like to guest author an article for this newsletter.

Kayleigh DeLaet, Marketing Content & Brand Specialist
kdelaet@beneschlaw.com

Dental Leadership Summit

SEPTEMBER 16–18, 2026
Austin, TX

The 2026 Dental Leadership Summit will take place Sept. 16–18 in Austin, Texas, and is aimed at dentist/DSO executives, industry partners, and DSO staff. The agenda includes operations, marketing, technology, financial growth, AI, culture and a “DSO Diagnosis Panel” focused on the state of group practices.

For more information, please click [here](#).

DSO Tech Summit 2026

SEPTEMBER 23–24, 2026
Nashville, TN

The official DSO Tech Summit site says the 2026 theme is “Optimization & Trust” and frames the event around helping DSO leaders move from chasing new tools to getting more value from what they already use. The event materials emphasize technology optimization, platform consolidation, measurable ROI, and trust in AI, automation, cloud platforms, and data decisions. Group Dentistry Now's companion event listing describes the summit as focused on the next chapter in dental technology leadership and notes that the event is meant to be small and intentionally curated, without the standard trade-show separation between attendees, speakers and vendors.

For more information, please click [here](#).

DEO Revenue Intensive 2026

SEPTEMBER 24–26, 2026
Austin, TX

DEO lists Revenue Intensive 2026 for Sept. 24–26 in Dallas, Texas. The event is for DEO members and targets dental owners and executive leaders, with programming around revenue strategy, peer learning and hands-on training. DEO says its events bring together dental entrepreneurs, group practice owners and executive leaders, including groups from \$1.2 million to \$100 million-plus in revenue, making it relevant to emerging DSOs and multi-location dental groups.

For more information, please click [here](#).



Helio Risk (www.heliorisk.com), a captive design and management firm with offices around the country, partners with businesses to turn insurance premium expenses into economic assets. Helio Risk allows businesses to mitigate risk, reduce premium costs, increase financial stability, and create opportunities for financial growth through captive investments. Helio Risk's expertise allows businesses to shine while managing the structure and process of risk financing.

Can Captive Insurance Be a Strategic Tool for DSOs?

As DSOs grow in size and complexity, traditional insurance structures may not always keep pace with their operational, regulatory and financial risk profiles.

Q: Why are insurance issues more complicated for DSOs than for traditional dental practices?

Scale changes everything—and so does regulatory complexity. A single-location practice typically carries a straightforward professional liability policy, a general liability policy, and perhaps a business owner's package. A DSO operating across multiple states, with layered holding company structures, centralized management services agreements (MSAs), and affiliated professional corporations (PCs), presents a fundamentally different underwriting profile. Coverage coordination failures between entity-level and enterprise-level policies, gaps created by corporate practice of dentistry prohibitions, and ambiguities in "insured vs. insured" exclusions create material exposures. Most commercial programs are not actuarially designed to address the interplay between management company operations and clinical entity exposures, leaving DSOs exposed to coverage disputes at the time of claim, which is precisely when the organization can least afford uncertainty.

Q: Which risks tend to be most significant?

The risk taxonomy is broader than most DSO executives appreciate, and the frequency-severity profile is shifting. Directors and Officers (D&O) exposure escalates with every acquisition, equity raise, and board-level compliance decision, particularly where fiduciary duties run to multiple stakeholder classes, including private equity sponsors, management, and affiliated dentists. Professional liability risk (i.e., dental malpractice risk) intensifies as patient volume increases and as DSOs expand into higher-acuity services such as oral surgery, sedation dentistry, and pediatric specialties, each of which carry distinct loss-

development characteristics. Cyber liability and privacy exposure is also amplified by centralized electronic health record (EHR) systems, billing platforms, and patient portals that are subject to HIPAA, state data breach notification statutes, and increasingly, state consumer privacy laws (e.g., CCPA, TDPSA). Employment practices liability (EPL), including claims of harassment, wage-and-hour violations, misclassification of independent contractor dentists, and wrongful termination scales directly with headcount and geographic footprint across multiple jurisdictions with materially different employment law regimes. Regulatory liability such as exposures arising out of state dental board investigations, False Claims Act qui tam actions, and Anti-Kickback Statute enforcement, represents a category of risk that most commercial carriers either exclude or use sublimits to limit or exclude coverage. These are not theoretical risks but represent active claims trends in the sector.

Q: Where does captive insurance fit in?

A captive is a fully licensed, regulated insurance company. Captives are domiciled and supervised by the department of insurance in its jurisdiction of formation, but they are owned by and operated exclusively by and for the benefit of its parent organization and affiliated insureds. Unlike commercial risk transfer arrangement, where premiums and underwriting profits inure to the insurance carrier, a captive retains underwriting margin and investment income within the enterprise's consolidated economic structure. For DSOs operating in a commercial insurance market characterized by capacity constraints, aggressive exclusionary language, and premium volatility driven by adverse dental malpractice loss trends, a captive

Q&A (cont'd)

provides a structural mechanism that can achieve sound pricing, bespoke policy language, and long-term cost stability. From a regulatory and tax perspective, a properly structured captive must satisfy the IRS's risk distribution and risk shifting requirements, maintain adequate capitalization, and operate with genuine insurance company attributes, which include independent actuarial reserving, claims administration, and regulatory filings in order to preserve the tax deductibility of premium payments.

Q: What are the real advantages?**Two words: economics and risk**

On the economic efficiency side—Premiums ceded to the captive that are not consumed by incurred losses or operating expenses such as captive management fees, actuarial costs, and reinsurance premiums remain within the captive's surplus, where they generate investment income and can compound over successive policy periods. Over a multi-year horizon, this retained capital can materially reduce the DSO's total cost of risk (TCOR) as compared to a fully commercially insured program, particularly where the organization maintains a favorable or downward-trending loss experience. Additionally, the captive's loss fund operates as a dedicated reserve that provides balance sheet visibility and predictability that annual commercial renewals cannot offer, as they are subject to market cycle volatility and carrier appetite shifts.

On the risk governance side—A captive can give the DSO control over policy manuscript language that eliminates problematic commercial market terms that prejudice the insured when a claim arises. For example, removal of "consent to settle" clauses can alleviate impediments to efficient claims resolution; elimination of "batch" or "related claims" aggregation provisions that artificially erode per-claim limits; deletion of "insured vs. insured" exclusions that bar coverage for intra-organizational disputes (particularly relevant in DSO structures with multiple affiliated entities); broadening of the definition of "professional services" to encompass management company activities that commercial carriers may characterize as non-covered administrative functions; and expansion of defense cost provisions to include regulatory investigations, dental board proceedings, and pre-suit demand responses. The captive policy can also be structured to address emerging risk categories such as allegations arising from AI-assisted diagnostic tools, teledentistry platforms, or corporate practice of dentistry challenges where a commercial carrier

has yet developed adequate coverage forms.

Q: Does a captive mean walking away from commercial insurance entirely?**No. For most organizations, complete displacement of the commercial market would be neither actuarially prudent nor strategically advisable.**

The most effective captive programs employ a blended or "layered" approach where: (1) the captive funds a retained layer (typically structured as a deductible reimbursement, self-insured retention (SIR) or a primary layer up to a defined attachment point); and (2) commercial excess or reinsurance capacity sits above the captive's retention. This architecture achieves several objectives by positioning the DSO as a more attractive risk to excess carriers (demonstrating that the DSO has "skin in the game"), which generally reduces commercial premium spend by retaining predictable, high-frequency / low-severity losses, and preserves access to commercial capacity for catastrophic or systemic loss events that exceed the captive's capitalization. The specific attachment points and layer structure should be determined through actuarial analysis of the DSO's historical loss data, projected growth trajectory, and risk tolerance, and this should be revisited annually as the organization's risk profile evolves through organic growth or acquisition, geographic expansion, or service line diversification.

Q: What's the bottom line for DSO leaders?**Insurance should function as an integrated component of enterprise risk management and not a procurement exercise.**

For a DSO with sufficient scale, operational maturity, and risk management infrastructure, a captive is not a cost-reduction mechanism. It is a strategic vehicle that looks to retain underwriting profit, customize coverage to the organization's actual risk profile, achieve long-term actuarial cost stability, enhance claims governance, and build surplus that strengthens the enterprise's financial resilience and balance sheet positioning, while maintaining regulatory compliance and preserving tax efficiency. The threshold question for DSO leadership is whether the organization's premium volume, loss history, and risk management capabilities justify the formation and operational costs of a regulated insurance entity. Collaborating with insurance coverage counsel, captive management professionals, qualified actuaries, and tax advisors can help DSOs determine whether a captive is a viable option while ensuring it is structured correctly from inception.

Key Findings

DSO Growth is Still Active, But Buyers Are More Selective

Consolidation is shifting from pure scale to quality, density and diligence

The DSO market continues to show active consolidation, but the tone of the market appears more disciplined than in prior growth cycles. The clearest signal is the TUSK Practice Sales report cited in [Dentistry Today](#) and its corporate [press material](#), which found that demand for high-quality dental practices remains strong, especially as many dentists approach retirement. At the same time, buyers are applying tighter due diligence standards, focusing on revenue stability, staffing levels, payer mix, operational efficiency, provider retention and transition risk. This suggests that DSOs and PE-backed platforms are still pursuing acquisitions but are being more strategic about target quality and post-closing performance.

Recent DSO activity supports this trend. [Heartland Dental's April activity](#) included both de novo openings and affiliated offices across several states, showing that large DSOs are still using multiple growth channels. Parkview Dental Partners' recent [acquisition](#) of VIP Dental reflects the trend toward regional density-building in Southwest Florida rather than scattered expansion. In private equity, Dental Care Alliance's lender-led [restructuring](#), and TUSK's [finding](#) that 78% of surveyed DSOs anticipate recapitalizations within 12 to 36 months, point to a market where capital structure, refinancing and sponsor timelines may shape future M&A activity. Together, this shows evidence that the DSO market remains acquisitive, but legal work may increasingly involve deeper diligence, employment and provider-retention analysis, payer review, transaction structuring, restructuring support and integration planning.

Sources (multiple): Dentistry Today; Group Dentistry Now; PR Newswire; Business Observer.).

Operational Standardization, Workforce Flexibility and AI Are Becoming Core DSO Priorities

DSOs are investing in systems, staffing models and technology to support scalable growth

A second major trend is that DSOs are increasingly focused on making growth operationally sustainable. Group Dentistry Now's [coverage](#) of a dental-leader survey emphasized that many multi-location organizations have already scaled geographically, but still face inconsistency in patient engagement, workflows and revenue generation. That aligns with the Dental Intelligence/Denticon [integration](#), which shows continued investment in patient communication, scheduling, payments, forms, reminders, reviews and front-office workflow tools. The broader takeaway is that DSOs are not just adding practices; they are trying to standardize how those practices operate.

Workforce pressure is another major driver. [ADA News](#) reported Virginia's new workforce laws, including a licensure pathway for internationally trained dentists to become hygienists and expanded duties for trained dental assistants. The [ADA Health Policy Institute](#) reported continued hygienist shortages, and [Dentistry Today's GoTu](#) coverage highlighted burnout, compensation pressure, benefits gaps and short tenure among dental workers. For DSOs, these staffing issues affect scheduling capacity, hygiene production, growth planning and retention strategy.

Innovation is also accelerating this operational shift, which shows a wave of AI and workflow tools entering dental operations, including Pearl's Dentrix Ascend [integration](#), [Pearl Voice](#), DentScribe's [expanded](#) workflow

Key Findings (cont'd)

AI, [Archy Scribe](#), [3Shape Dx's FDA-cleared AI-assistive software](#), and SOTA Cloud's AI-enhanced imaging [sensor](#). These tools are aimed at documentation, diagnosis, imaging quality, perio charting, claims support, patient communication and administrative efficiency. For DSOs, this creates potential legal and business work around vendor contracts, data use, privacy, clinical documentation standards, regulatory review, implementation risk and cross-location compliance.

Sources (multiple): Group Dentistry Now; ADA News; ADA Health Policy Institute; Dentistry Today; Business Wire.

General Dentistry News

APRIL 30, 2026

Organized Dentistry Presses for Federal Funding and Leadership Restoration

National dental organizations, led by the ADA, intensified federal advocacy efforts by urging Congress to increase funding for oral health programs in the FY2027 budget and to restore dedicated dental leadership roles within the Department of Health and Human Services (HHS). The requests focus on expanding support for the CDC's Division of Oral Health, HRSA workforce training programs and National Institute of Dental and Craniofacial Research (NIDCR) initiatives. A subsequent coalition letter raised concerns about potential reductions in oral health infrastructure and emphasized the importance of sustained federal investment in workforce development, disease prevention and research. These efforts highlight ongoing policy attention to systemic gaps in oral health access and infrastructure. For the dental industry, increased federal funding could influence grant opportunities, public-private partnerships and workforce pipeline development, while leadership changes at HHS may shape regulatory priorities and program direction in the coming years.

Source: ADA News

APRIL 29, 2026

Colorado Enacts Dental Insurance Network-Leasing Reform

Colorado passed legislation aimed at regulating the practice of dental insurance network leasing, a model where insurers extend discounted provider rates to third-party payers without direct dentist consent. The new law requires insurers to obtain explicit opt-in approval from dentists before their participation agreements can be leased and mandates clear disclosure of all entities accessing contracted rates. It also includes anti-retaliation provisions protecting dentists who decline participation in leased networks. The measure reflects a broader push among states to address transparency and reimbursement concerns tied to complex payer arrangements.

Source: ADA News

General Dentistry News (cont'd)

APRIL 22, 2026

DSO Acquisition Demand Remains Strong Amid Tighter Diligence Standards

Recent reporting on DSO market conditions indicates that consolidation activity remains active, with continued interest from buyers despite evolving market dynamics. According to a TUSK Practice Sales analysis, demand for high-quality dental practices continues to outpace supply, particularly as a significant cohort of dentists approaches retirement. However, buyers, including DSOs and private groups, are applying more rigorous diligence standards than in prior years. Key evaluation areas now include revenue stability, staffing levels, payer mix, operational efficiency and provider retention risk. This shift suggests a maturing transaction environment where scale alone is insufficient, and operational fundamentals play a larger role in valuation and deal execution. The trend has implications for transaction structuring, representations and warranties, employment agreements and post-acquisition integration strategies. It may also result in longer deal timelines and increased focus on compliance and financial transparency.

Source: Dentistry Today

APRIL 14, 2026

Virginia Expands Dental Workforce Scope and Licensure Pathways

Virginia enacted two workforce-focused bills designed to address access-to-care challenges and staffing shortages. One creates a pathway for internationally trained dentists to obtain licensure as dental hygienists, potentially accelerating workforce entry for foreign-trained professionals. The second expands the scope of practice for dental assistants, allowing them to perform certain preventive procedures, such as supragingival scaling and coronal polishing, under dentist supervision after completing approved training. These changes reflect a broader national trend toward expanding mid-level provider roles and increasing workforce flexibility. For DSOs and multi-site practices, the reforms may alter staffing models, delegation protocols and supervision requirements. They may also necessitate updates to compliance programs, credentialing processes and training standards. Over time, similar legislative efforts in other states could materially reshape how dental services are delivered, particularly in underserved areas.

Source: ADA News

DSO Expansion & Consolidation

MAY 1, 2026

Heartland Dental Expands Through April de novos and Affiliations

Heartland Dental's April activity included six de novo openings across Maryland, Virginia, North Carolina, Florida and Tennessee, plus five affiliated offices across four states. The activity shows Heartland using both new-office development and practice affiliation to expand market coverage. The mix of openings and affiliations also signals continued large-platform appetite for growth in multiple regional markets.

Source: Group Dentistry Now

APRIL 23, 2026

Parkview Dental Partners Acquires VIP Dental in Palm Harbor, Florida

Parkview Dental Partners acquired VIP Dental, a general dentistry practice in Palm Harbor, Florida, expanding Parkview's Southwest Florida presence and bringing its total practice count to 25. The acquisition also increases Parkview's density in the Tampa Bay area and adds a high-volume practice with extended-hours, seven-day-per-week, same-day and emergency dental services. The strategic relevance is that Parkview is not just adding one office; it is building regional scale along Florida's Gulf Coast and adding an access-oriented care model that may require operational integration, employment, payer and patient-continuity work.

Source: PR Newswire

Other DSO News

MAY 4, 2026

Dental Intelligence Integrates Engagement Suite with Denticon

Dental Intelligence announced that its Engagement Suite is now integrated with Denticon, Planet DDS's cloud-based practice management system. The integration gives Denticon users access to patient communication, scheduling, payments, digital forms, reminders, team messaging, reviews and other workflow tools. For DSOs and dental groups, the significance is operational scale: integrated platforms can reduce manual work, improve scheduling, support patient retention and standardize front-office workflows across locations.

Source: Group Dentistry Now

APRIL 17, 2026

The Next Phase of DSO Growth: Fragmented Revenue to Standardized Models

Group Dentistry Now discussed a Becker's Healthcare and Clerri survey of 105 dental leaders, most from multi-location organizations with at least 20 practices and \$50 million-plus in annual revenue. The article's central point is that many DSOs have scaled geographically, but patient engagement, workflows and revenue generation remain inconsistent across locations. The trend is important because the next phase of DSO growth may depend less on simply adding offices and more on standardizing systems, revenue models and operating playbooks across existing platforms.

Source: Group Dentistry Now

Private Equity

APRIL 24, 2026

Dental Care Alliance Completes Lender-Led Restructuring Backed by Existing Sponsors

Dental Care Alliance (DCA), a major DSO historically backed by private equity, completed a significant balance-sheet restructuring with its lender group. The transaction reduced debt by over \$1 billion, added new capital and extended maturities. While not a new PE platform investment, it reflects a broader private equity trend of portfolio stabilization and repositioning, particularly for large DSOs navigating higher interest rates and operational pressures. The restructuring positions DCA to maintain operations across its 400+ affiliated practices and potentially re-enter a more active growth phase.

Source: Business Observer,

APRIL 20, 2026

Havencrest Completes Majority Recapitalization of OFFOR Health

Havencrest Capital Management, a Dallas-based healthcare private equity firm, completed a majority recapitalization of OFFOR Health, which provides office-based anesthesia services for complex pediatric dental procedures. OFFOR operates in Ohio, Tennessee, Illinois, Pennsylvania and Kentucky, and sends integrated clinical teams and equipment into dental offices. The investment is relevant to dental PE trends because it supports a dental-adjacent platform serving pediatric dental providers, with capital intended to accelerate geographic expansion and scale access to office-based anesthesia services.

Source: PR Newswire

Partnerships and Innovation

MAY 4, 2026

Archy Launches Native AI Clinical Documentation Tool

Archy launched Archy Scribe, an AI documentation tool built directly into its practice management system (PMS). Unlike standalone scribes, it uses patient chart data, treatment history and planned procedures already inside the PMS to generate SOAP notes, fill custom templates and support voice perio charting. Archy also said additional AI agents are planned for claims processing, benefits verification and patient communications, signaling a broader move toward embedded AI practice-management infrastructure.

Source: Dentistry Today

Partnerships and Innovation (cont'd)

MAY 1, 2026

Pearl Enhances Dentrrix Ascend with AI Integration

Pearl announced a native integration with Henry Schein One's Dentrrix Ascend cloud platform. The integration allows Pearl's AI findings to appear directly as X-rays are captured, without separate logins, manual exports or parallel windows. This is a notable partnership because it embeds diagnostic AI directly into a widely used practice management workflow, reducing implementation friction for practices and groups.

Source: Dentistry Today

APRIL 29, 2026

DentScribe Expands AI across the Dental Workflow

DentScribe expanded its AI platform beyond basic note generation into a connected workflow covering morning huddles, chairside reminders, SOAP notes, perio charting, treatment coordination, after-care summaries, referrals and PMS-connected documentation. The company specifically framed the product as useful for DSOs and practice owners because it can surface missed opportunities, improve handoffs and give leaders better visibility into daily practice operations.

Source: Dentistry Today

APRIL 28, 2026

3Shape Dx Software Gains FDA Clearance

3Shape received FDA 510(k) clearance for its Dx software in the U.S. Dx Plus uses AI-assistive technology with TRIOS 6 scans to help detect conditions such as caries, plaque, tooth wear and gingival recession. The product also supports patient communication by visualizing findings over time, making it relevant to diagnostic workflow, treatment acceptance and digital dentistry adoption.

Source: Dentistry Today

APRIL 22, 2026

SOTA Cloud Launches Smart Sensor for AI-Enhanced Imaging

SOTA Cloud launched a digital X-ray sensor designed to work with its cloud imaging software. The system uses AI-powered image enhancement and automated quality control to identify issues such as cone cuts, missed anatomy, overexposure, underexposure and excess noise. The product is positioned as a workflow and efficiency tool, helping practices reduce retakes, improve image consistency, and support documentation and claims processes.

Source: Dentistry Today

Partnerships and Innovation (cont'd)

APRIL 8, 2026

Pearl Introduces Ambient Voice AI Suite for Dentistry

Pearl launched Pearl Voice, an AI documentation tool designed to automate clinical notes and support voice-enabled perio charting. The product expands Pearl's platform beyond radiographic AI into broader clinical workflow support, connecting diagnosis, documentation and operations. For dental groups and DSOs, the significance is reduced administrative burden, more standardized records and smoother provider handoffs.

Source: Business Wire,

APRIL 6, 2026

Pearl and RipeGlobal Partner to Advance Dental AI

Pearl partnered with RipeGlobal to combine dental AI technology with cloud-based clinical education. The partnership gives Pearl subscribers access to RipeGlobal's educational resources, intended to help clinicians and staff understand and implement AI in daily practice. The article emphasized that the collaboration is especially relevant

Source: Dentistry Today

Litigation

APRIL 30, 2026

ADA Urges FTC Healthcare Task Force to Scrutinize Dental Insurance Markets

The ADA asked the FTC's Healthcare Task Force to examine competition and transparency issues in dental insurance markets. The letter raised concerns about insurer concentration, limited provider alternatives, narrow networks, administrative barriers, ERISA-related accountability gaps and Medicare Advantage dental benefit transparency. This is not a lawsuit, but it is relevant to potential legal work because it could lead to antitrust, consumer-protection, regulatory or market-conduct scrutiny involving dental insurers and payer-provider contracting.

Source: ADA News

APRIL 10, 2026

Absolute Dental Data Breach Class Action Settlement

A proposed class action settlement was announced involving Absolute Dental Group over a 2025 data incident that may have exposed personal information. The settlement is relevant to DSOs and dental groups because it highlights privacy, cybersecurity, patient-data handling, notice obligations and class action exposure for multi-site dental operators. This is a stronger fit than small malpractice litigation because it involves enterprise-level data risk and potential operational/legal implications for dental platforms.

Source: PR Newswire

Litigation (cont'd)

APRIL 7, 2026

Maryland Orders Cigna to Stop Automatic Downcoding, Issues \$80,000 Fine

Maryland's Insurance Administration fined Cigna and ordered it to stop automatic downcoding of evaluation and management claims. Although the order involved medical E/M claims rather than dental claims, ADA News framed it as relevant to dentists because it shows regulators scrutinizing automated claim reductions and requiring insurers to formally dispute claims instead of unilaterally lowering reimbursement. This could signal broader legal and regulatory attention to payer automation, reimbursement transparency and claims-processing practices affecting providers.

Source: ADA News

APRIL 2, 2026

ADA Raises Concerns about CMS CRUSH Anti-Fraud Initiative

The ADA responded to CMS's proposed CRUSH anti-fraud initiative, which would use AI and real-time data analytics to identify suspicious payments across Medicare, Medicaid and marketplace programs. The ADA warned that certain proposals, including expanded enrollment requirements and payment suspensions, could create unintended consequences for dental practices and Medicare Advantage supplemental dental networks. This is not litigation, but it is a significant enforcement risk item because it points to increased federal fraud, waste and abuse scrutiny using AI-driven tools.

Source: ADA News

Staffing

APRIL 30, 2026

GoTu Study Examines Dental Workforce Challenges

Dentistry Today covered GoTu's 2026 State of Work Report, developed with the American Dental Hygienists' Association and based on nearly 8,000 hygienists, dental assistants and associate dentists. The report found sustained workforce pressure: 59% received no raise, 74.7% received no bonus, 44.7% lacked benefits and burnout affected 54.1% of dental professionals, including 60.6% of hygienists. It also found high mobility, with 64% saying their longest tenure at any practice was five years or less. For DSOs, the findings point to retention risk, compensation pressure, culture issues and greater use of temporary or flexible staffing models.

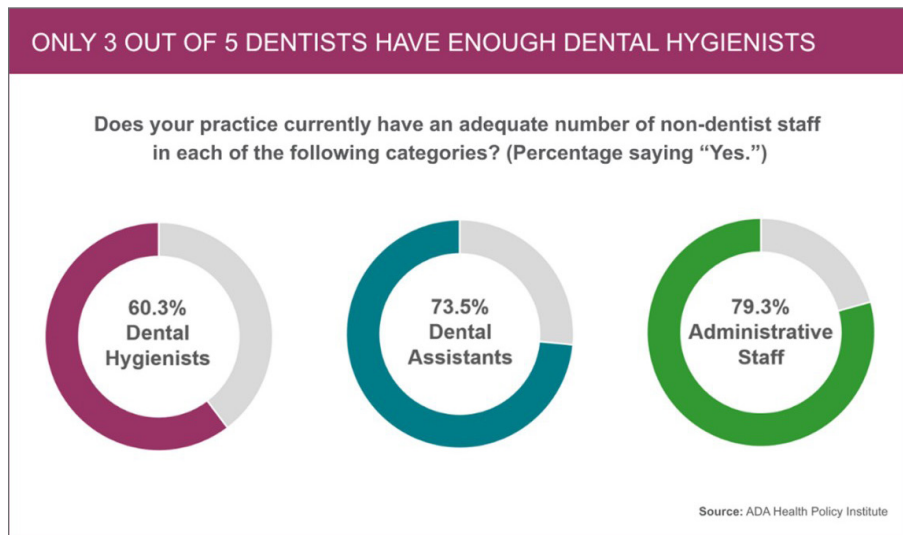
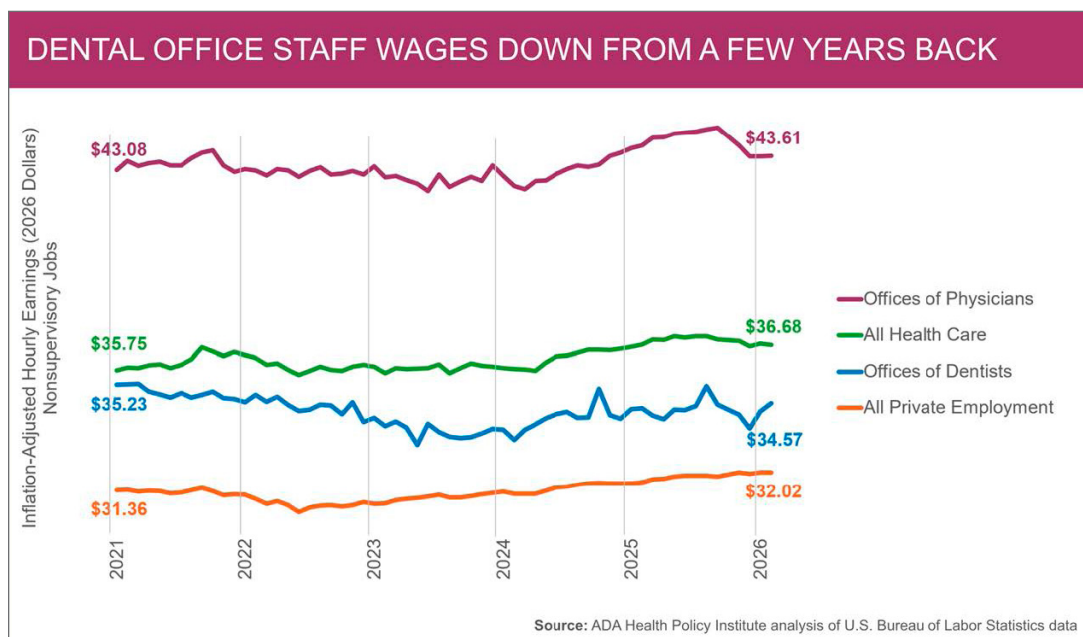
Source: Dentistry Today

Staffing (cont'd)

APRIL 2026

We Have a Major Dental Hygienist Shortage. It's Unlikely to Go Away Soon

ADA HPI reported that only 60% of dentists say they have an adequate number of dental hygienists on staff, and 91% of dentists who recently recruited or were recruiting hygienists said hiring was very or extremely challenging. HPI noted that hygiene-program enrollment and graduate numbers have increased, but the overall dental-office labor pool has remained flat, suggesting retirements and exits may be offsetting new entrants. The report also tied staffing pressure to margin compression: equipment, supplies, technology costs and reimbursement trends make wage increases difficult. For DSOs, the item underscores why workforce availability remains a key constraint on expansion, scheduling, productivity and hygiene-driven revenue.



Source: ADA Health Policy Institute,

Staffing (cont'd)

APRIL 14, 2026

Virginia Governor Signs ADA-Supported Workforce Bills into Law

Virginia enacted two dental workforce bills backed by the Virginia Dental Association and ADA. One allows internationally trained dentists to pursue dental hygiene licensure in Virginia, while the other permits trained dental assistants to perform supragingival scaling and coronal polishing under dentist supervision. The laws are aimed at expanding preventive-care capacity, especially in rural and underserved areas facing hygienist shortages. For DSOs and large dental groups, the changes may affect staffing models, delegation protocols, training requirements and compliance programs when they take effect July 1.

Source: ADA News

APRIL 8, 2026

New DentalPost Industry Salary Report Results: A Glimpse of Optimism For 2026?

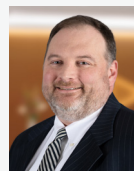
Dental Economics summarized DentalPost's 2026 Industry Salary Report, which surveyed 3,575 dental professionals across dentists, hygienists, assistants and front-office workers. The article frames the report as a staffing, retention and sustainability snapshot for dental leaders heading into 2026. It is relevant to DSOs because compensation, benefits, hours, job turnover and retirement plans all influence recruiting and retention strategies across multi-location groups. The report also shows that workforce planning cannot be treated as a single-role issue; DSOs must address dentists, hygienists, assistants and administrative staff differently.

Source: Dental Economics

For more information regarding our Dental/DSO Industry Team, or if you would like to contribute to the newsletter, please contact:



Vince Nardone
Co-Chair, Dental/
DSO Industry Team
vnardone@beneschlaw.com
T: 614.223.9326



Robert A. Marchant
Co-Chair, Dental/
DSO Industry Team
rmarchant@beneschlaw.com
T: 216.363.4489



Frank Carsonie
Chair, Healthcare
Practice Group
fcarsonie@beneschlaw.com
T: 614.223.9361



Ira C. Kaplan
Partner, Corporate
Practice Group
ikaplan@beneschlaw.com
T: 216.363.4567



W. Clifford Mull
Partner, Healthcare
Practice Group
cmull@beneschlaw.com
T: 216.363.4198