From: Jeffrey Snyder DMD
To: OCI Company Licensing
Subject: Proposed Aquision of Control of Delta Dental of Wisconsin, Inc. and Wyssta Insurance Company Inc.
Date: Thursday, October 9, 2025 12:27:00 PM

Ladies and gentlemen of the Commission,

My name is Jeffrey Snyder, I am a general dentist, Dental Officer in the United States Army National Guard, and a Wisconsin license holder, number 100246-15, and I'm writing to urge you to block the sale of Cherry Tree Dental to Dental Dental of Wisconsin.

Corporatism is destroying the practice of dentistry.

The language is not for effect but for accuracy. Quietly, and with little public oversight, corporations are reshaping the landscape of dental care across the country. What used to be a profession rooted in patient relationships with a provider, grounded in professional ethics and the patient's best interest, is being destroyed by entities driven primarily by financial interest.

The most alarming example of this that I have witnessed in my career is **Delta Dental of Wisconsin's acquisition of Cherry Tree Dental**, which is the reason I am writing. On the surface, this may look like a simple business merger. But behind the press releases and corporate branding lies a profoundly troubling reality: the **merging of insurance influence with clinical control.** These businesses are fundamentally incompatible when joined if there is any hope of ethical beneficence.* When a dental insurer owns the clinics it reimburses, the entire structure of patient care is distorted. The people deciding what care gets covered and provided are now the same ones delivering it—and profiting from it. This is the same as a football referee playing in the game. The ADA code ethics states the following:

> *"The dental profession holds a special position of trust within society. As a consequence, society affords the profession certain privileges that are not available to members of the public-at-large. In return, the profession makes a commitment to society that its members will adhere to high ethical standards of conduct." 1*

While dental insurers are bound by law, they are not bound by a code of ethics, and therefore have no place in the delivery of care, oversight, or most importantly, influencing

care choices in a way that makes or saves the insurer money. Dental professionals are bound by their duty of beneficence* described by the ADA as:

> "The concept that professionals have a duty to act for the benefit of others. Under this principle, the dentist's primary obligation is service to the patient and the public-at-large. The most important aspect of this obligation is the competent and timely delivery of dental care within the bounds of clinical circumstances presented by the patient, with due consideration being given to the needs, desires and values of the patient. The same ethical considerations apply whether the dentist engages in fee-for-service, managed care or some other practice arrangement. Dentists may choose to enter into contracts governing the provision of care to a group of patients; however, **contract obligations do not excuse dentists from their ethical duty to put the patient's welfare first.**

The last line is the most important. What we are dealing with here are two fundamentally opposing and incompatible business models and motives. Healthcare is different from any other business as the ethical principles and clinical standards of care (should) supersede profit motive. The only duty of a dental insurer is to be profitable.

Insurance has been a disaster for healthcare, and it is becoming one for dentistry. So much so that many dentists are attempting to opt-out of dental insurance participation. They do this knowing it will make competition extremely difficult as the singular benefit that the dentist receives from a dental insurer is a list of patients seeking care. This is typically the only reason dental offices participate in dental insurance programs. Without belaboring the typical gripes from healthcare providers on reimbursements, billing, or the countless employee-hours wasted on compliance and appeals (all of which are completely valid) the main issue we as dentists struggle against is the influence of insurance on the choices our patients make regarding their care.

While all insurance companies and policies are different, one example is that patients commonly decline a procedure called scaling and root planing (SRP), or colloquially, "deep cleaning." I use this example because it stands out frequently as a non-covered procedure. Of all we do as dentists, this is perhaps the most important procedure we offer for overall health, yet it is commonly declined by patients citing cost and lack of insurance coverage. Patients unfortunately elect regular cleanings because "that's what my insurance covers" a decision which is undisputedly a detriment to their health. This is the most clear and present example of how a patient's insurance-driven decisions affect their care and overall systemic health. SRP and its adjuncts are the treatment for periodontal disease, the leading cause of tooth loss in the United States, and has been linked to Alzheimer's and dementia. 2

I'd like to spend a moment on the specifics of how insurer influence on the delivery

of care will harm the profession.

1 Control. When an insurance company participates in delivery of care, incentive is created for expanding control of the market. It would be very simple for Delta Dental to funnel patients away from private offices and into corporate clinics by deprioritizing or “shadow-banning” private offices on their “find a provider” page, altering fee (reimbursement) schedules to make their clinics more appealing, or simply electing to not cover certain procedures outside the corporate chain, and this doesn't even scratch the surface of the potential for market manipulation.

2 Cost. Private offices simply cannot maintain profitability against a leviathan of an insurance company that currently controls half the insurance market. It will inevitably force affiliated practices to accept lower reimbursements, and fewer patients, ultimately reducing margins, and potentially eliminating their profitability and solvency. This will drive providers out of the state and affect access to care for Wisconsin's dental patients already struggling with health professional shortages.

3 It's anti-competitive. Market control is of course anti-competitive. It’s true that not all dental offices accept delta dental, and that there are other options for dental insurance, yet delta dental represents 30% of the dental insurance market nationally. Should Wisconsin relinquish control of delivery of care to an insurer, private offices throughout the state could conceivably see a comparable reduction in their revenues and thus their ability to stay solvent and provide care to patients. This is of course a problem for Wisconsin when 44 of 72 counties are designated “Health professional shortage areas.” So either the corporate offices expand into these areas forcing out competition and eliminating patient choice, or they simply consolidate more and more offices under the corporate umbrella, again, eliminating patient choice or increasing the HPSA problem.

4. Fairness. Corporate and insurance control over clinical dentistry represents a fundamental unfairness with regard to family or independently owned practices. One only needs to look at the effects of Walmart and Fleet Farm on mom-and-pop retailers in small towns throughout the state, or what Lowes and Home Depot have done to the small hardware stores. If the state doesn't want “big box” dentistry in Wisconsin, keep insurance companies away from delivery of care. Considering the massive resources available to corporate insurers when it comes to advertising, marketing, and SEO private offices simply cannot hope to compete. One only needs to look at the effect DSO’s such as Cherry Tree Dental are already having on the dental industry…

Vertical integration of dentistry is dangerous, and it is enabled by the rise of Dental Service Organizations, or DSOs.

Unlike private dental practices, which are owned and operated by licensed dentists, DSOs are corporate entities that provide administrative, financial, and operational support to

dental clinics. In theory, DSOs allow dentists to focus on clinical work while the organization handles billing, marketing, compliance, and more. But in reality, DSOs have become vehicles for corporate consolidation, allowing investors (like the private equity firm ICV that bought Cherry Tree Dental in 2021,) and insurance companies to amass control over vast numbers of dental offices—without being subject to the same professional or ethical obligations as licensed practitioners. For these investment strategists, whether you're providing widgets or dentistry, the product is of no consequence, only the profitability of the business. Of course, profitability of private equity is only sustained through growth. When Cherry Tree was purchased the goal was to grow it 5-10% and sell… then right on time, the 2025 sale to Delta met their goal: profit motive, not patient care.

One of the greatest advantages DSOs exploit is their **bargaining power with suppliers and dental laboratories**. Because they operate at scale, DSOs can negotiate bulk pricing on dental materials, equipment, implants, and lab work—discounts that independent dentists simply cannot access. This isn't just about buying toothpaste in bulk. We're talking about massive price differentials on crowns, orthodontic appliances, digital imaging systems, and even lab-produced prosthetics. When a DSO gets a crown for half the cost that an independent dentist pays, it can offer lower prices to patients—or, more strategically, **reap higher margins while undercutting local competitors.**

That disparity gives DSOs an unfair advantage. Independent dental practices—often small businesses deeply rooted in their communities—find themselves unable to compete on cost, not because they provide inferior care, but because the market has been tilted by corporate consolidation. Patients looking for affordable treatment are naturally drawn to lower prices, not realizing that the lower cost may come at the expense of personalized care, continuity, and clinical autonomy.

Now add **insurance ownership** into that equation. With the Delta Dental–Cherry Tree merger, we're no longer just dealing with DSOs using scale to squeeze out smaller competitors. We are witnessing an **insurance company owning the DSO itself**. Delta Dental already insures more than **2.6 million people** in Wisconsin, nearly half the state. With this acquisition, it can now steer those patients directly into clinics it owns—while simultaneously setting reimbursement rates that squeeze out any practice not under its corporate umbrella.

This is the definition of anti-competitive behavior.

It is illegal under **Wisconsin law**. According to **Chapter 133 of the Wisconsin Statutes**, any contract, combination, or conspiracy that restrains trade or reduces competition is prohibited. This includes mergers and acquisitions that could create monopolies or **substantially lessen competition.** More importantly, the law's purpose is explicit: to protect the free market and prevent the kind of consolidation that undermines consumer

choice and small business survival.

By combining insurance control, DSO-scale purchasing, and clinical ownership, Delta Dental would hold an unprecedented level of power in Wisconsin's dental market. It can dictate prices, influence treatment decisions, and shape referral patterns in ways that completely bypass traditional market checks and balances. It doesn't need to compete fairly—it simply needs to dominate.

For patients, that means fewer choices and potentially compromised care. For independent dentists, it's a death knell. Many will be forced to either sell to DSOs or go out of business. And for the dental profession as a whole, it signals a shift away from patient-centered care and toward profit-centered delivery models.

This is not the future we should accept.

Health care—especially dental care—should not be governed by the same rules as retail. When corporations control every step of the process, from insurance to treatment to supply chain, patients lose. So do the clinicians who've spent years building relationships with those patients and investing in their communities.

The state of Wisconsin must take this seriously. The Department of Justice and the Office of the Commissioner of Insurance have the legal authority to **investigate and block mergers** that threaten open competition. This case is a clear warning sign that corporatism is not just changing dentistry—it's dismantling it.

If we allow corporations to control who gets care, where it's provided, and how it's paid for, the practice of dentistry as we know it will no longer exist. It will become another industry carved up by private equity, managed from afar, and driven not by patient well-being—but by profit margins.

Wisconsin's laws are clear. The threat is clear. The time to act is now, and I implore the Commission to deny this merger for the sake of not only for the dental profession, but the dental patients of the state of Wisconsin.

Jeffrey Snyder DMD

1. 2025_code_of_ethics_full.pdf
2. Large study links gum disease with dementia | National Institute on Aging