

## Written Testimony — Undermines Negotiated Networks

The Honorable Chair and Members House Corporations Committee

Re: H7722

Dear Chairman Solomon and Members:

I submit this testimony to rebut the claim that H7722 “undermines negotiated networks.” In Rhode Island’s dental market, 95% of licensed dentists are in-network, which demonstrates that network terms are effectively set by carriers, not the result of bilateral bargaining or negotiation.

### Key points

- Market reality: With near-universal participation, dentists face a take-it-or-leave-it choice; meaningful negotiation requires documented mutual agreement, not unilateral schedule assignment.
- Semantic evasion: Labeling a fee allowance schedule “special” is a semantic device used to avoid statutory protections; the bill restores the statute’s intent by tying payment to one standard.
- Preserves bona fide contracting: The bill does not ban genuine, mutually agreed value arrangements; it prevents carriers from defeating consumer protections through deceptive labeling.

Conclusion H7722 corrects a structural imbalance in a concentrated market by ensuring that statutory protections apply. This restores fairness without prohibiting legitimate contracting. Dentists are not simply going to abandon their network participation due to amendment of this statute. That same argument was given 21 years ago, and it did not happen then and it is highly unlikely it will happen now.

Respectfully submitted,

[Name] [Title] [Organization] [Contact]

## Written Testimony — Creates Material Premium and Cost Pressures

The Honorable Chair and Members House Corporations Committee

Re: H7722— Written Testimony on Premium and Actuarial Impact

Dear Chairman Solomon and Members:

This testimony rebuts the assertion that H7722 will materially increase premiums or destabilize actuarial balance. Dental premiums are set on utilization, service mix, and calendar-year maximums, not on which provider receives payment for a small subset of claims.

### Key points

- Limited scope: The change affects claims involving roughly 5% of dentists; 95% remain in-network.
- Prepaid benefit structure: Dental plans are prepaid with calendar-year caps; actuaries already price for theoretical maximum utilization. Changing the payee does not expand covered services or raise per-member maximums.
- Corrects cost-shifting: Current insurer practices often reduce allowances and shift the difference to patients via balance billing. The bill prevents that shift rather than creating new insurer exposure.

Conclusion H7722 aligns payment practice with actuarial realities and protects patients from being the unintended payor. Any minimal administrative adjustments can be phased in; they do not justify preserving a system that shifts costs to consumers.

Respectfully submitted,

[Name] [Title] [Organization] [Contact]

## Written Testimony — Increased Operational and Administrative Burdens

The Honorable Chair and Members of the House Corporations Committee

Re: H7722— Written Testimony on Operational Burden Claims

Dear Chairman Solomon and Members:

This testimony addresses claims that H7722 will create new operational burdens and increase administrative costs. Those claims misunderstand current claims workflows and electronic assignment practices.

### Key points

- Existing workflows: Claims are adjudicated for coverage, coding, and dental necessity regardless of provider participation; the review logic applies to the claim, not the provider.
- Electronic assignment is standard: Written assignment is routinely captured electronically on standard claim forms; honoring that indicator requires configuration, not new manual processes.
- Simplifies adjudication: A single benchmark fee allowance table for all claims reduces multi-tier mapping and exception handling, streamlining rather than complicating processing.
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Conclusion Implementation may require minimal, one-time configuration changes and leverages existing electronic processes. The bill simplifies adjudication, protects patients, and does not impose ongoing administrative burdens that would justify blocking consumer protections.

Respectfully submitted,

[Name] [Title] [Organization] [Contact]

## Written Testimony — Incentivizes Opportunistic Billing and Fraud

The Honorable Chair and Members House Corporations Committee

Re: H7722 — Written Testimony on Fraud and Abuse Concerns

Dear Chairman Solomon and Members:

This testimony rebuts the claim that H7722 will incentivize opportunistic billing or fraud. Fraud prevention and professional discipline are the responsibility of licensing boards not dental insurance companies. The bill preserves their audit rights while protecting patients.

### Key points

- Appropriate enforcement channels: The Board of Dental Examiners and the Department of Health investigate and enforce fraud and malpractice; carriers report suspected misconduct but do not have primary enforcement authority.
- No new upside for providers: Out-of-network providers already bill full charges and collect balances; assignment shifts payment disputes to insurer-provider reconciliation and removes patients as the collection target.
- Audit and recovery remain: Carriers retain pre- and post-payment audit authority and may recover improper payments; credible fraud can justify payment suspension pending investigation.

Conclusion: Address fraud with currently allowed audits, mandatory reporting to licensing authorities, and recovery mechanisms — not by denying consumer protections that prevent cost-shifting to patients.

Respectfully submitted,

[Name] [Title] [Organization] [Contact]

## Written Testimony — Interferes with Contractual Relationships and Network Design

The Honorable Chair and Members House Committee on Health State Capitol

Re: H7722 — Written Testimony on Network Design Concerns

Dear Chairman Solomon and Members:

This testimony rebuts the assertion that H7722 improperly interferes with contractual relationships or network design. In Rhode Island's concentrated market, carriers exercise significant market power; the bill simply prevents unilateral fee schedule designations that function as evasion.

### Key points

- Market concentration: With 95% in-network participation, providers lack meaningful leverage; network terms are effectively carrier-driven.
- Targeted correction: The bill prevents carriers from using tiers or labels to shift costs to patients while leaving genuine, mutually agreed upon contracts intact.
- Transparency over disruption: Establishing which schedule is standard aligns practice with statutory intent and does not prohibit bona fide value arrangements.

Conclusion H7722 restores balance in a market dominated by carrier power and protects patient choice without banning legitimate, transparent contracting. Dentists in RI did not leave the network 21 years ago when the original law was passed. Likewise, it is highly unlikely that they would do so today simply because the intent of the statute has been restored.

Respectfully submitted,

[Name] [Title] [Organization] [Contact]

Written Testimony — The Bill would erode Insurer and Patient protections

The Honorable Chair and Members House Corporations Committee

Re: H7722 — Written Testimony Erosion of Insurer and Patient Protections

Dear Chairman Solomon and Members:

This testimony rebuts the assertion that H7722 improperly interferes with insurance and patient protections.

As written, the bill would not remove any protections currently in place. Insurers retain full claim review rights to prevent fraud, waste, and abuse. All claims must still go through the same process whether the dentist is or is not in network. Therefore, nothing has been removed.

The bill does change patient rights and improves access to care. Patients gain guaranteed access to the maximum benefit at the insurer's existing rates, and they will have the freedom to choose their dentist. They can see any dentist and be assured they will be able to use their dental insurance toward their care without any reduction. This is complete freedom of choice, and it restores the intent of the 2004 statute.

This bill does not drive-up costs as noted by opponents to this bill. Instead, it restores a free market where patients can decide on their own what they want to spend on their care and who they want to provide their care with the knowledge that their insurance payment toward that care will not be reduced in any way. In other words, this bill does not erode patient protections, rather it provides them with one.

Respectfully submitted,

Name] [Title] [Organization] [Contact]

## Written Testimony — The bill will increase Premiums

The Honorable Chair and Members House Corporations Committee

Re: H7722 — Written Testimony The Bill will increase premiums

Dear Chairman Solomon and Members:

This testimony rebuts the assertion that H7722 will increase premiums. Premiums increase as a result of the following

- Higher utilization — more services used. Isn't that what the insurance is for...to treat patients that need care!
- Higher allowed amounts — insurers raise fee schedules. The fee allowances were the same from 2008 to 2022 and only a small group of allowances increased in 2022 and then were “silently” decreased between 2022 and 2024 due to plan shifts.
- Higher administrative costs — increased overhead or profit targets. This would only happen if executive and employee salaries increased. Most claims are processed by computer and do not require any human interaction. In fact this bill would reduce claim processing costs by establishing one fee allowance table for all claims.

This bill does not force insurers to raise fee schedules, expand benefits, or accept fraudulent claims. The only plausible effect is increased utilization by patients who already need covered care and can now access it.

Insurers already priced these services into premiums based on existing fee schedules and actuarial assumptions. If premiums were to rise, it would be because insurers were previously saving money by patients not receiving care they had paid for — not because the bill changes pricing variables.

Please ignore this false threat that premiums will increase. Ask yourself why every argument our opponents provide is always “premiums will increase”.

Respectfully submitted,

[Name] [Title] [Organization] [Contact]