



April 12, 2026

To: The Honorable Chair and Members of the House Corporations Committee

Re: H7722 — Written Testimony Regarding Claims of Premium Increases

Dear Chairman Solomon and Members of the Committee:

I am writing to address and challenge the claim that H7722 would lead to higher insurance premiums. Premium increases are generally driven by a few key factors:

- **Increased utilization** — when more services are provided. However, this reflects patients finally receiving the care they need and are already insured for.
- **Higher reimbursement rates** — when insurers raise fee schedules. Notably, many fee allowances remained unchanged from 2008 through 2022, with only limited increases in 2022, followed by effective reductions between 2022 and 2024 due to plan changes.
- **Rising administrative costs** — such as increased overhead or profit expectations. In reality, most claims are processed electronically with minimal human involvement. This bill could actually streamline administration by establishing a single, consistent fee schedule for claims processing.
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Importantly, this legislation does not require insurers to increase reimbursement rates, expand coverage, or pay inappropriate or fraudulent claims. The most likely outcome is improved access to care for patients who already require covered services but may currently face barriers.

Insurance premiums are developed using actuarial assumptions based on existing fee schedules and expected utilization. If premiums were to increase, it would suggest that insurers had previously benefited from underutilization—meaning patients were not accessing care they had already paid to have covered—rather than any change introduced by this bill.

I respectfully urge the Committee to look beyond the repeated assertion that “premiums will increase” and to critically evaluate the basis of that claim.

Thank you for your consideration.

Respectfully submitted,

Jessica Langella, DMD
Diplomate, American Board of Endodontics
Practice Owner

77 Toll Gate Road
Warwick, RI 02886
Office: (401) 648-4989 | Fax: (401) 574-2051
Info@NarrowRiverEndo.com