

Dear Chairman Solomon and Members:

Key points for oral testimony (H7722)

Chairman Solomon and Members of the Committee, thank you for the opportunity to testify on H7722. I'm here to respond to the claim that this bill "undermines negotiated networks." In Rhode Island's dental market, about 95 percent of licensed dentists are already in-network. That is not a market where fees are truly negotiated; it is a market where terms are effectively set by carriers and presented as take-it-or-leave-it.

H7722 is a targeted fix to stop semantic evasion—such as labeling a fee allowance schedule "special"—that defeats the intent of the 2004 statute and shifts costs onto patients. The bill's scope is limited: it affects claims involving roughly five percent of dentists, while the vast majority remain in-network. It also does not expand benefits, raise calendar-year maximums, or require insurers to accept improper claims. And it should not materially increase premiums, because premiums are driven by utilization, service mix, and annual caps—not by which provider receives payment on a narrow subset of claims. Operationally, claims are already adjudicated the same way regardless of network status, and assignment is captured electronically on standard claim forms, so implementation is largely a configuration change. Finally, fraud protections remain intact: insurers keep pre- and post-payment audit rights and recovery mechanisms, and licensing boards and the Department of Health remain responsible for enforcement. We heard similar warnings 21 years ago when the original law passed—and dentists did not leave networks then. For these reasons, I respectfully ask you to support H7722 to restore the statute's intent and protect patients from cost shifting.