



April 13, 2026

The Honorable Joseph J. Solomon, Jr.
Chair, House Corporations Committee
82 Smith St
Providence, RI 02903

Re: House Bill 7862 – Provider Contracting - Oppose

Dear Chair Solomon. Vice Chairs O’Brien and Caldwell, and Members of the Committee,

On behalf of the National Association of Dental Plans (NADP)¹ and the American Council of Life Insurers (ACLI),² we appreciate the opportunity to provide comments in opposition to House Bill 7862. While we understand and appreciate the goal of promoting transparency and fairness in provider contracting, HB 7862 would significantly restrict the ability of health plans to administer provider agreements in a practical, compliant, and sustainable manner. While HB 7862 does not prohibit changes entirely, it instead conditions changes to broadly defined “material terms” on written provider agreement. In doing so, the bill creates structural challenges that affect contract administration, regulatory compliance, network stability, and ultimately patient access to care.

Restrictions on Routine Contract Administration

Health plan-provider contracts are designed to function as standardized, dynamic agreements that incorporate evolving policies, fee schedules, and clinical protocols. HB 7862 defines “material terms” expansively and prohibits unilateral updates to those terms during the contract period, including operational and clinical policies that are not traditionally treated as negotiated contract terms. As a result, health plans would be required to obtain written provider agreement before implementing updates that are currently applied on a uniform basis as required.

¹ NADP is the largest non-profit trade association focused exclusively on the dental benefits industry. NADP’s members provide dental HMO, dental PPO, dental indemnity and discount dental products to more than 200 million Americans with dental benefits. Our members include the entire spectrum of dental carriers: companies that provide both medical and dental coverage, companies that provide only dental coverage, major national carriers, regional, and single state companies, as well as companies organized as non-profit plans.

² ACLI is the leading trade association driving public policy and advocacy on behalf of the life insurance industry. Ninety million American families rely on the life insurance industry for financial protection and retirement security. ACLI’s member companies are dedicated to protecting consumers’ financial wellbeing through life insurance, annuities, retirement plans, long-term care insurance, disability income insurance, reinsurance, and dental, vision and other supplemental benefits. ACLI’s 275 member companies represent 93 percent of industry assets in the United States.

This represents a significant departure from longstanding contracting practices and converts routine administrative updates into individualized negotiations, limiting the ability of plans to operate efficiently and consistently across their networks.

Scope of Incorporated Materials as “Material Terms”

HB 7862 explicitly includes documents incorporated by reference, such as provider manuals, clinical policy bulletins, fee schedules, and administrative guidelines, within the definition of “material terms.” These materials are frequently updated to reflect evolving clinical evidence, industry standards, and regulatory requirements.

Because these materials govern day-to-day plan operations, restricting the ability to update them without written provider agreement significantly expands the scope of the bill’s impact. Health plans would be constrained in their ability to implement timely and consistent changes necessary to ensure accuracy and alignment with current standards of care.

Operational Burden and Administrative Complexity

Health plans maintain large provider networks, often consisting of hundreds or thousands of participating providers. Requiring agreement for updates to policies, fee schedules, or clinical protocols creates substantial administrative complexity. Plans must track and manage provider by provider responses before implementing changes, which introduces delays and increases administrative costs.

Even minor updates, such as clarifications to billing requirements or adjustments to utilization management processes, would be subject to delay due to nonresponse or disagreement from individual providers.

Regulatory Compliance Challenges

Health plans are subject to ongoing state and federal regulatory requirements that often necessitate updates to provider agreements, including changes to coverage policies, utilization management protocols, and payment practices. HB 7862 limits the ability of plans to implement these changes in a timely and uniform manner during the contract term unless provider agreement is obtained.

This restriction increases the likelihood of delays in operationalizing required updates and creates the potential for inconsistencies in how benefits are administered, which can lead to compliance challenges over time.

Network Stability Concerns

Uniformity is essential to administering provider networks effectively. When plans are unable to implement consistent updates across their networks, they face challenges maintaining standardized operations and compliance. In situations where agreement

cannot be reached on necessary updates, plans may need to consider termination of provider agreements.

This dynamic can contribute to network instability and potential disruptions in patient care, particularly in areas where provider availability is already limited.

Impact on Patients and the Healthcare System

The cumulative effect of HB 7862 includes increased administrative and compliance costs, delays in implementing necessary updates, and challenges maintaining stable provider networks. These impacts directly affect patients through potential disruptions in care, reduced access to providers, and increased healthcare costs for employers and families.

For these reasons, we respectfully urge the Committee not to advance HB 7862. We remain committed to working collaboratively with policymakers and stakeholders to improve transparency and fairness in provider contracting while preserving a stable, efficient, and patient centered healthcare system.

Respectfully submitted,



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