

## Steven Sepe

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**From:** Sharisse Stephenson <drstephenson@nantexas.com>  
**Sent:** Tuesday, March 24, 2026 12:52 PM  
**To:** House Health and Human Services Committee  
**Subject:** Bill: An Act Relating to Tinsurance-Accident and Sickness Insurance Policies

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March 24, 2026

Re: Bill: An Act Relating to To Insurance-Accident and Sickness Insurance Policies

Dear Representative Hopkins and Rhode Island State Legislature,

I am writing in strong support of your bill to place limits and financial penalties on insurers for improper claim denials.

As a private practice physician for over 10 years, I have watched firsthand as the financial burden of insurance denials has made it increasingly unsustainable to continue accepting insurance while still providing quality care to patients who need it. This is not an abstract policy concern — it is the lived reality of independent physicians across Rhode Island.

When an insurer denies a claim that is ultimately paid on appeal, the cost is not simply administrative — it represents weeks or months of delayed payment for care that has already been delivered. For independent practices operating without the financial cushion of large health systems, waiting 90 to 180 days for payment after a successful appeal is genuinely threatening to sustainability. The time spent writing appeals, navigating insurer bureaucracy, and advocating for payments that should never have been denied is time taken directly away from patient care.

This burden does not only hurt physicians — it ultimately hurts patients. When private practice becomes financially untenable, physicians are forced to leave their communities and join hospital systems. Patients lose their doctor, their continuity of care, and access to independent medicine in their own neighborhood. The erosion of private practice is a patient access crisis, and wrongful denials are a key driver.

What is often overlooked is that the current system imposes no meaningful consequences on insurers for wrongful denials. If a claim is denied and later paid on appeal, the insurer has lost nothing — in fact, they have benefited from months of holding funds they were obligated to pay. The physician, meanwhile, has absorbed the full cost: delayed cash flow, administrative time, and the stress of fighting for payment on care already delivered. This asymmetry is not an accident — it is a structural incentive to deny first and pay later. Without financial penalties, there is simply no motivation for insurers to get it right upfront. This bill corrects that imbalance. It does not seek to punish insurers — it seeks to create the same accountability

that every other party in the healthcare system already faces.

I urge the House Health and Human Services Committee to advance this legislation. Rhode Island's physicians and patients deserve a system that works.

Respectfully,

Sharisse Stephenson, MD, MBA  
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