

May 5, 2026

The Honorable Melissa Murray
Chair, Senate Health and Human Services Committee
Rhode Island State House
Providence, RI 02903

Re: Opposition to S 2461

Dear Chair Murray:

Delta Dental of Rhode Island (“DDRI”) respectfully opposes S 2461 (the “Bill”). While the Bill is framed as an amendment to the “Unfair Claims Settlement Practices Act,” it is effectively an attack on the dental managed care model that currently ensures quality, affordability, and protection for Rhode Islanders. The Bill should be rejected for at least the following reasons:

1. The Bill would dismantle dental networks.

The most damaging feature of the Bill is its subsection 34(ii), which prohibits dental plans from offering higher reimbursements to in-network dentists compared to non-participating ones.

- Rhode Island’s existing assignment of dental benefits statutes (RIGL § 27-18-63 and identical statutory provisions) are among the most dentist-friendly in the nation. Since 2004, these statutes have required insurers to honor a patient’s request to pay an out-of-network dentist directly, with a modest reduction in benefit payments. **These statutes already respect patient choice without undermining dental provider networks.** Out-of-network (non-participating) dentists across the State have been receiving patient-assigned benefit payments directly from Delta Dental of Rhode Island and other insurers for more than two decades.
- Rhode Island is a national leader in dental coverage and in the percentage of adults who visit a dentist annually. This demonstrates a system that effectively delivers accessible, affordable oral health care.
- By joining dental insurance networks, dentists undergo a rigorous credentialing process and agree to contractually discounted fees and quality standards in exchange for patient volume and prompt reimbursement. For covered services, in-network dentists agree to waive “balance billing” of patients for the difference between insurance payments and their standard fees, which significantly reduces out-of-pocket expenses for patients. Dentally insured patients value the resulting predictable, affordable costs of in-network care.

- Under the Bill, non-participating dentists would receive the **same pay without any contractual obligations**. Participating dentists would thus be strongly incentivized to leave dental networks, reducing access to affordable dental care and patient protections for members.

2. The Bill would increase financial burdens for Rhode Islanders.

S 2461 would cause an immediate spike in out-of-pocket costs for workers, retirees, and the State.

- In-network dentists are contractually barred from billing patients for the difference between insurance rates and their retail fees. By incentivizing dentists to leave networks, this Bill exposes patients to unlimited “balance billing.” The annual out-of-pocket expenses for a patient visiting a non-participating dentist can be hundreds or even thousands of dollars more than in-network care.
- As a consequence of the Bill, DDRI anticipates a substantial drop in network participation, significantly diminishing the value of consumer, organized labor and employer-sponsored dental plans, including the State of Rhode Island’s dental program, as well as those offered to city, town and school department employees and their families across the State.

3. Eliminating oversight would harm patients and compromise quality of care.

The Bill classifies traditional utilization review as an “unfair practice.” This is a radical departure from standard healthcare oversight.

- Under S 2461, a provider would only need to show a service was performed to receive payment, regardless of whether the procedure was medically necessary or met accepted standards of care.
- Utilization review is an industry best-practice, imposed on providers by the Centers for Medicare & Medicaid Services.
- Moreover, DDRI is contractually required by the State and Neighborhood Health Plan (NHPRI) to maintain robust utilization review and Fraud, Waste, and Abuse (FWA) programs. If passed, the Bill could force a breach of those existing multi-year agreements.

4. The Bill creates irreconcilable legal and regulatory conflicts.

S 2461 is identical to S 905, which was held for further study in 2025. As OHIC Commissioner Cory King stated in his prior written testimony, S 905 was duplicative of -- or inconsistent with -- existing

state and federal laws. S 2461 addresses none of these issues.

- The Bill attempts to give Rhode Island jurisdiction over out-of-state insurance plans simply because an out-of-state member obtains out-of-network dental services in Rhode Island. This directly conflicts with RIGL §§ 27-9.1-1 and 27-9.1-3 and with established legal principles that insurance regulation occurs in the State where the policy is issued.
- Rhode Island already has robust statutes governing dental insurance assignment of benefits, including RIGL § 27-20.1-18, which the Bill completely ignores.

The Bill would unravel long-standing consumer protections, drive up costs for patients and employers, weaken oversight of dental care quality, and destabilize a dental benefits system that effectively and affordably serves Rhode Islanders. S 2461 will force employers to reconsider offering dental benefits and leave Rhode Islanders with higher bills and fewer protections. We urge the Committee to reject this measure.

Sincerely,

A handwritten signature in blue ink, appearing to read "Sean Newth".

Sean Newth
Delta Dental of Rhode Island
Chief Financial Officer and Treasurer