



May 5, 2026

The Honorable Melissa Murray
Chair, Senate Health and Human Services Committee
82 Smith St
Providence, RI 02903

**RE: Senate Bill 2461 – Relating to Insurance – Unfair Claims Settlement Practices Act –
OPPOSE**

Dear Chair Murray, Vice Chair Lauria, 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 thank you for the opportunity to provide comments in opposition to Senate Bill 2461. As introduced, this bill would undermine the structure and value of dental networks, restrict the use of virtual credit card payments, and curtail utilization review practices. Collectively, these changes could lead to higher out-of-pocket expenses for patients, weaken essential consumer protections, increase administrative burdens on dental plans, and threaten the accessibility and affordability of dental care in Rhode Island.

Dental Networks and Assignment of Benefits

Dental networks are foundational to delivering affordable, high-quality oral health care. These networks function by offering negotiated rates to in-network providers in exchange for predictable patient volume and agreed-upon reimbursement limits. Senate Bill 2461 would erode these incentives by allowing out-of-network dentists to receive in-network reimbursement rates while also balance billing patients. Such a provision would not only destabilize the contracting framework between providers and plans but directly harm consumers. Patients could be exposed to charges as much as 40% higher than those incurred when seeing an in-network provider.

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.

The provision would discourage provider participation in networks, thereby reducing access to affordable care options. It could raise costs for consumers and risk undermining their oral health. Access to dental care through dental insurance is critical to maintaining oral health through routine preventative treatment. Exposing patients to high out-of-pocket costs for routine treatment or reducing access to in-network providers increases the risk of more complex oral health issues. Even one missed biannual dental appointment increases the risk of an individual developing dental carries.

Patient Safety

Dental plans serve as a safeguard for patient health, not only by promoting preventive care but also by ensuring services are necessary and meet established clinical standards. Utilization review helps identify and prevent fraudulent activities, wasteful practices, and abuse within the dental care system. By limiting these reviews, S. 2461 would make it harder for dental plans to detect and address such issues, leading to increased financial losses and compromised patient care. According to the National Health Care Anti-Fraud Association, approximately \$12.5 billion—roughly 5% of annual dental expenditures—is lost to fraud, waste, and abuse. Senate Bill 2461 would dangerously limit the ability of dental plans to detect and prevent such practices. Without proper utilization review mechanisms, patients are at risk of receiving unnecessary, ineffective, or harmful treatments. These reviews ensure that dental services provided are clinically appropriate and necessary, safeguarding patient health. Utilization review ensures that health care dollars are used appropriately and efficiently. By weakening this function, S. 2461 would undermine the financial integrity of the dental care system, potentially leading to higher costs and reduced access to quality care.

Extraterritorial Application

Health plans issued in different states must comply with the laws and regulations specific to those states. Requiring insurers to meet Rhode Island's standards—regardless of where a plan was issued—can create conflicts between differing state regulations. This requirement imposes added administrative burdens on insurers, who must navigate multiple, and sometimes conflicting, regulatory frameworks. As a result, operational inefficiencies and higher costs are likely, which may be passed on to consumers through increased premiums or reduced coverage. Additionally, insurers face legal and compliance risks if they cannot align Rhode Island's requirements with those of the issuing state. These risks could lead to fines, legal disputes, or other penalties. The added complexity could also lead to delays in claims processing and reimbursement.

Virtual Credit Cards

We respectfully request that S. 2461 be amended to align with the prevailing virtual credit cards framework adopted in 15 states to date. This balances provider payment flexibility with transparency and choice, ensuring that providers have access to a no-cost payment method while maintaining the option for electronic payment solutions like virtual credit cards. Virtual credit cards offer administrative efficiency, reduce payment delays, and help plans ensure timely and traceable reimbursement.

We suggest the following amendment to subsection 36(ii): The insurer **or its healthcare**

payments platform shall not charge the dental service provider any fee **solely** for access to payment or claims data or for the transmission, processing, or mailing of the payment.

While our member companies do not oppose prohibiting insurers from charging such a fee, they cannot control what processing platforms may charge the provider. Such fees from payment platforms are standard practice. Many consumers agree to pay the fee for faster, paperless transactions. However, insurers do provide, and would be required to provide under S. 2461, other options for payment that do not include a fee.

Dental insurance has been shown to be highly price sensitive. Losing coverage to dental networks often means patients must pay higher out-of-pocket costs. As a result, many people may skip routine dental services to reduce costs; in the long term, this increases their likelihood of developing more serious dental problems. Just one missed cleaning makes a patient more likely to develop cavities, plaque, and periodontal conditions. For these reasons, we oppose S. 2461 and urge you not to advance the legislation as written.

We appreciate your consideration and welcome the opportunity to provide additional information or support your deliberations in any way.

Respectfully Submitted,



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