



May 5, 2026

The Honorable Melissa Murray
Chairperson, Senate Committee on Health and Human Services
Rhode Island State House
82 Smith Street
Providence, RI 02903

RE: Letter of Concern S2461– AN ACT RELATING TO INSURANCE – UNFAIR CLAIMS SETTLEMENT PRACTICES ACT

Dear Chairperson Murray:

I submit this letter of concern on behalf of the State of Rhode Island Office of the Health Insurance Commissioner (OHIC) regarding [Senate Bill 2461](#).

OHIC notes that proposed subsection 35's attempt to assert state regulatory jurisdiction over plans issued outside the state of Rhode Island, including out-of-state insurance companies who exclusively issue plans outside the state, simply because a member of an out-of-state plan may obtain out of network dental services in Rhode Island is in direct conflict with the provisions of RIGL 27-9.1-1 and 27-9.1-3. It is also inconsistent with general legal principles of state insurance jurisdiction wherein each state regulates plans issued in their respective states and licenses insurers offering insurance in their respective states.

OHIC also notes that RI General Law § 27-20.1-18, Dental insurance assignment of benefits, currently requires that "*[insurers] plans shall allow, as a provision in a group or individual policy, contract, or health benefit plan for coverage of dental services, any person insured by the entity to direct, in writing, that benefits from a health benefit plan, policy, or contract, be paid directly to a dental care provider who has not contracted with the entity to provide dental services to persons covered by the entity but otherwise meets the credentialing criteria of the entity and has not previously been terminated by the entity as a participating provider. If written direction to pay is executed and written notice of the direction to pay is provided to the entity, the insuring entity shall pay the benefits directly to the dental care provider. Any efforts to modify the amount of benefits paid directly to the dental care provider under this section may include a reduction in benefits paid of no more than five percent (5%) less than the benefits paid to participating dentists. The entity paying the dentist, pursuant to a direction to pay duly executed by the subscriber, shall have the right to review the records of the dentist receiving such payment that relate exclusively to that particular subscriber/patient to determine that the service in*

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question was rendered." Similar provisions of law can be found at RI General Law §§ 27-19-54, 27-41-66, 27-20-49, and 27-18-63.

Additionally, the bill's proposed subsection 34 is duplicative of and inconsistent with varying provisions in existing RI General Law §§ 27-20.1-18, 27-19-54, 27-41-66, 27-20-49, and 27-18-63, which sections of law the bill does not address.

Finally, proposed subsections 34(i) and 34(ii) could also benefit from additional clarification to ensure that the language will not be misconstrued to require coverage for out of network benefits at certain reimbursement levels. The language should be revised to more clearly require that when an insured assigns in writing their out-of-network dental insurance benefits, if any, to an out of network dental service provider, the insurer shall honor that assignment and shall be prohibited from reducing the amount of the assigned out of network dental insurance benefit, if any, that is paid to the out of network dental service provider.

Thank you for your continued leadership and hard work on all matters related to the health of Rhode Islanders.

Sincerely,



Cory B. King
Health Insurance Commissioner

CC: Honorable Members of the Senate Committee on Health and Human Services
Honorable Hanna M. Gallo
Kristen Silvia, Director of Legislation and Deputy Chief of Staff