

From: [Christina DiComes](#)
To: [SLegislation](#)
Subject: S2887 Support
Date: Monday, May 4, 2026 11:35:49 AM

You don't often get email from cdicomes@verizon.net. [Learn why this is important](#)

*Honorable Sen. Murray and
Members of the Senate Health and Human Services Committee*

Re- S2887 Support

Dear Senator Murray:

For years dentists have suffered under the controlling actions of insurance companies in this state. You have before you a bill that transfers that control back to the dentists and especially to the patients that we serve. In 2004 a group of dentists saw fit to ask for legislation that would allow patients freedom of choice to decide which dentists they would like to provide their care by giving them the ability to have their dental insurance payments sent directly to those dentists to help pay for their care.

Rather than abide by the law, one insurer, Delta Dental of RI saw fit to manipulate the system to avoid their responsibility to their subscribers.

Instead of following the statute they were creative in their means of creating fee allowance tables in order to circumvent the law and penalize patients as a means of directing them to specific dentists. They did so to punish dentists who chose to leave their network. Since they could no longer be in control of the dentists, they enforced their control upon the patients by reducing their benefits or eliminating them entirely for making their own educated choices on who they wanted to provide their care.

This bill restores the original intent of the legislation by requiring insurance companies to pay all dentists equally for the same treatments and allows patients to seek care from any dentist with the knowledge they can use their dental insurance the same way no matter where they receive their care. Please restore the control back to the dentists and the patients where it belongs.

Sincerely,

*Christina D. DiComes, DMD
1557 Hartford Avenue Johnston, RI 02919
RI Dental Association member*

EXPLANATION OF THE BILL:

**AMENDMENT TO RHODE ISLAND
DENTAL ASSIGNMENT OF BENEFITS LAW
THE BILLS
H7722 Representative MacNamara
and
S2887 Senator Burke**

What to do when the bill is scheduled for hearing: Write letters of support to the committee. See the sample above. Attend the Hearing and consider testifying in favor the bill.

The more you do to encourage support of the bill the better chance it has for passage.

Purpose of the bill

The bill restores and clarifies patients' ability to assign dental benefits to any dentist they choose and ensures insurers pay the **highest innetwork rate** for identical procedure codes when a patient signs a directiontopay form. It closes loopholes insurers used to avoid that benchmark while preserving fraud, waste, and abuse protections.

Key Provisions

- **Patient Right to Assign Benefits** — Patients may assign their dental benefits to any licensed dentist.
- **Direction to Pay** — If a patient signs a directiontopay form, the insurer **must** remit payment directly to the dentist with **no discretion, conditions, or network exceptions**.
- **Benchmark Payment Standard** — For the same procedure code, insurers must pay **no less than the highest innetwork rate** they pay any participating dentist.
- **Fee Schedule and Tier Restrictions** — Insurers are prohibited from manipulating fee schedules or creating new categories or tiers designed to reduce the benchmark.
- **Claims Review Allowed** — Insurers retain the right to review claims to verify treatment completion and medical necessity; they may not impose extra administrative “hoops” on outofnetwork dentists.

- **AntiEvasion Measures** — The bill explicitly bars practices insurers used to circumvent the benchmark and prevents future recreation of those tactics.

Why This Matters

- **Maximizes patient benefit** — Ensures patients receive the full value of the benefits already purchased under their plan.
- **Restores statutory intent** — Reaffirms the original benchmark and closes loopholes that undermined it.
- **Preserves oversight** — Maintains insurer authority to detect and deny fraudulent or noncovered claims while preventing networkbased penalties for patients exercising choice.

Addressing Opposition Claims that Premiums will rise

Opponents claim premiums will rise. Premiums change when one or more of the following occur:

- **Higher utilization** — more services used.
- **Higher allowed amounts** — insurers raise fee schedules.
- **Higher administrative costs** — increased overhead or profit targets.

This bill does not force insurers to raise fee schedules, expand benefits, or accept fraudulent claims. The only plausible effect is increased utilization by patients who already need covered care and can now access it. Insurers already priced these services into premiums based on existing fee schedules and actuarial assumptions. If premiums were to rise, it would be because insurers were previously saving money by patients not receiving care they had paid for — not because the bill changes pricing variables.

Protections for Insurers and Patients

- **Insurers** retain full claim review rights to prevent fraud, waste, and abuse.
- **Patients** gain guaranteed access to the maximum benefit at the insurer's existing rates and the freedom to choose their dentist.
- **Dentists** receive timely payment when patients assign benefits, reducing administrative barriers to care.

Bottom Line

The bill ensures insurance functions as intended: paying for needed, covered care. It guarantees patient choice, restores the highest innetwork benchmark, closes insurer loopholes, and preserves legitimate fraud prevention — all without forcing insurers to expand benefits or change fee schedules.