

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 2887**

Dear Chair Murray:

Delta Dental of Rhode Island (“DDRI”) respectfully opposes S 2887 (the “Bill”). The Bill would radically rewrite Rhode Island’s long-standing and effective assignment of dental benefits statutes in a way that would incentivize participating dentists to abandon dental insurance networks, which would drive up costs for Rhode Islanders, increase balance billing, compromise checks on provider quality, and position Rhode Island as an outlier in the nation. For these reasons, and as detailed below, **this is a Bill that should be rejected.**

1. The Bill would dismantle dental insurance networks.

If passed, the Bill would strongly incentivize participating dentists to leave dental networks and reduce access to affordable dental care for Rhode Island residents. Out-of-network dentists would have all the advantages of a participating dentist without the **patient protection, cost predictability, and quality standards that accompany contractual network obligations.**

- Rhode Island’s existing assignment of dental benefits statutes (RIGL § 27-18-63 and identical RI statutory provisions) are among the most dentist-friendly in the nation. Since 2004, these statutes have required that insurers 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.
- Dental networks play a vital role in serving Rhode Island’s dentally insured and dental providers.
 - Rhode Island is a national leader for residents with dental coverage and 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, 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.

- Passage of the Bill would reduce access to in-network care and jeopardize the affordability and patient protections outlined above.
- In addition to standard dentist reimbursements, DDRI is a national leader in value-based care and hygiene workforce programs. These initiatives incentivize in-network dentists to meet quality and service benchmarks while investing in the local workforce to help address the national shortage of dental hygienists.
 - Since 2010, DDRI has distributed more than \$61 million to in-network dentists through these value-added bonus programs.
 - In 2025 alone, DDRI distributed more than \$5M in bonuses to in-network dentists who demonstrated elevated levels of quality and service for covered members.

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

S 2887 would cause an immediate spike in out-of-pocket costs for workers, retirees, and the State, as out-of-network providers would receive the highest level of benefit payments from dental plans plus the freedom to balance bill members.

- The Bill mandates out-of-network payments at in-network levels, **inclusive of Delta Dental of Rhode Island's participating dentists' value-based care and hygiene workforce bonus programs**, even without the contractual integrity and quality of care obligations of participating dentists.
- The Bill also seemingly ignores the distinction between general dentists and specialists. By requiring the "highest" benefit paid to **any** provider, an out-of-network general dentist would receive the same benefit payment as a specialist. This would be an unprecedented and inflationary mandate.
- Unbound by network contracts, out-of-network dentists can balance bill patients without limitation, leading to significant out-of-pocket costs, even for routine preventive services.

- Patients who visit out-of-network dentists routinely face significantly higher annual out-of-pocket costs, sometimes 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.
- Already strained by the rising costs of medical coverage, including co-payments and deductibles, patients may forgo dental care if it becomes more expensive due to smaller dental networks and increased balance billing. Reduced affordability can lead to poorer oral health outcomes for Rhode Islanders.

In summary, S 2887 would destabilize a dental benefits system that effectively and affordably serves Rhode Islanders, driving up costs, weakening oversight of dental care quality, and reducing access to quality dental care.

We respectfully urge the Committee to reject this measure.

Sincerely,



Sean Newth

Delta Dental of Rhode Island
Chief Financial Officer and Treasurer