



RHODE ISLAND MEDICAL SOCIETY

Chairperson Joseph Solomon
House Corporations Committee
Rhode Island House of Representatives
Rhode Island State House
82 Smith Street
Providence, RI 02903

H8325 – Equitable Access Primary Care Practices Act
Support with Considerations

April 14, 2026

Dear Chair and Members of the Committee,

On behalf of the Rhode Island Medical Society (RIMS), I write regarding H8325.

This legislation reflects a broader reality — primary care practices in Rhode Island are under significant strain. Increasing administrative burden, workforce challenges, and inadequate reimbursement are making it difficult for practices to remain viable. As a result, physicians are exploring alternative care models, including membership-based approaches, in order to continue caring for patients and keep their practices open.

RIMS supports efforts to provide a clear and appropriate framework for these evolving models while maintaining access to medically necessary care.

At the same time, several provisions in the bill would benefit from further clarification to ensure it can be implemented effectively. The bill directs the Office of the Health Insurance Commissioner and the Department of Health to promulgate regulations related to “equitable access in primary care,” but certain elements — particularly the definition of “non-covered services” — may be difficult to operationalize.

While coverage determinations are already well established through payer contracts, the distinction becomes less clear when applied to enhanced access or priority scheduling. These services intersect with core primary care responsibilities, including equitable access and clinical prioritization based on medical need, and may create ambiguity for both providers and payers. It is also important that any framework maintain appropriate oversight. Existing processes already allow for review through the Office of the Health Insurance Commissioner when disputes arise, and that structure should be preserved.

Finally, consideration should be given to how these models interact with medical necessity standards, to ensure that care remains clinically appropriate and aligned with existing coverage requirements.

RIMS appreciates the intent of this legislation and supports continued work to refine it. More broadly, we believe it is critical to advance solutions that address the underlying challenges facing primary care, so that physicians are not forced to seek alternative models simply to sustain their practices.

We look forward to working with the Committee to ensure this legislation supports both patient access and practice sustainability.

Thank you for your consideration.

Sincerely,

Nadine Himelfarb, MD
President