April 14, 2026

Rhode Island State House
House Committee on Corporations

Re: **Opposition to H-7427 and H-8325**, Concierge Medicine Proposals

Dear Chair Solomon and Members of the House Committee on Corporations:

Thank you for the opportunity to provide this testimony **in opposition to H-7427**, which would allow primary care providers to charge unregulated "administrative fees" directly to patients, and **in opposition to H-8325**, which would allow healthcare providers to charge "membership fees" (which are not covered by insurance) directly to patients. RIPIN believes that concierge medicine should be strongly regulated, and both of these proposals would undermine any potential efforts by the Office of the Health Insurance Commissioner (OHIC), the Attorney General, or other governmental entities to protect consumers from inappropriate bills while protecting access to primary care. **While these bills are described as protecting patients and regulating concierge medicine, they actually codify a number of troubling practices that are likely illegal (or at least legally questionable) under current law.**

Concierge medicine is growing significantly in popularity in Rhode Island and nationwide. Faced with stagnating insurer rates and a primary care provider shortage, many primary care providers are deciding to charge patients directly in order to continue seeing them. This makes up for insurer rates seen as insufficient – some concierge medicine "membership fees" are up to $400 per month,[1] giving providers nearly $5,000 per year per patient – and are frequently accepted by patients because the alternative is not having a primary care provider at all. And insurers have generally been tolerant of these fees, because they don't affect their bottom lines while allowing them to claim broader provider networks within their plans.

However, these fees undermine the efficacy of the health insurance system and are unfair to consumers who are given the choice of paying a fee they may not be able to afford or losing access to a provider with whom they've built a relationship. Health insurance works on an understanding that if you pay your premiums, you will have access to the providers in the network, and you will be responsible to pay the cost sharing (e.g. copays) described in your health plan.. This system allows patients to reasonably estimate what their medical costs will be for a year, and allows patients offered more than one plan to select the plan that's right for them. When healthcare costs are charged outside of that system, it makes a patient's total financial exposure greater and more unpredictable and reduces the value of their health insurance coverage. It also means that people (and employers) paying insurance premiums are not getting what they bargained for.

This logic led to the passage of the federal No Surprises Act, whereby many costs formerly "outside" of the health insurance system (like bills for air ambulances, out-of-network emergency care, and ancillary services performed during surgery like anesthesiologists or radiologists) were put back "inside" the health insurance system and covered by in-network deductibles and cost-sharing. This same logic applies to concierge medicine fees – particularly when a practice converts from a "standard" primary care practice to one that charges fees.

Concierge medicine practices frequently claim that their fees entitle enrollees to benefits not available in "standard" primary care practices, including things like access to preventive care,

[1] https://www.mdvip.com/patients/resources/concierge-medical-practices-guide

reduced patient panels for providers, priority access to sick visits, online portals, or nutrition classes.[2] And many health insurers allow these fees so long as they are in exchange for benefits not covered by insurance.[3] However, many of these "benefits" are services that are absolutely covered by insurance (like preventive care, sick visits, and nutrition classes), are clinical best practices (like patient portals), or at least do not add up in value to the monthly "membership fee." This gives the implication that, rather than being charged in exchange for non-covered benefits, the "membership fees" are instead being used to subsidize insurer rates for *covered* services. **RIPIN believes that this practice is likely in conflict with existing insurer contracts and encourages OHIC and other regulators to investigate**.

H-7427 would prohibit health insurers from protecting their enrollees from these fees. And H-8325, while purporting to regulate these fees, would allow them so long as there is even an illusory promise of something of value not covered by insurance. And while promising access to a "free" tier for patients served by concierge medicine practices, **H-8325 represents a significant expansion and codification of providers' rights to require inappropriate "access fees."** It does not prohibit "caps" on the number of patients in the "free" tier. It requires Rhode Island Medicaid to promulgate rules permitting providers to charge membership fees to Medicaid enrollees, something that is generally prohibited by Federal law.[4] H-8325 also contains several inconsistencies – for example, saying that "no patient shall be required to pay any access fee to . . . [r]eceive equal clinical attention, treatment quality, or medical decision making" (proposed § 23-106-3(c)(3)), while allowing for an "access fee" to be charged to provide "conveniences such as faster scheduling or enhanced availability" (proposed § 23-106-4(a)(1)). We believe that "faster scheduling or enhanced availability" imply *unequal* clinical attention.

RIPIN is sensitive to the fiscal and professional pressures on the primary care sector, and we strongly supported OHIC's new requirements for commercial insurers to double primary care investment over four years and the General Assembly's decision to include more than $45 million all-funds to bolster Medicaid primary care rates. Investments in primary care are critical. But they need to be equitable. The solution is not to turn primary care into a luxury good, only accessible to those who have the resources to pay membership fees over and above their already-expensive insurance premiums.

RIPIN strongly encourages the House Committee on Corporations to reject these proposals and instead support more substantive actions by the appropriate regulators (including OHIC, the Attorney General, and the Department of Health) to protect consumers from inappropriate and duplicative fees charged by concierge medicine practices (and, potentially, the inappropriate conversion of primary care practices into concierge medicine practices). RIPIN looks forward to working with the General Assembly and these executive agencies to ensure that the ultimate regulatory regime for these types of practices provides adequate protection while addressing reasonable questions about primary care provider rates.

Thank you for the opportunity to provide these comments. RIPIN is a statewide nonprofit founded in 1991 by a group of parents of children with special healthcare needs. While RIPIN's roots are in serving children and families with special needs, RIPIN now serves all Rhode Islanders who

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[2] Id.
[3] *See, e.g.,* https://www.bcbsri.com/providers/sites/providers/files/policies/2024/05/2023%20Physician%20Concierge%20Services%20_2.pdf.
[4] *See, e.g.,* 42 C.F.R. § 447.50 et seq.

might benefit from education, advocacy, and peer support in navigating healthcare and education systems. RIPIN operates Rhode Island's health insurance consumer assistance program, RIREACH, which has helped several thousand Rhode Islanders save more than $10 million in health care costs since 2018.

Sincerely,

/s/

Shamus Durac
Senior Attorney / Health Policy Analyst
(401) 270-0101 ext. 125
SDurac@ripin.org

/s/

Sam Salganik
Executive Director
(401) 270-0101 ext. 101
Salganik@ripin.org