



House Committee on Health and Human Services  
Representative Susan R. Donovan, Chair  
HouseHealthandHumanServices@rilegislature.gov  
March 24, 2026

**RE: Testimony in support of House bill 8135**

Dear Chair Donovan:

Nurse practitioners in Rhode Island have worked diligently to achieve and sustain full practice authority in statute, enabling us to deliver comprehensive, continuous, and patient-centered care across a wide range of healthcare settings. Our care is safe, compassionate, and grounded in evidence-based practice. Prescriptive authority is an essential component of our role.

In primary care, nurse practitioners function very similarly to our physician colleagues. We manage comparable caseloads and play an equal role in team-based, patient-centered medical homes. Despite this, reimbursement does not reflect the parity of the work we perform. In many fee-for-service and Medicaid markets, nurse practitioners are reimbursed at only 75–85% of physician rates. This disparity creates real challenges for practices, often necessitating billing under a physician's NPI simply to remain financially viable. In some cases, it may even require patients to be seen more than once for the same issue, adding inefficiency and burden to an already strained system.

Equal pay for equal work is fundamentally about fairness and equity. When providers deliver the same services with the same outcomes, reimbursement should reflect that reality. Beyond fairness, payment parity supports healthy competition within the healthcare system, encourages innovation in care delivery, and expands patient access, particularly in primary care, where timely appointments are already difficult to secure.

This issue also sits within a broader shift in healthcare toward value-based care. Our system is increasingly focused on outcomes, quality, and total cost of care, not simply the volume of services delivered. Aligning reimbursement across providers delivering the same care is consistent with this transition and helps eliminate inefficiencies embedded in fee-for-service payment structures. As Michael Chernew noted in a recent article in *Health Affairs*, healthcare costs are driven more by overall spending than by price alone, with higher utilization and intensity of services now serving as the primary drivers of cost growth. Strengthening access to high-quality primary care providers, such as nurse practitioners, is a proven way to address this challenge.

Primary care plays a critical role in preventing unnecessary utilization by managing chronic conditions, coordinating care, and fostering strong patient relationships. It reduces fragmentation, improves continuity, and helps prevent the escalation of health issues into more complex and costly conditions. Expanding access to primary care is essential to managing total healthcare spending while maintaining, or improving, patient outcomes. Ensuring fair reimbursement for nurse practitioners supports this goal by enabling more efficient, accessible, and high-value care delivery without compromising quality.

Most importantly, making primary care sustainable is an imperative goal. Strengthening reimbursement for nurse practitioners helps stabilize practices, expand access, and ensure that patients across Rhode Island can receive the high-quality, timely care they deserve.

Please support H 8135.  
Sincerely,

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