

March 24, 2026

To the Honorable Chairs and Members of the Committee:

My name is Jerry Felix and I am Certified Registered Nurse Anesthetist (CRNA) representing one of many advanced practice providers working in Rhode Island directly affected by insurance companies' provider reimbursement discrimination. **I am writing in strong support of House Bill 8135**, which addresses provider reimbursement parity in Rhode Island. We respectfully urge the Committee to **amend this bill to explicitly include Certified Registered Nurse Anesthetists (CRNAs)**, as well as ensure equitable reimbursement for all advanced practice providers, including Nurse Practitioners (NPs) and Physician Assistants (PAs) Rhode Island is facing a healthcare crisis. According to a recent Rhode Island Monthly article, our state currently ranks among the **worst in the nation for physicians to practice**, and it is both reasonable and evidence-based to conclude that the same challenges apply to advanced practice providers. The issue is not isolated—it is systemic. **Reimbursement inequity is a primary driver of this dysfunction.**

CRNAs, NPs, and PAs are delivering high-quality, evidence-based care within their full scope of practice. In many cases, they are providing **the exact same services, achieving the same quality outcomes, and meeting identical safety standards** as their physician counterparts. Yet, despite this, insurers are reimbursing these providers at **reduced and arbitrary rates**. These reductions can be anywhere from **15% to 25% or even higher**.

At the same time, **insurance premiums are at an all-time high**. Patients are paying more than ever for coverage. This raises a critical question:

Are patients receiving any reduction in their premiums when care is delivered by a CRNA, NP, or PA? The answer is no.

Let me provide a real-world example. I am an independent contractor. At some facilities, I work alongside anesthesiologists. We are working separately, but within the same facility. If we care for the same patient—with the same comorbidities, undergoing the same exact procedure—and that patient is insured by United Healthcare, Cigna, or Tufts, the facility will receive **100% reimbursement** for anesthesia services rendered by the anesthesiologist, while the facility would receive only **85% reimbursement** for the exact same services rendered by a CRNA.

This is a **clear and gross example of provider discrimination**.

The quality is the same.

The outcomes are the same.

Patient satisfaction is the same.

Reimbursement is not.

So again, we must ask:

Does the patient receive a 15% to 25% reduction in their insurance premium because of this discrepancy?

Of course not.

Where does that difference go?

It goes directly back to the insurance companies.

Furthermore, this issue is magnified when we look at the regional landscape. **Massachusetts, Connecticut, and New Hampshire reimburse nearly 30% higher for the same services.** As a result, **advanced practice providers are leaving Rhode Island at an alarming rate**, choosing to practice in neighboring states where they are fairly compensated. This is not theoretical—it is happening in real time.

Insurance companies are effectively choking Rhode Island's healthcare system without accountability. This Committee now has a critical opportunity to help correct that imbalance.

Let us be clear:

These reimbursement cuts are **not based on quality, outcomes, or patient safety.**

They are **arbitrary decisions that increase insurer profit margins—lining the pockets of insurance executives—while directly harming providers and patients.**

This practice has real consequences:

- **Access to care is reduced** as facilities struggle to remain financially viable
- **Healthcare instability increases**, contributing to closures of critical access sites
- **Recruitment suffers**, as providers choose to practice in states where they are fairly reimbursed
- **Retention declines**, driving experienced clinicians out of Rhode Island
- **Patient safety is threatened**, as staffing models become strained

If Rhode Island is serious about fixing its healthcare system, we must confront reality:

This is a safety issue.

This is an access issue.

This is a recruitment issue.

This is a retention issue.

Healthcare in Rhode Island is undeniably strained, and there is no single solution to correct its dysfunction. However, if this body is committed to meaningful reform, we must **follow the money.**

You want to start fixing healthcare in Rhode Island? Start with reimbursement.

House Bill 8135 presents an opportunity to take a meaningful step forward. But to be effective, it must:

- **Include CRNAs explicitly within its protections**
- **Ensure reimbursement parity for all advanced practice providers (CRNAs, NPs, and PAs)**

- **Prohibit discriminatory reimbursement practices based solely on licensure rather than quality or outcomes**

Advanced practice providers are not asking for preferential treatment. We are asking for **fairness**. We are asking to be reimbursed based on the **care we deliver—not the letters after our name**.

When providers are reimbursed fairly:

- You **attract high-quality clinicians**
- You **retain experienced providers**
- You **stabilize healthcare systems**
- You **protect patient access**

Conversely, when reimbursement is inequitable, the entire system suffers—and patients pay the price.

We urge the Committee to pass House Bill 8135 with the necessary amendments to ensure **true provider reimbursement parity** across all qualified healthcare professionals.

Respectfully submitted,

Jerry Felix, CRNA

(401) 954-4254