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PRIMARY CARE

Dear Chair and Members of the Committee,

My name is Noah Benedict, and I serve as President & CEO of the Rhode Island Primary Care Physicians Corporation (RIPCPC). Our organization represents over 60 primary care clinics and 165 primary care providers across Rhode Island. I am writing to respectfully express concerns and opposition to H 7721, the Rhode Island Ban on the Corporate Practice of Medicine Act.

We strongly support the intent of this legislation to protect clinical independence and ensure that medical decision-making remains in the hands of licensed providers. This principle is foundational to high-quality patient care and is shared across the primary care community.

However, we are deeply concerned that the approach taken in H 7721 will have significant unintended consequences that could undermine access to care and the quality of care delivered, particularly in primary care settings.

Primary care in Rhode Island is chronically underfunded relative to its role in improving outcomes and lowering the total cost of care. At the same time, providers are increasingly expected to participate in value-based care models that require substantial upfront investment and the ability to take on financial risk, including downside exposure tied to patient outcomes. Our State, through the Office of the Health Insurance Commissioner, has set targets for value-based care models that require provider groups to assume financial risk, which I support.

To meet these expectations, many primary care organizations rely on capital partners, whether through management services organizations, strategic affiliations, or other investment structures, to build the infrastructure necessary for success. These investments support care coordination, data analytics, workforce expansion, and the operational capabilities required to manage population health. Most importantly, these investments support expanding access to care, a crisis facing every one of our communities.

H 7721 introduces sweeping restrictions on ownership structures and MSO relationships that would significantly limit or eliminate these pathways to capital. The bill's prohibitions on shared ownership, operational delegation, and common contractual arrangements create a level of rigidity that is incompatible with the financial and operational realities of modern primary care.

In practice, this could:

- Limit access to critical investments needed to support value-based care models
- Reduce the ability of independent practices to scale or remain financially viable
- Increase administrative and operational burdens on small and mid-sized practices
- Discourage innovation and collaboration in care delivery
- Limit viable succession pathways for retiring providers, increasing the likelihood that practices close rather than remain operational under new ownership.

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Additionally, the extensive reporting requirements and public disclosure provisions may impose substantial compliance burdens and introduce new legal and financial risks for providers, particularly those without large administrative infrastructures.

While we agree that safeguards are necessary to prevent inappropriate influence on clinical decision-making, we believe that H 7721, as drafted, goes beyond those safeguards and risks destabilizing the very practices that form the backbone of our healthcare system.

We respectfully urge the Committee to reconsider this legislation or to work collaboratively with stakeholders, including primary care providers, to develop a more balanced approach, one that protects clinical autonomy while preserving access to capital, supporting innovation, and enabling primary care practices to succeed in value-based care.

Thank you for your time and consideration. I would welcome the opportunity to further discuss these issues and work toward policies that strengthen primary care in Rhode Island.

Sincerely,



Noah Benedict
CEO & President
Rhode Island Primary Care Physicians Corporation