



Rhode Island Academy of
**PHYSICIAN
ASSISTANTS**

Date: April 14, 2026

From: Rhode Island Academy of Physician Assistants

Re: H-7935 N ACT related to BUSINESSES AND PROFESSIONS – PHYSICIAN ASSISTANTS

Position: Support

The Honorable Susan R. Donovan

Chair,
House Committee on Health and Human Services
82 Smith St.
Providence, RI 02903

Dear Chair Donovan

As the professional organization representing over 1,000 Rhode Island licensed physician assistants (PAs), the Rhode Island Academy of Physician Assistants (RIAPA) thanks the committee for the opportunity to comment on H-7935.

This bill will make technical changes and add clarification to RIGL 5-54, RIGL §16-91-3, and RIGL §16-91.1-3.

The following amendments to 5-54 are proposed:

- Amend the definition of “Collaboration” 5-54-2, to include statutory references of “physician group practice”, “healthcare facility”, and “health maintenance organization” thereby making the definition consistent with other statutes.
- Strike the word “and” in line 3 on page 2 and replace with “or” to clarify existing confusion that the degree of collaboration be determined by a physician and/or all of the entities listed in the existing definition.
- Replace “employer” with “affiliated with the practice”. This change is needed to reconcile the statute with the current trend in medical practices where fewer and fewer are owned by physicians and therefore are employees, not employers.
- Amend § 5-54-22. “Continuing medical education” by revising the time period for accumulation of the required number of continuing medical education hours to coincide with Department of Health procedures and practices. This amendment was requested by the Department of Health and mirrors the existing requirements found in the medical practice act (RIGL 5-37).

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- Remove 5-54-28, "Participation in charitable and voluntary care" as requested by the Department of Health
- Add a new section (5-54-29) that would prohibit restricted covenants in PA employment contracts. This is the same protection provided to physicians and APRNs. Prohibiting restrictive covenants will help to ensure that, in the midst of the primary care provider shortage, PAs will not be forced to leave the state to change practice venues.

The bill also proposes changes to RIGL 16-91-3.1 "The School and Youth Concussion Act" and "The Sudden Cardiac Arrest Prevention Act":

- The proposed amendment to RIGL 16-91-3 would add PAs and APRNs as professionals who may evaluate concussed athletes and authorize return to participation. According to a 2018 analysis of state youth concussion statutes, 47 states allow PAs and APRNs to provide evaluation and authorization to return to participation. Rhode Island, New York, and Arkansas are the only states that limit this service to physicians. Allowing Rhode Island PAs and APRNs will remove a barrier to timely care of student athletes.
- Amend the "The Sudden Cardiac Arrest Prevention Act", RIGL 16-91.1, to authorize PAs to evaluate athletes who have reported symptoms or shown signs of potential cardiac conditions. Currently, only physicians and APRNs are authorized to provide an evaluation and clearance. In addition, "cardiologist" would be deleted from the list of providers who can evaluate and clear due to the fact that it is redundant. The act provides that "physicians" are authorized and in order to be certified as a cardiologist, one must be a "physician".

We are aware that the DOH has submitted testimony on this bill expressing concerns. A Sub A Will be forthcoming that will address all of the concerns expressed by the DOH.

Respectfully submitted,,

James Carney

Director of Advocacy and Government Relations.
Rhode Island Academy of Physician Assistants