



April 14, 2026

House Health & Human Services Committee

State of Rhode Island General Assembly

82 Smith Street, Providence, RI 02908

Dear Chairwoman Donovan and Members of the Committee,

Thank you for the opportunity to submit this testimony in support of H8327, the Primary Care Administrative Fairness Act, which proposes to eliminate uncompensated referral coordination services in primary care.

As evidenced by workforce shortages and increasingly long waiting lists, it is clear that primary care providers (PCPs) both here in Rhode Island and across the country are struggling to keep up with demand. The high cost and staff burden of administrative tasks is one major factor driving this primary care crisis.

Our healthcare system as it stands today is structured and funded in a way that favors specialty care. There is more money available to providers that conduct quick, higher-cost procedures that can be completed in small offices with limited overhead¹ – a structure that has naturally encouraged both providers and payers to prioritize these types of care. This has placed additional tasks that require significant, often uncompensated administrative time, such as preventative care, annual checkups, and medication renewals, on PCPs and community clinics like ours.

At Open Door Health, the community clinic we operate in South Providence, we have four full-time employees solely dedicated to the administrative side of primary care – and they are stretched to their limit. The total annual cost to Open Door Health to coordinate basic, clinically necessary, administrative services for our patients is approximately \$400,000 in staff time and overhead. Beyond the financial cost, the administrative effort required cuts into time we're able to spend with our patients. Physicians spend half their time on EMRs conducting administrative tasks²—without additional compensation.

We've already made several positive changes in Rhode Island, such as last year's bill to alleviate the administrative burden of prior authorizations in primary care (H6317/S168-A³) via a temporary moratorium through 2028; one that we believe should become a permanent law. However, this doesn't go far enough to provide relief to the strained primary care workforce. Fair compensation for the enormous amount of administrative work that primary care providers shoulder is an important next step.

We are committed to maintaining the quality of care our patients receive regardless of the result of this bill, but legislation such as this makes it easier to address our patients' needs by beginning to help alleviate the costly administrative work, reduce staff burnout, and create a more fair healthcare system. It has our full support.

Sincerely,



Dr. Amy Nunn

Chief Executive Officer
Rhode Island Public Health Institute



Dr. Philip Chan

Chief Medical Officer
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Max Erbe, MPH
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References

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3. H6317, 2025 Gen. Assemb., Reg. Sess. (RI 2025). <https://webserver.rilegislature.gov/BillText25/HouseText25/H6317.pdf>