

Dear Committee Chairman and Committee Members-

My name is Jim Kingston and I reside in Providence. I am writing in **SUPPORT** of Senate bills **2097, 2241, 2246, 2447, 2542, 2667, 2828, 2829, 2831, 2834, 2840, 2841 and 3153.**

I am also writing in **OPPOSITION** to Senate bill **2806.** I am fully supportive of enabling all non-physician providers, including but not limited to nurse practitioners, physician assistants and pharmacists, to provide all services up to the level they have been trained so that our limited supply of physicians can better focus on more serious medical needs. But in addition to improving access, we must all look for ways to better control health care system costs and reimbursing NPs and PAs at the same level as physicians will not help in that effort, resulting in these increased costs being passed on through higher insurance premiums in subsequent years. So I am in complete agreement with Dr. Ashish Jha's recent article in the Boston Globe on this matter.

While I do not believe that anecdotal information is useful for policy questions, I would like to mention that on my EOBs over the last several months, I have seen an orthopedic PA, a primary care PA and a dermatology NP and in all cases, the charges submitted by these providers were exactly the same as the physician charges I had previously incurred. I would also like to say that the charges submitted by my orthopedic PA and dermatology NP were in excess to the charges I routinely incur from my primary care physician, which obviously makes little sense. (My first job out of graduate school in 1977 was working with a multi-location, multi-specialty group practice which employed NPs and PAs in family practice, pediatrics, ob-gyn, orthopedics and general surgery and I have been a full supporter of their tremendous work ever since.)