



RI Department of Health  
Three Capitol Hill  
Providence, RI 02908-5097

TTY: 771  
[www.health.ri.gov](http://www.health.ri.gov)

March 3, 2026

The Honorable Melissa A. Murray, Chair  
Senate Committee on Health and Human Services  
State House  
82 Smith St.  
Providence, RI 02903

**RE: S 2111 – An Act Relating to Businesses and Professions -- Nurses**

Dear Chair Murray:

Please accept this letter of concern regarding S 2111, legislation that would permit advanced practice registered nurses (APRNs), physicians, and physician assistants to provide services to patients located in Rhode Island via telemedicine without being licensed in the State, when those services “are necessary and medically and clinically appropriate.” This act would allow APRNs, physicians, and physician assistants who are licensed in other states or US territories who have appropriate professional liability insurance coverage to provide telemedicine services to patients who are in Rhode Island when those services are rendered.

While data comparing telemedicine visits with in-person visits within an integrated health system (e.g., the telemedicine visit is provided by the same group of providers who provide in-person care, with access to the patient’s electronic health records) have been encouraging, the value of in-person visits where vital signs can be taken and a complete physical examination performed cannot be under-estimated in the effort to provide safe, quality healthcare. The licensing process is critical to ensure that providers delivering care to Rhode Islanders have the appropriate training and experience to provide care in their specialty.

Removing telemedicine providers located outside of our State – who will not be part of an integrated healthcare system – from the license application and review process will mean that the Rhode Island Department of Health (RIDOH) will be unable to verify their credentials. With multiple reports of falsification of professional school transcripts in all three professions in recent years, the inability to have RIDOH staff (including a physician or nurse) review license applications to verify their contents – including malpractice settlements and judgments from the National Practitioner Data Bank – puts Rhode Island patients at risk. RIDOH’s specific concerns about the proposed legislation are as follows:

- **Patient safety:** Rhode Island will have unlicensed healthcare professionals providing care in the State and will not know what kind of training they had; what their specialty is; or any possible criminal history, malpractice issues, or other history that may make them unqualified to practice in Rhode Island compared to those providers RIDOH does license.
- **Disciplinary action:** Without a license, there would be no way for any of the three involved professional boards (and therefore, RIDOH) to impose any disciplinary action when legitimate concerns about substandard care arise in investigating complaints from Rhode Island patients about their care from these providers. The inability to impose disciplinary action or restrict an individual’s practice means that RIDOH has no means to prevent additional harm to other Rhode Islanders.

- Statutory definitions of physician, physician assistant, and advanced practice registered nurse all include being licensed in Rhode Island: The definition of physician, in statute, is defined as a “person with a license to practice allopathic or osteopathic medicine in the state under the provisions of this chapter.” The new language states that a physician does not have to be licensed in Rhode Island to practice telemedicine, directly contradicting existing statutory language and establishing two different standards for physicians providing care to Rhode Island patients. The same applies to physician assistants and APRNs.
- Prescriptive privileges for a certified clinical nurse specialist (CNS) in Rhode Island: The law currently states that a CNS can only prescribe over-the-counter medications within their license-designated population focus. The new law states the “practice may include prescriptive privileges”
- Who determines what “healthcare service is necessary and medically and clinically appropriate to be provided through telemedicine services”? Given there are multiple boards included in this legislation, a clear definition of these services needs to be determined to establish when a violation occurs. From a medical perspective, this language is unclear, as there are no national standards for what care is “appropriate” to be delivered via telemedicine, and “necessary” care can be urgent or emergent, and therefore not appropriate to be delivered via telemedicine, which could delay critical care, with the potential for serious morbidity and mortality.
- Ability to track providers providing care in Rhode Island: By removing the need for licensing, RIDOH will have no way to track the actual number of these practitioners to transparently inform our healthcare workforce needs.

If S 2111 were enacted as drafted, Rhode Island would be an outlier among our New England neighbors. Massachusetts requires a person to be licensed there when providing care to a patient in Massachusetts. Connecticut has a temporary registration for 60 days for certain health professionals to practice while they obtain a permanent Connecticut license. Neither state allows provision of care to a patient located in their state by a provider without a license or temporary registration on the path to licensure. In Rhode Island, 100% of physician and physician assistant licenses in 2025 were processed within 72 hours of receipt of a complete application. The licensing process is efficient and is critical to protecting the public from unsafe practitioners.

RIDOH would also likely need an additional investigator to locate and contact these out-of-state practitioners when complaints are filed. In addition, given that the medical records will be located out of state, additional legal counsel will be needed to enforce subpoenas for records.

S 2111 is also in opposition to the State’s enacted Interstate Medical Licensure Compact and proposed Physician Assistant (PA) compact, both of which require the professional to have a license (physicians) or privilege (PAs) in any state where their patients are located. The PA Compact must be implemented as a policy initiative per the State’s approved Rural Health Transformation grant. The bill would also violate the statutory requirement of both compacts that Rhode Island must take disciplinary action against a compact license/privilege if the provider was sanctioned in another compact state: for physicians, any suspension or revocation of a physician’s license in one state must result in the same action being taken in Rhode Island (with an opportunity to review after the action is taken and reported to the National Practitioner Data Bank) and for PAs, the suspension or revocation of a license in another state – or restriction of practice – automatically results in revocation of their privileges in Rhode Island, which is a disciplinary action, as they could no longer care for Rhode Island patients. Without a license or privilege, which are banned by this act, the medical and PA boards cannot take disciplinary action in accordance with the requirements of both compacts.

Thank you for the opportunity to comment on this legislation. RIDOH welcomes the opportunity to work with the sponsors to address RIDOH's concerns and to achieve the intended goals of the proposed legislation.

Sincerely,

A handwritten signature in black ink that reads "Jerome M. Larkin". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Jerome M. Larkin, MD  
Director

CC: The Honorable Members of the Senate Committee on Health and Human Services  
The Honorable Pamela J. Lauria  
Kristen Silvia, Director of Legislation and Deputy Chief of Staff  
Patricia Resende, Director of Senate Policy