



# RHODE ISLAND MEDICAL SOCIETY

Chairperson Melissa Murray  
Senate Health & Human Services Committee  
Rhode Island Senate  
Rhode Island State House  
82 Smith Street  
Providence, RI 02903

Support – S 2111

March 3, 2026

Dear Chair and Members of the Committee:

On behalf of the Rhode Island Medical Society (RIMS), representing physicians and physicians-in-training across all specialties and practice settings, we write in strong support of Senate Bill 2111. We thank Senator Lauria for her leadership in modernizing Rhode Island's telemedicine framework.

S2111 recognizes the reality that patients' lives do not stop at state borders. Many Rhode Islanders spend extended time out of state including retirees who winter in Florida or Arizona, college students, and individuals who travel frequently for work. These patients often maintain longstanding relationships with Rhode Island physicians. When medical concerns arise while they are temporarily outside the state, continuity of care is not a luxury it is a safeguard for patient safety.

Similarly, Rhode Island residents frequently receive specialty or tertiary care in neighboring states such as Massachusetts or Connecticut. S2111 allows those established clinical relationships to continue through telemedicine when appropriate, without creating unnecessary licensure barriers that interrupt care and fragment treatment.

This legislation supports Rhode Island physicians who are trying to do the right thing for their patients. It also ensures that Rhode Island patients are not forced into episodic, disconnected care simply because they temporarily cross state lines.

Importantly, S2111 preserves accountability and patient protections. A clinician providing telemedicine services to a patient located in Rhode Island remains subject to Rhode Island law. Rhode Island courts retain jurisdiction for professional liability matters, and providers must meet Rhode Island's standard of care. Telemedicine does not create immunity from oversight; it remains a regulated modality of care. If care delivered to a Rhode Island patient falls below the standard, Rhode Island patients retain legal recourse.

This framework is consistent with approaches adopted in many states that have modernized telemedicine policy while preserving accountability. For example:

- Massachusetts allows certain out-of-state clinicians to provide telehealth services under defined circumstances, while maintaining jurisdiction over care delivered to Massachusetts patients.
- Connecticut has adopted licensure flexibility measures to facilitate cross-border telemedicine, reflecting the regional nature of healthcare delivery in New England.
- Florida established an out-of-state telehealth provider registration pathway that explicitly requires providers to consent to Florida jurisdiction and disciplinary authority when treating Florida patients.

These examples demonstrate that allowing continuity of care across state lines is not deregulation — it is thoughtful modernization. States across the country have recognized that telemedicine policy must reflect how patients actually live and receive care, while preserving clear lines of accountability.

At a time when Rhode Island faces ongoing workforce pressures and access challenges, S2111 ensures that telemedicine complements rather than replaces local medical care. It supports established physician-patient relationships, promotes continuity, and maintains legal safeguards for patients.

For these reasons, RIMS respectfully urges the Committee to support S2111. We stand ready to continue working with policymakers to ensure Rhode Island maintains a telehealth framework that protects patients while supporting the physicians who care for them.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'NH', with a stylized flourish at the end.

Nadine Himelfarb, MD  
President  
Rhode Island Medical Society