

March 31, 2026
The Honorable Melissa Murry
Chair,
Senate Committee on Health and Human Services
State House
82 Smith St.
Providence, R.I. 02903

Testimony on S- 2859
An Act Relating to Businesses and Professions - Physician assistants
Position: Oppose

Dear Chair, Murry and members of the committee,
On behalf of the over 800 practicing physician assistants (PAs) represented by the Rhode Island Academy of physician assistance (RIAPA) we would like to thank you for the opportunity to comment on Senate Bill S – 2859
We have several concerns regarding provisions of this proposed legislation.
It is our understanding that the intent of this bill is to create a specialty license for PAs in order for them to use billing codes that are currently restricted to PAs who hold a Certificate of Added Qualifications in Psychiatry (CAQ-Psychiatry) from the National Commission on Certification of Physician Assistants
The bill proposes to accomplish this by creating a separate specialty license for PAs, one of the requirements of which would be possession of a CAQ. We have two primary concerns with this approach.
First, our research does not support the assertion that there are billing codes that PAs are prohibited from using solely because they do not hold a CAQ. Neither federal Medicare nor Medicaid—including Rhode Island Medicaid—imposes such restrictions. While it is possible that some private insurers may have these limitations, we are not aware of any at this time.
Our second concern is that establishing a CAQ as a licensing requirement would create a “catch-22” in the licensing process and could significantly reduce the number of PAs willing or able to practice psychiatry in Rhode Island.
This “catch-22” arises from the eligibility requirements for obtaining a CAQ, which include a minimum of two years of clinical experience practicing in the specialty before a PA may sit for the certifying examination. Under the proposed structure, any PA in Rhode Island without a CAQ would be required to obtain one in order to practice psychiatry, yet would be unable to do so without first accumulating two years of psychiatric practice experience. In effect, a PA would need the CAQ to practice, but could not obtain the CAQ without already practicing. The only

practical solution would be for current PAs or new graduates to leave the state for two years before returning to practice psychiatry in Rhode Island.

In addition, there are simply not enough CAQ holders to meet the needs of the healthcare system. As of December 31, 2025, there were 201,038 certified physician assistants in the United States. Of those, only 4,088 held a CAQ, and fewer than 4% of those CAQ holders practiced in psychiatry. Clearly, enactment of this bill would exacerbate the already shortfall of providers.

In addition, we believe that this might create a bad precedent. Requiring a CAQ in one specialty may lead to Calls for holding a CAQ in other specialties. This is especially concerning given that there could be a potential for requiring a CAQ in primary care. Thereby further decreasing the potential primary care providers in the state.

Thank you for your consideration of our concerns. We appreciate the opportunity to engage in further discussion on this matter.

Respect for me,
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