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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2026

A N A C T

RELATING TO STATE AFFAIRS AND GOVERNMENT -- HEALTH CARE FOR
CHILDREN AND PREGNANT WOMEN

Introduced By: Senators Lauria, Valverde, Murray, DiMario, Urso, Kallman, Thompson,
Gu, Ujifusa, and Vargas
Date Introduced: February 13, 2026

Referred To: Senate Finance

It is enacted by the General Assembly as follows:

- 1 SECTION 1. Legislative findings. The general assembly finds and declares:
- 2 (1) Rhode Island pediatricians are facing a major workforce crisis which is causing
- 3 decreased healthcare access for children. Without significant intervention, the situation is expected
- 4 to worsen and negatively impact not only the health of our children, but the long-term health of the
- 5 adults in our state.
- 6 (2) According to a 2024 survey of Rhode Island pediatricians, less than fifty percent (50%)
- 7 of pediatric primary care offices were accepting new or transfer patients other than newborns or
- 8 siblings of current patients. Families that move to Rhode Island to work, or those whose pediatric
- 9 providers retire, cannot find a doctor to care for their child.
- 10 (3) The same survey showed that forty-two (42) of one hundred fifty-six (156), twenty-six
- 11 and nine-tenths percent (26.9%) of respondents, stated that they plan to retire within the next six
- 12 (6) years. This correlates to a potential loss of seventy-one (71) providers when applied to the two
- 13 hundred sixty-two (262) pediatricians who are currently practicing primary care in Rhode Island,
- 14 and a projected net loss of forty (40) to forty-five (45) providers by 2030. Current providers do not
- 15 have the capacity to increase panel size to accommodate more patients as most are working with
- 16 full patient loads.
- 17 (4) Rhode Island also suffers from shortages in pediatric subspecialists and child
- 18 psychiatrists, causing unnecessary delays in care for children. The American Academy of Pediatrics

1 has predicted that despite increasing medical complexity of American children, the supply of
2 specialists will continue to decline without significant investments in the workforce. In Rhode
3 Island, current Medicaid payment rates for pediatric specialists is lower than that for general
4 pediatricians, as they were not included in the last rate increase in the governor's budget.

5 (5) On average, Medicaid payment rates in Rhode Island are approximately twenty-five
6 percent (25%) lower than those in Massachusetts and Connecticut, which causes significant
7 difficulty in recruiting new pediatric providers to our state.

8 (6) Medicaid rates have a significant impact on the availability of pediatric health care to
9 children statewide, regardless of income. Nationally and in Rhode Island, pediatric health care
10 providers are more dependent on Medicaid than adult health care providers to keep their practices
11 open and operating because Medicaid covers a large portion of children's health care. In Rhode
12 Island in 2022, fifty-eight percent (58%) of children under age seven (7), and fifty-four percent
13 (54%) of children ages zero to eighteen (18) were covered by Medicaid insurance. Only eight
14 percent (8%) of Rhode Islanders over age nineteen (19) were covered by Medicaid. In 2019,
15 children represented about twenty-five percent (25%) of the U.S. population, yet received less than
16 ten percent (10%) of total health care spending.

17 (7) Spending on health care during childhood has been documented to improve health into
18 adulthood, thereby reducing future costs. Investments in children's health care can produce
19 improved outcomes in subsequent generations.

20 SECTION 2. Chapter 42-12.3 of the General Laws entitled "Health Care for Children and
21 Pregnant Women" is hereby amended by adding thereto the following section:

22 **42-12.3-17. Access to pediatric health care.**

23 The executive office of health and human services shall pursue a Medicaid state plan
24 amendment and allocate sufficient state general revenue to increase Medicaid payment rates to
25 equal one hundred thirty percent (130%) of Medicare rates for all payment codes for outpatient
26 clinical services rendered to patients under nineteen (19) years old on or before October 1, 2026 to
27 ensure rates allow pediatric providers to provide adequate services for their current patient panels.
28 Increased rates will allow practices to recruit and retain pediatric providers to include, but not be
29 limited to, pediatricians, pediatric specialists, child psychiatrists, family medicine physicians, nurse
30 practitioners, and physician's assistants to improve the current workforce shortage, and offset the
31 projected shortfall in replacing physicians who plan to retire.

32 SECTION 3. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
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1 This act would require the executive office of health and human services to amend the state
2 Medicaid plan and secure sufficient state general revenue to increase Medicaid payment rates to an
3 amount equal to one hundred thirty percent (130%) of Medicare rates for outpatient clinical
4 pediatric services.

5 This act would take effect upon passage.

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