

2025 -- H 6353

LC002909

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2025

A N A C T

RELATING TO BUSINESSES AND PROFESSIONS -- THE PRIMARY CARE
PRESERVATION ACT

Introduced By: Representatives Hopkins, J. Brien, Cotter, and Nardone

Date Introduced: May 21, 2025

Referred To: House Corporations

It is enacted by the General Assembly as follows:

1 SECTION 1. Title 5 of the General Laws entitled "BUSINESSES AND PROFESSIONS"
2 is hereby amended by adding thereto the following chapter:

3 CHAPTER 37.9

4 THE PRIMARY CARE PRESERVATION ACT

5 **5-37.9-1. Short title.**

6 This chapter shall be known and may be cited as the "The Primary Care Preservation Act".

7 **5-37.9-2. Definitions.**

8 As used in this chapter, the following words and terms shall have the following meanings
9 unless the context shall clearly indicate another or different meaning or intent:

10 (1) "Payor" means an insurer, health maintenance organization, or other entity responsible
11 for payment of healthcare services under a health plan.

12 (2) "Physician practice" means a medical practice owned or operated by licensed
13 physicians providing outpatient care in the State of Rhode Island.

14 (3) "Practice support contribution" means a fee charged by a physician practice to patients
15 for operational services including, but not limited to, reception, referral coordination, medication
16 refill management, medical assistant support, and general operational overhead.

17 **5-37.9-3. Authorization of practice support contributions.**

18 (a) A physician practice may charge a practice support contribution not to exceed one

1 hundred twenty dollars (\$120) per year, per patient, enrolled in a healthcare insurance plan,
2 excluding Medicaid and traditional Medicare.

3 (b) The practice support contribution shall be adjusted annually based on the most recently
4 published annual consumer price index, as formulated and computed by the Bureau of Labor
5 Statistics of the United States Department of Labor.

6 **5-37.9-4. Payor non-interference.**

7 (a) No payor shall include in any contract with a physician practice a clause that prohibits
8 or restricts the practice from charging, billing, or collecting a practice support contribution directly
9 from patients.

10 (b) Payors shall not bill or collect the practice support contribution on behalf of a physician
11 practice.

12 **5-37.9-5. Patient access and care continuity.**

13 (a) Physician practices may require current payment of the practice support contribution as
14 a condition for scheduling non-emergent appointments for patients enrolled in healthcare insurance
15 or Medicare Advantage plans.

16 (b) Patients in arrears shall receive standard and customary care, including medication
17 refills for thirty (30) days and medical record transfers upon request.

18 **5-37.9-6. Reimbursement of contributions.**

19 The practice support contribution may be eligible for reimbursement by the state or a payor;
20 provided that, such reimbursement is processed separately from the physician practice's direct
21 billing to patients.

22 **5-37.9-7. Severability.**

23 If any clause, sentence, paragraph, section, or part of this chapter shall be adjudged by any
24 court of competent jurisdiction to be invalid, that judgment shall not affect, impair, or invalidate
25 the remainder of the chapter but shall be confined in its operation to the clause, sentence, paragraph,
26 section, or part directly involved in the controversy in which that judgment shall have been
27 rendered.

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

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T

RELATING TO BUSINESSES AND PROFESSIONS -- THE PRIMARY CARE
PRESERVATION ACT

1 This act would authorize a physician practice to charge a practice support contribution;
2 provided that, the amount charged does not exceed one hundred twenty dollars (\$120) per year, per
3 patient, enrolled in a healthcare insurance plan, (excluding Medicaid and traditional Medicare).
4 Patients in arrears would still be entitled to receive standard and customary care, including
5 medication refills for thirty (30) days and medical record transfers.

6 This act would take effect upon passage.

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