

2026 -- H 8308

LC006084

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2026

A N A C T

RELATING TO INSURANCE -- PRIMARY CARE CONTRACTING GOOD FAITH ACT

Introduced By: Representatives Place, Hopkins, Cotter, Santucci, Shanley, Noret,
Stewart, and Knight

Date Introduced: March 18, 2026

Referred To: House Corporations

It is enacted by the General Assembly as follows:

1 SECTION 1. Title 27 of the General Laws entitled "INSURANCE" is hereby amended by
2 adding thereto the following chapter:

3 CHAPTER 84

4 PRIMARY CARE CONTRACTING GOOD FAITH ACT

5 **27-84-1. Short title.**

6 This chapter shall be known and may be cited as the "Primary Care Contracting Good Faith
7 Act."

8 **27-84-2. Mandatory good-faith negotiations.**

9 (a) As used in this chapter, the term "payer" means and includes commercial insurers,
10 managed care organizations, and Medicare advantage plans.

11 (b) Every payer shall negotiate in good faith with any primary care physician practice at
12 least once every twenty-four (24) months. Negotiations shall explicitly consider increases in
13 operating costs, inflation, staff wages, malpractice premiums, and other overhead factors.

14 **27-84-3. Prohibition on discriminatory refusals.**

15 A payer shall not refuse to negotiate or enter/renew a contract solely based on the practice's
16 size, ownership structure, patient panel size, or Medicaid volume.

17 **27-84-4. Enforcement.**

18 The office of the health insurance commissioner ("OHIC") shall maintain a negotiation
19 request log and issue annual summary reports. Complaints shall be reviewed under existing OHIC

1 [authority.](#)

2 SECTION 2. This act shall take effect ninety (90) days after passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
RELATING TO INSURANCE -- PRIMARY CARE CONTRACTING GOOD FAITH ACT

1 This act would enact the primary care contracting good faith act. It would require every
2 commercial insurer, managed care organization, and Medicare advantage plan to negotiate in good
3 faith with any primary care physician practice at least once every twenty-four (24) months.
4 Negotiations would explicitly consider increases in operating costs, inflation, staff wages,
5 malpractice premiums, and other overhead factors.

6 This act would take effect ninety (90) days after passage.

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