

2026 -- H 8325

LC006083

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2026

A N A C T

RELATING TO HEALTH AND SAFETY -- EQUITABLE ACCESS PRIMARY CARE PRACTICES ACT

Introduced By: Representatives Hopkins, Cruz, J. Brien, Casimiro, Cotter, Boylan, Shanley, Phillips, and Lima

Date Introduced: March 20, 2026

Referred To: House Corporations

It is enacted by the General Assembly as follows:

1 SECTION 1. Legislative findings.

2 The general assembly finds and declares that:

3 (1) All Rhode Islanders deserve timely, high quality primary care without access
4 limitations;

5 (2) Primary care practices face challenges including administrative burdens, physician
6 shortages, and burnout, which threaten overall access to care;

7 (3) Innovative models can help sustain practices and improve convenience while
8 preserving equity, but must never result in a pay to play system where ability to pay determines the
9 quality or speed of essential medical care;

10 (4) Optional fees for non-covered services can support practice viability if they are strictly
11 voluntary, transparent, and do not affect access to or delivery of covered, medically necessary
12 primary care services;

13 (5) Maintaining reasonable panel sizes for licensed practitioners is the key to a healthy
14 workforce and cared-for constituency. Innovative models can provide primary care practices the
15 opportunity to maintain reasonable panel sizes while growing the practice to service more patients;

16 (6) The goal of this legislation is to enhance access to care, not limit it, as well as protect
17 some of our most valuable healthcare resources, primary care practitioners;

18 (7) In order to maintain access for all Rhode Island patients, regardless of ability to

1 participate in membership-model tiers, private practices must be made viable for growth and
2 stability.

3 SECTION 2. Title 23 of the General Laws entitled "HEALTH AND SAFETY" is hereby
4 amended by adding thereto the following chapter:

5 CHAPTER 106

6 EQUITABLE ACCESS PRIMARY CARE PRACTICES ACT

7 **23-106-1. Short title.**

8 This chapter shall be known and may be cited as the "Equitable Access Primary Care
9 Practices Act."

10 **23-106-2. Definitions.**

11 As used in this chapter, the following terms have the following meanings:

12 (1) "Access fee" or "membership fee" means an optional, voluntary annual or periodic fee
13 charged solely for non-covered services and conveniences not reimbursable by any third-party
14 payer and not required for any medically necessary covered service.

15 (2) "Equitable access primary care practice" means a primary care practice that:

16 (i) Accepts and bills third-party payers, including commercial insurers, Medicare,
17 Medicaid, and other government payers, for covered health services in full compliance with law
18 and contracts; and

19 (ii) May offer patients the voluntary choice of access tiers for non-covered services,
20 including:

21 (A) A tiered system of non-covered services, including the option for access to care without
22 financial purchase beyond general third-party or self-pay fee schedules.

23 (3) "Non-covered services" means conveniences such as coordination of non-covered
24 testing, enhanced availability or priority scheduling that do not include or substitute for medically
25 necessary covered services and are not billable to payers.

26 (4) "Primary care practice" means a medical practice licensed in Rhode Island providing
27 primary care through licensed physicians, physician assistants, or nurse practitioners, and owned
28 and operated by licensed physicians or nurse practitioners.

29 (5) "Third-party payer" means any health insurer, health maintenance organization,
30 Medicare, Medicaid, or other government payer program.

31 **23-106-3. Authorization and strict equity requirements.**

32 (a) A licensed primary care practice may offer voluntary access fees for non-covered
33 services as described in § 23-106-2(2)(ii), in addition to billing third-party payers for covered
34 services.

1 (b) Access fees shall apply exclusively to non-covered services. Practices shall not bill
2 payers for these fees, apply them to deductibles, copayments, or coinsurance, or submit claims for
3 them.

4 (c) No patient shall be required to pay any access fee to:

5 (1) Receive any medically necessary covered service;

6 (2) Access emergency, urgent, or same day care when clinically indicated; or

7 (3) Receive equal clinical attention, treatment quality, or medical decision making.

8 (d) All patients, regardless of tier, shall receive identical standards of medical care,
9 provider expertise for covered services, and nondiscrimination in clinical prioritization based on
10 medical need rather than financial tier.

11 **23-106-4. Robust patient protections and transparency.**

12 (a) Before any patient elects a tier, the practice shall obtain signed informed consent in
13 plain language that explicitly states:

14 (1) The access fee is completely optional and pays only for conveniences such as faster
15 scheduling or enhanced availability and not for better medical treatment;

16 (2) Choosing the basic tier without a fee does not result in inferior care, longer waits for
17 urgent needs, or any disadvantage in clinical outcomes; and

18 (3) Fees are not insurance, are not reimbursable by any payer, and do not count toward
19 insurance obligations.

20 (b) Practices shall not deny, delay, downgrade, or otherwise disadvantage medically
21 necessary care based on tier choice or inability or unwillingness to pay a fee. Urgent or emergent
22 needs shall take precedence over scheduling preferences.

23 **23-106-5. Prohibition on insurer interference and safeguards.**

24 (a) No health insurer or third-party payer regulated by the state shall prohibit, penalize, or
25 restrict a provider from offering voluntary non-covered amenity tiers; provided that, all covered
26 services are billed and delivered equitably.

27 (b) This section shall not override federal Medicare rules concerning beneficiary
28 protections, assignment, or opt-out requirements.

29 **23-106-6. Medicaid and Medicare compliance.**

30 The executive office of health and human services shall issue rules and regulations within
31 one hundred eighty (180) days of the effective date of this chapter to ensure that Medicaid providers
32 may offer non-covered amenity fees consistent with federal rules and without charging
33 beneficiaries for covered services. Nothing in this chapter authorizes fees that violate Medicare
34 statutes or beneficiary protections.

1 **23-106-7. Enforcement and penalties.**

2 The department of health and the office of the health insurance commissioner shall enforce
3 the provisions of this chapter. Violations that threaten patient equity may result in sanctions
4 pursuant to chapter 37 of title 5 or title 27, including fines, license restrictions, or corrective action
5 plans. The department shall adopt rules and regulations to monitor and promote equitable access.

6 **23-106-8. Severability.**

7 If any provision of this chapter or its application is held invalid, the remainder shall remain
8 in effect.

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

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

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RELATING TO HEALTH AND SAFETY -- EQUITABLE ACCESS PRIMARY CARE
PRACTICES ACT

1 This act would allow primary care practices to offer optional fees for non-covered services
2 while requiring equal medical care for all patients and protecting access to medically necessary
3 services regardless of ability to pay.

4 This act would take effect upon passage.

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