

2026 -- H 8335

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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2026

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A N A C T

RELATING TO INSURANCE -- MEDICAID AND COMMERCIAL PRIMARY CARE RATE
ENHANCEMENT AND SUSTAINABILITY ACT

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

Date Introduced: March 20, 2026

Referred To: House Finance

It is enacted by the General Assembly as follows:

1 SECTION 1. Legislative findings.

2 The general assembly finds that independent primary care practices face unsustainable
3 overhead increases and reimbursement compression, resulting in closures and patient displacement.
4 Commercial primary care rates in Rhode Island lag approximately twenty-nine percent (29%)
5 behind neighboring states. State-directed payments under 42 C.F.R. § 438.6(c) provide a no-net-
6 cost mechanism to stabilize these practices using existing Medicaid funds and federal matching
7 dollars. Enhanced rates, supplements, and commercial parity are essential to prevent further
8 closures and reduce system-wide costs.

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

11 CHAPTER 18.10

12 MEDICAID AND COMMERCIAL PRIMARY CARE RATE ENHANCEMENT AND

13 SUSTAINABILITY ACT

14 27-18.10-1. Short title.

15 This chapter shall be known and may be cited as the “Medicaid and Commercial Primary
16 Care Rate Enhancement and Sustainability Act”

17 27-18.10-2. Patient-centered medical home expansion and enhanced per-member-
18 per-month supplements.

1 (a) The executive office of health and human services (EOHHS) shall expand the patient-
2 centered medical home (PCMH) program to all Medicaid-accepting independent primary care
3 practices and nurse practitioners.

4 (b) Through state-directed payments under 42 C.F.R. § 438.6(c), EOHHS shall require
5 managed care organizations (MCOs) to pay an enhanced per-member-per-month (PMPM)
6 supplement of ten dollars (\$10.00) to twenty dollars (\$20.00) for each attributed Medicaid patient
7 to eligible independent providers who enroll in PCMH or meet equivalent criteria.

8 **27-18.10-3. Rate acceleration; Automatic per-member-per-month access payments**
9 **and bonus.**

10 (a) EOHHS shall accelerate the FY2026 primary care rate increase to one hundred percent
11 (100%) of Medicare and add a temporary twenty-five percent (25%) bonus for independent (non-
12 hospital-employed) practices.

13 (b) Through state-directed payments under 42 C.F.R. § 438.6(c), EOHHS shall require
14 MCOs to pay an automatic access payment supplement of eight dollars (\$8.00) to fifteen dollars
15 (\$15.00) PMPM for every attributed Medicaid patient in qualifying independent practices.

16 **27-18.10-4. Commercial rate parity.**

17 The office of the health insurance commissioner shall require commercial insurers and
18 Medicare Advantage plans to align primary care reimbursement rates with those in Massachusetts
19 and Connecticut (approximately twenty-nine percent (29%) higher on average) through phased
20 implementation: fifteen percent (15%) by January 1, 2027 and full alignment by July 1, 2027.

21 **27-18.10-5. Eligibility and implementation.**

22 (a) Eligibility is limited to independent primary care physicians and nurse practitioners
23 who accept Medicaid and meet minimal quality and reporting requirements established by EOHHS.

24 (b) On and after January 1, 2027, EOHHS shall:

25 (1) Submit the necessary state-directed payment preprints to the centers for Medicare &
26 Medicaid services;

27 (2) Update all MCO contracts to incorporate these payments;

28 (3) Build on the existing multi-payer PCMH program administered by the office of the
29 health insurance commissioner (OHIC) in consultation with the Care Transformation Collaborative
30 of Rhode Island (CTC-RI); and

31 (4) Issue annual reports on access, retention, and cost savings.

32 (c) The office of the health insurance commissioner shall amend regulations and insurer
33 contracts to enforce commercial parity.

34 **27-18.10-6. Enforcement.**

1 [The office of the health insurance commissioner and EOHHS shall enforce this chapter](#)
2 [under existing authority. Non-compliant contract provisions are void.](#)
3 SECTION 3. This act shall take effect on January 1, 2027.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T

RELATING TO INSURANCE -- MEDICAID AND COMMERCIAL PRIMARY CARE RATE
ENHANCEMENT AND SUSTAINABILITY ACT

1 This act would enact the Medicaid and commercial primary care rate enhancement and
2 sustainability act, expanding the patient-centered medical home program to all Medicaid-accepting
3 independent primary care practices and nurse practitioners. This act would increase rates paid by
4 commercial insurers and Medicare Advantage plans to align with the reimbursement rates in
5 Massachusetts and Connecticut starting with a fifteen percent (15%) increase on January 1,
6 2027 and full alignment by July 1, 2027.

7 This act would take effect on January 1, 2027.

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