

Representative Susan Donovan, Chair
House Committee on Health & Human Services
RI General Assembly
RI State House
82 Smith St.
Providence, RI 02903

March 12, 2024

RE: Testimony Supporting House Bill 7696, AN ACT RELATING TO BUSINESSES AND PROFESSIONS – NURSES.

Dear Chairperson Susan Donovan,

Good afternoon and thank you Madam Chair and committee members for giving me this opportunity to speak to you today about this bill. My name is Anne Neuville, I am a resident of district 19 and a primary care nurse practitioner in district 70.

For the sake of brevity, I will not spend time reiterating known truths about how the State of Rhode Island is geographically limited, in a crisis for primary care providers, for a number of reasons, and how the physicians in 2016 obtained the same protections that nurse practitioners are with this bill seeking to obtain today. It is also a well-known, that nurse practitioners are acknowledged, through statute, regulation, and the credentialing of insurers, primary care providers of record as well.

There are, in my opinion, three main reasons for protecting primary care providers from noncompete restrictions. First, professionals, especially in such a small state, should not be restricted in their right to practice. Second, and more importantly, patients should not be restricted access to their primary care provider of choice, a provider whom they have a longstanding relationship with and knows them. And third, restricting access to a known primary care provider has real implications that can jeopardize health.

Why is the primary care relationship so important, you might ask?

I can best explain the value of this relationship by quoting from a recent report by the National Academies of Science, Engineering, and Medicine (NASEM), who define the nature and impact of high-quality primary care as follows:

"Primary care provides comprehensive, person-centered, relationship-based care that considers the needs and preferences of individuals, families, and communities. Primary care is unique in health care in that it is designed for everyone to use throughout their lives—from healthy children to older adults with multiple comorbidities and people with disabilities.

Absent access to high quality primary care, minor health problems can spiral into chronic disease, care management can become difficult and uncoordinated, visits to emergency departments increase, preventive care lags, and the nation's health care spending soars to unsustainable levels.

People in countries and health systems with high-quality primary care enjoy better health outcomes and more health equity."

As a recent OHIC report points out, "primary care delivers outcomes that support the welfare of the public. These public interest outcomes are placed at risk by lack of access to primary care", and, I would add, by lack of access to a known primary care provider.

Noncompete clauses that restrict professional practice are self-serving. They do not serve the public good. They disregard the value of established primary care relationships. These clauses can only add burden onto the fragile pool of primary care providers in Rhode Island and likely make it necessary for a provider to leave the state should they change employer.

I am a primary care nurse practitioner who has been serving my community for nearly a quarter of a century as the primary care provider of record for nearly 1800 patients. From this perspective, I have seen the importance and value of the relationship between primary care provider and patient. I have seen children I have care for become parents and have begun caring for their children as well. I have cared for older patients that have since passed away and in whose memory I continue to care for their growing families. I care for patients with multiple co-morbidities and both children and adults with disabilities. These long-term relationships inform a knowing of the person's health needs that took years to foster. They cannot be replaced without detriment to quality primary care.

I ask for your support of this bill, not for myself, because I have no personal need of it, but for the patients and families in the State who deserve to maintain access to high quality primary care from the primary care provider who knows them best.

Regards,

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