Lou Mansolillo

From:
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Subject:

Frank Dalessandro <fdmd5@icloud.com> Thursday, June 5, 2025 6:02 PM House Corporations Committee House bill 6353 primary care preservation act

Primary care preservation act June 2025 hearing corporations committee

My name is Frank D'Alessandro, a primary care physician practicing in Lincoln and East Greenwich, Rhode Island.

I want to thank the committee chair and the committee for the opportunity to give my support on the Primary Care Preservation Act introduced by Representative Marie Hopkins, H 6353

I believe this Act is a common sense practical approach that will help solve the primary care access problem that is plaguing Rhode Island.

I am a local Rhode Islander, born in the Mount Pleasant section of Providence. I graduated from Classical High School in 1979 and Boston University in 1983 and receive my medical degree in 1988 from Ross University medical school.

I completed my residency in Internal Medicine at the Yale primary care program in Waterbury, Connecticut in 1991.

In 1994, I began a primary care and urgent care practice in Lincoln, Rhode Island and over the next two decades, my primary care practice grew , and I eventually formed a partnership with four other medical providers named Ocean state Healthcare which grew to comprise 20 practices, including 10 urgent care centers, caring for over 50,000 patients, with over 250,000 annual visits.

In 2017, due to financial pressures from declining insurance reimbursements, our organization decided to partner with a corporate investor, New Harbor Capital out of Chicago, Illinois. The downside of this decision resulted in loss of managerial control of our organization.

In 2022, Ocean State Healthcare was sold to Village Medical, which was owned by Walgreens. Walgreens's strategy involved the corporate control of primary care throughout the United States by investing over \$15 billion in the purchase of medical practices throughout the country. It is not an understatement to say that this decision turned out to be a disaster for Walgreens, almost bankrupting this company in the process.

I personally witnessed the negative effects of corporate controlled healthcare where some of the most basic elements of medical practice were not met, namely, immediately answering patient calls to the office, and offering patients sameday visits when necessary.

I left Village Medical in 2023, and although I considered retiring, Dr. Jonathan Martin, Dr John Chece and I opened a small primary care practice in East Greenwich, Rhode Island in June 2024, forming MDRI.

With the collapse of Village Medical in 2023, along with other practice closures throughout the state, we were contacted by former employees-both staff members and providers inquiring about joining our practice.

Since June 2024, we have added multiple providers, in addition to reopening a satellite practice in Lincoln, Rhode Island along with an Urgent Care and primary care practice in Johnston, Rhode Island.

By the end of this year, we will likely employ over 20 providers, servicing up to 30,000 patients.

We are proud that we have been able to offer high-quality medical care by focusing on the basic Patient needs which includes answering their phone calls immediately and offering same-day appointments.

Unfortunately, we are starting to experience financial strains encountered by virtually every medical practice in Rhode Island.

The abrupt closure of Anchor Medical was not only devastating to the state, but also concerning to our organization, as we feel we will likely be in a similar financial crisis within a year or sooner.

Given our experience in running medical practices, we have developed some solutions that will address this problem.

Although efforts by the State and others to increase insurance reimbursements will certainly help, we feel that allowing Practices to charge those patients, with private insurance, a monthly fee directly would provide an immediate solution. Charging a \$10 monthly amount, or \$120 annually, although relatively small, would have a significant and immediate impact on stabilizing the finances of not only our practice organization, but other practices both large and small in the state.

This extra revenue would allow those practices to immediately invest in their organization by hiring additional staff and providers to accommodate the need for primary care services in our state, resulting in practices "competing" for patients and thus begin to solve the problem of primary care access.

At present, all insurances prohibit charging the Patient any additional fees, as this violates the provider contract that insurance companies require Providers to sign.

Therefore, the proposed legislation would allow medical providers the option to charge this "primary care contribution fee" of \$10 monthly.

If this bill were enacted a year ago, it is very likely Anchor Medical would not have closed so abruptly. This assertion is supported by Dr. Michael Fine, a supporter of this bill, who is the former Rhode Island director of health.

Without this bill, and the immediate financial stabilization that it would provide to practices, more practice closures are likely, and will likely result in flooding hospitals with patients that they can't handle.

The \$10 monthly fee would be for only commercial patients, thus help to subsidize the care for the Medicaid and Medicare patient, promoting healthcare equity.

I believe this bill is a win for all as it provides an immediate common sense practical solution that will prevent primary care practice closures and reducing strains on the healthcare system.

I appreciate the opportunity to comment on this bill.

Frank Michael D'Alessandro, MD Partner, MDRI East Greenwich, RI

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Sent from my iPhone