



Representative Joseph J. Solomon, Jr.
Chair
Rhode Island House of Representatives Corporations Committee

Re. HB 6353

Dear Mr. Chair and Members of the House Corporations Committee;

I am very sorry I cannot be with you to testify in person.

I'm the president of Primary Care for All Americans (PC4AA) Rhode Island, a non-profit educational foundation of nearly 300 Rhode Islanders working to ensure that all Rhode Islanders have access to reliable primary care, and a national organization active in 40 states, with 1500 members nationally. I'm a family physician, was Director of the Rhode Island Department of Health 2011-2015, and was the founding vice president of the Scituate Health Alliance, which more than twenty years ago made Scituate, Rhode Island the only community in the US where everyone is offered access to primary medical and dental care.

As you know, primary care is the only form of health care that lowers health care costs while it improves the public's health. Primary care is also the most affordable and effective health care service we have. It costs less than \$600 per person per year – about the cost of police and fire protection in most communities (about \$1000 in Scituate, if I'm reading the Scituate Budget correctly) and about a third of what we pay, per person per year, for cities and towns to maintain their roads and bridges.

Primary care in Rhode Island is in serious trouble because of workforce shortages, work overload, and inadequate reimbursement by commercial health plans, Medicare and Medicaid. We are losing our

clinicians every day, and likely have **300-500** fewer than we need – while we are training no more 30-50 primary care clinicians a year for Rhode Island, which is fewer than expected requirements.

As you know, Medicaid is likely to be cut. This is a very tough state budget year. Blue Cross and NHPRI are running in the red. There just isn't public or insurance money available to improve primary care reimbursement – but we've got to find some way to improve that reimbursement if we are going to keep primary care practices solvent. We lost Anchor Medical for want of \$12-15 per patient per month. One large community health center staved off bankruptcy by huge last minute public investments. Another teeters on the brink of insolvency and is laying people off (and many of its health professionals are finding other jobs in surrounding states as I write this.)

The only way I can see of keeping primary care practices alive at the moment is to invite the personal contribution of patients to help support their primary care practices. Most people pay more than \$10 or \$20 a month for coffee or for streaming services. A similar monthly contribution is all that is needed to keep primary care in Rhode Island alive.

As I have testified at House and Senate Finance over the last two weeks, we need to be doing ten things at once to rejuvenate primary care: starting new residencies; starting a public primary care medical school in and for Rhode Islanders, creating loan repayment programs (the best short term intervention to attract new clinicians) and scholarship programs with obligations to practice in Rhode Island; creating pipeline programs so students from our communities chose primary care careers here; reducing the workload from poorly designed electronic medical record systems and prior authorization programs and most urgently, ***finding some way to improve primary care reimbursement for our burning out clinicians to keep them in Rhode Island.***

We are an educational foundation, so I can't comment on the value of specific legislation. I can tell you that H6353 is novel legislation that, if enacted, is likely to quickly improve the precarious financial position of our primary care practices.

Thank you for your time and leadership.

Best regards,

Michael Fine MD

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