

COMMENTARY

Protecting health care is paramount as cuts eliminate coverage for tens of thousands of R.I. patients

If the state can commit to reinvesting Medicaid expenditures, we can still provide lifesaving care, write two state health care advocates

By **Sam Salganik and Elena Nicolella** Updated January 14, 2026, 5:55 a.m.



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The [One Big Beautiful Bill Act](#) (OBBBA), a centerpiece of President Trump's economic agenda, will cause [30,000 to 50,000 Rhode Islanders](#) to lose health insurance in the

next two years. Our relatives, friends, and neighbors will lose access to lifesaving medical care, and the hospitals, health centers, and free clinics providing care to the uninsured will face [significant financial hardship](#).

By terminating these Rhode Islanders' health insurance, the OBBBA also reduces state Medicaid expenditures by more than \$50 million annually. As the governor and legislative leaders work on plans to [mitigate the impact](#) of the OBBBA, we hope that the state will commit to reinvesting these funds, at a minimum, to keep people covered, provide care for the uninsured, and support providers who care for them.

Two provisions of the OBBBA create most of the coverage losses. First, work requirements will cause an estimated [24,000](#) Rhode Islanders to lose Medicaid. Second, the OBBBA will strip coverage from roughly [9,000](#) lawfully present non-citizens, such as refugees and asylees.

Though not part of the OBBBA, enhanced federal subsidies to purchase "Obamacare" plans through [HealthSource RI](#) (HSRI) also expired on Jan. 1. The reduction in these subsidies will make coverage more expensive, and HSRI estimates that [13,000](#) Rhode Islanders will drop coverage over the next two years as a result.

These [coverage losses will devastate](#) low- and middle-income families who rely on Medicaid and HSRI-based coverage. They will also double Rhode Island's uninsured population, [straining safety net health care providers](#) like free clinics, hospitals, and community health centers, which provide care to the uninsured regardless of their ability to pay.

There is a widespread misconception, however, that the OBBBA is a state budget buster. This is not true. While some provisions create state budget pressure, the most significant provisions reduce federal Medicaid expenditures by [restricting Medicaid enrollment](#). Since Medicaid is paid for jointly by state and federal governments, restricting Medicaid enrollment also reduces state-funded Medicaid expenditures.

The [final report](#) of the Rhode Island's Federal Compliance Advisory Group — formed to analyze the impact of the OBBBA — estimates that the Medicaid eligibility restrictions will reduce Rhode Island's state-funded Medicaid expenditures by \$26.6 million in fiscal year 2027 and \$54.8 million in fiscal year 2028 and every year thereafter. This expected reduction in state Medicaid enrollment and expenditures is also highlighted in recent [Office of Management and Budget](#) and [Rhode Island Public Expenditure Council reports](#) describing the state's budget outlook.

The OBBBA's impact on the state budget creates both an opportunity and an obligation. Absent the OBBBA, which all local political leaders opposed, the state was absolutely planning to expend these funds to help low-income Rhode Islanders access health care. Keeping these state dollars on the table to mitigate the OBBBA's impact is the least we can do.

These funds will not be sufficient, however, to make patients or providers whole. While the state is saving \$54.8 million in fiscal year 2028 when roughly 33,000 people lose Medicaid due to the OBBBA, those coverage losses also reduce federal matching funds by \$276.3 million. The care we can provide with \$54.8 million will not look like the care that we can provide with \$333.1 million of combined state and federal funding. But \$54.8 million is still something, and should be the starting point for reinvestments.

Three priorities should drive these investments. First, the state must create programs and systems to help Rhode Islanders maintain health insurance coverage wherever and however possible.

Second, the state must provide access to some basic level of lifesaving care to all uninsured adults. Hospitals, health centers, and free clinics already have free care and sliding scale programs that can serve as models. But these programs need to be strengthened to prepare for an influx of patients, and expanded to close current gaps such as outpatient specialty care and prescription drugs.

Third, the state must direct the resources toward the providers that bear the greatest burden of caring for the uninsured. Hospitals, health centers, and free clinics have legal or mission-driven obligations to care for the uninsured. If these institutions buckle under the strain of caring for so many newly uninsured patients, it will impact all Rhode Islanders.

The OBBBA undoubtedly creates significant challenges for the state, its residents, and its health care system. There is no magic bullet to replace the critical role from which the federal government is retreating. But the state can rise to the challenge, and our leaders have expressed the will to do so.

Together, we can and must craft a plan to ensure continued access to care for all Rhode Islanders, and continued stability for our health care system. For those looking for funds to make this happen, there is an obvious place to start — the funds that the state would have otherwise spent on those whom the OBBBA strips of coverage.

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