

April 14, 2026

Rhode Island State House
House Committee on Corporations

Dear Chair Solomon and Members of the House Committee on Corporations:

RIPIN thanks the House Committee on Corporations for the opportunity to provide this testimony in **support of H-8137**, which would establish a state program to **reinforce safety net healthcare access for uninsured Rhode Islanders** in the face of upcoming significant increases in uninsurance caused by HR-1.

Thanks to the significant expansion of coverage under the federal Affordable Care Act, the uninsured rate in Rhode Island declined significantly from 10.9% in 2012 to a low of 2.2% in 2024.¹ However, recent federal actions are expected to drive up the uninsured population in Rhode Island significantly. Significant cuts to Medicaid from the federal H.R. 1 are expected to result in 33,000 Rhode Islanders losing Medicaid, and 7,000 Rhode Islanders losing coverage through HealthSourceRI. And the loss of enhanced Premium Tax Credits due to the federal government's failure to extend them have already resulted in 9,500 fewer HealthSourceRI enrollees as of early 2026 as compared to December 2025, with a total expected impact of 13,000 HealthSourceRI enrollees losing coverage by 2027. Altogether, **more than 50,000 Rhode Islanders are expected to lose their health insurance coverage in the next two years**, more than doubling the state's uninsured population.

But as many of our family, friends, and neighbors lose their health insurance, their healthcare needs will not go away. And options for uninsured Rhode Islanders are limited, both in the scope of the services they cover and in their capacity to serve a growing uninsured population. H-8137 would **invest in the existing care infrastructure for uninsured Rhode Islanders**, including hospital, health centers, and free clinics, allowing them to sustain access to services in the face of growing need. It would also establish a State-supported program to **provide limited access to services that are currently unavailable** to uninsured patients, like prescription drugs, imaging, and scheduled specialty services. And it would do so primarily by **reinvesting funds that the State would have spent on Medicaid if HR-1 had never passed**. With the right planning, Rhode Island can improve care and avoid the collapse of our healthcare safety net in response to an increase in uncompensated care by safety net providers.

The state's existing care infrastructure for uninsured people is insufficiently resourced to absorb a growing uninsured population

Rhode Island has existing options for care for uninsured Rhode Islanders, including hospitals, community health centers (CHCs) and certified community behavioral health centers (CCBHCs), and free clinics, specifically the Rhode Island Free Clinic and Clínica Esperanza. However, these safety-net providers can only see as many patients as their funding allows, and the services they provide are limited. H-8137 would provide for additional funding for these providers, allowing them to absorb the anticipated significant increase in the state's uninsured population.

Hospitals must treat anyone in an emergency regardless of their ability to pay, and must offer financial assistance to lower out-of-pocket costs for uninsured individuals with incomes below a

¹ 2024 Health Information Survey, HealthSourceRI, https://healthsourceri.com/wp-content/uploads/HIS-2024_Executive-Summary-FINAL-10.4.24.pdf





specified threshold. Hospitals also frequently offer some limited follow-up or on-call care through clinical programs, and financial assistance programs can sometimes help with bills from hospital-affiliated providers. However, those ancillary programs have limited capacity, and affiliated providers of even large, integrated hospital systems generally do not offer access to ongoing specialty care, scheduled non-emergency surgeries, or most other services through their hospital financial assistance programs – and would not be able to without an increase in funding. And a significant increase in emergency room use by newly-uninsured Rhode Islanders without access to care in more appropriate settings would result in longer emergency room wait times for all healthcare consumers, and could risk destabilizing hospital budgets if uncompensated care funding is not expanded.

Similarly, community health centers and certified community behavioral health centers offer reduced-fee, sliding-scale services to uninsured individuals with limited income, and are a significant and important part of Rhode Island’s primary care infrastructure, particularly for those with limited means. But community health centers offer a relatively narrow range of mostly primary-care services, and cannot meaningfully expand their patient panels without a corresponding increase in funding. And the Rhode Island Free Clinic and Clínica Esperanza both offer free services to low-income Rhode Islanders without health insurance, but are limited in how many patients they can treat by their funding.

H-8137 would provide additional state investment in safety-net hospitals through Disproportionate Share Hospital payments (similarly to the Governor’s proposal in Article 3, Section 8 of his proposed budget); additional investment in community health centers, and additional investment in the RI Free Clinic and Clínica Esperanza, to allow them to increase capacity and potentially offer broader services in response to a growing uninsured population.

There are many essential services unavailable to uninsured Rhode Islanders

While many primary care and emergency services are available to low-income uninsured Rhode Islanders for no or reduced cost, there is much of the care continuum that uninsured Rhode Islanders cannot obtain without paying full price. Notably, these gaps include prescription drugs, imaging services, durable medical equipment, certain specialty care, and scheduled surgery. As more Rhode Islanders lose their health insurance coverage, some individuals will incur bills they cannot afford for services they need – and many others will forego necessary care because of financial stress, resulting in worse health outcomes (and higher costs, both for the individuals and for the state as a whole) down the road.

Approximately half of Americans report using at least one prescription drug in the last 30 days,² with approximately 90% of those prescriptions being filled as generics.³ However, for the 10% of prescriptions where brand names were required (or generics were unavailable), prices are frequently much higher. And while there are some limited programs that assist with drug costs for those without insurance (including reduced-price generics through certain pharmacies, or prescription drug assistance programs for brand-name drugs), those programs are limited in scope, there are many drugs not covered, and the programs can be administratively cumbersome to apply for or may exclude certain uninsured individuals from coverage for a wide variety of reasons. This results in significant avoidance of care; a 2025 KFF study found that 23% of Americans took an over-the-counter drug instead of filling a prescription, 21% of people chose not to fill a prescription they needed, and 15% of people skipped doses of medicine or cut pills in half. These cost-saving

² <https://www.cdc.gov/nchs/fastats/drug-use-therapeutic.htm>

³ <https://www.fda.gov/drugs/generic-drugs/office-generic-drugs-2022-annual-report>



measures can be clinically harmful, but will be exacerbated as more Rhode Islanders lose the health insurance they use to pay for their drugs.

And other types of care are even harder to access for uninsured patients. Imaging services, specialty care, and routine, non-emergency surgical services all generally require up-front payment, and unlike services through hospitals or community health centers, many of these providers do not offer reduced-cost services for low-income patients. Rhode Islanders who lose their coverage will have to decide between paying full price for these services, or skipping care altogether.

And this is all happening at the same time as health care services grow more expensive, and more and more Rhode Islanders report financial difficulties related to healthcare. In 2024, 7.8% of Rhode Islanders report having used up most of their savings, 7.2% report having been unable to pay for basic necessities like food, heat, or rent due to medical bills, 7.1% report having large credit card debt or loans against their homes to pay for medical care, and 0.6% report having filed for medical bankruptcy.⁴ Each of those figures has increased since 2020, despite the uninsured rate falling by nearly half in that same period.⁵ As the uninsured rate increases, it is likely that those figures will increase even more.

H-8137 would address these gaps by establishing a State-moderated program to provide limited care in identified areas where uninsured Rhode Islanders cannot currently obtain needed care. While State-only funding cannot fully replace canceled federal funding (in the form of Medicaid cuts, ultimately totaling nearly \$280 million annually by FY28), targeted State investments can provide for access to a limited suite of benefits in State-identified priority areas like those discussed above. This can help ensure improved health care outcomes – and by allowing timely care in appropriate locations, it can help reduce the State’s ultimate expenditures by reducing costs for inappropriate emergency room care and the costs of stabilizing the healthcare delivery system when safety net providers’ financial conditions deteriorate.

The State can and should reinvest money already expected to be appropriated to care for low-income Rhode Islanders to fund this program

H-8137 is intended to address the impact of a significant increase in the state’s uninsured population caused by federal Medicaid cuts made in H.R. 1. As discussed above, those cuts, in combination with other federal actions, are expected to result in more than 50,000 newly-uninsured Rhode Islanders over the next two years. However, those cuts will also result in significantly reduced Medicaid expenditures by the State due to reduced Medicaid enrollment. As RIPIN Executive Director Sam Salganik and Rhode Island Health Center Association president and CEO Elena Nicoletta argue in a January 14, 2026 op-ed published in the Boston Globe (which is included with our testimony),⁶ we strongly believe that the State should not score these reduced expenditures as “savings” and should instead reinvest them in the continuum of care that would otherwise have been available to those same individuals had Medicaid coverage remained available.

The Rhode Island Federal Compliance Advisory Group estimated that the elimination of Medicaid coverage for many categories of lawfully-present immigrants and the imposition of work requirements would reduce State expenditures by \$26.6 million in FY27 and \$54.8 million in FY28. H-8137 calls for this sum to be reinvested as a starting point, and for a matching sum of State general revenue be invested to make the program substantive and meaningful. As discussed above,

⁴ https://healthsourceri.com/wp-content/uploads/HIS-2024_Executive-Summary-FINAL-10.4.24.pdf

⁵ Id.

⁶ <https://www.bostonglobe.com/2026/01/14/metro/commentary-trump-health-insurance-ri/>



the State cannot reasonably replace the full cost of the coverage being eliminated; the total cost (including both State and federal funding) is expected to reach \$333.1 million annually by FY28. H-8137 instead proposes that the State keep the money it expected to spend (by establishing the Medicaid program we have today) on the table, along with sufficient additional funds to shore up the existing care infrastructure and fill some crucial gaps.

RIPIN strongly supports the passage of H-8137 to stabilize access to care for uninsured Rhode Islanders, and we encourage the Committee to recommend its passage. Thank you for the opportunity to provide these comments. RIPIN is a statewide nonprofit founded in 1991 by a group of parents of children with special healthcare needs. While RIPIN's roots are in serving children and families with special needs, RIPIN now serves all Rhode Islanders who might benefit from education, advocacy, and peer support in navigating healthcare and education systems. RIPIN operates Rhode Island's health insurance consumer assistance program, RIREACH, which has helped several thousand Rhode Islanders save more than \$10 million in health care costs since 2018.

Sincerely,

/s/

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