

April 30, 2025

House Finance Committee

RE: HB5988

Dear Chairman Abney and members of the committee,

Forty years ago, Jane Dennison and I opened East Bay Pediatric and Adolescent Medicine in Barrington RI with high hopes for the future. We were both Rhode Islanders who were thrilled at the prospect of practicing medicine in our home state. Enthusiastic and optimistic, we bought land and built a new building in 1984 even though we only had a handful of patients enrolled on our practice. Over the years, our practice flourished to the point of needing two more partners, Marco Ferretti and Ariana Raufi, and a Nurse Practitioner, Melissa Curran. We had absolutely no regrets about fulfilling our passion to be primary care pediatricians.

Life for pediatricians in Rhode Island has, however, has changed dramatically over the last 10-15 years. While overhead costs have increased, insurance payments have not kept pace. Private insurance companies arbitrarily decrease what they pay us, and Medicaid payments have remained or even become dismally lower. At the same time, insurers require us to spend an inordinate amount of time, time that we do not have, documenting all those things we have always done as part of being good doctors. In addition, we have had to devote significant time and money to computerizing our records. In order to retain our secretaries and medical assistants, we have had to boost their salaries while our own have decreased. As a result of these financial inequities and increasing time constraints, several of our colleagues have been forced to close their practices prematurely, others have moved out of state, and an increasing majority have made the difficult decision to stop caring for their Medicaid patients. On a personal level, we providers at East Bay have had several years of significantly reduced earnings as well as many months of no income at all. Taking advantage of saving money in retirement plans ceased to be an option. We have had to choose between paying our staff and luxuries such as fixing an air conditioner/heating system that has been intermittently broken for the last few years.

When Jane Dennison decided to transition to a part-time hospital teaching position with newborns seven years ago, we found it extremely difficult to recruit someone to join the staff since pediatrician salaries are so much higher in other states. Just a few miles away in MA, pediatricians on the average earn 20-30% more than pediatricians in RI. We eventually convinced my daughter, Ariana Raufi, to join in 2018. She had always dreamed of coming back to RI where she grew up, but she was extremely hesitant and seriously considered joining an out of state practice where she would be more fairly compensated. In the end, she decided her desire to stay close to family was ultimately more important than being fairly compensated financially for her work.

Our practice was in such dire straits a few years ago that we were on the brink of announcing that we would have to follow the lead of other practices and drop our Medicaid patients. Then Covid-19 came on the scene. The pandemic has stressed our already financially untenable situation to the point that East Bay Pediatrics almost closed its doors after almost four decades. PPP grants fortunately got us through that tough time.

Personally, I am in the large group of RI pediatricians who are going to retire within the next few years. The headaches associated with practicing primary care medicine coupled with insulting insurance payments are the factors pushing me and so many of my peers into retirement. I fear that the practice that I founded and have been so proud of for four decades will not be able to find a provider to replace me. How can we possibly attract primary care providers to a state that does not respect the work that we do?

We cannot continue to provide care to any of our patients unless we get financial support. For years, we have been told that money will be shifted from specialty care to primary care. We have certainly seen no evidence of that. We need the private insurance companies to start to compensate us for what we do instead of making us jump through more and more hoops while paying us less and less. We fear we will not be able to care for our current Medicaid patients or for the projected increased number of children who will soon be on Medicaid plans due to the current economic downturn.

Pediatricians by nature tend to not stand up for themselves. We grin and bear it for the sake of our patients. Unfortunately, we can no longer be silent. There is absolutely no financial reserve for small groups like ours that are not associated with larger groups associated with multiple specialties. If independent pediatric practices are to survive, there has to be an investment in us that will enable us to help children, teens, and families grow and thrive in these complicated times.

Unless we make our situation painfully clear to those who make the financial decisions that determine the future of pediatrics in RI, private practice pediatrics will regrettably very soon become a thing of the past.

Respectfully,

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