Rhode Island House of Representatives

Chairman Marvin Abney

House Finance Committee

State House

Providence, Rhode Island

RE: Support for Restoring Funding — Department of Health Tuberculosis

(TB) Clinic

Chair Abney and Members of the Committee:

My name is Maya Cohen, MD, ScM. I am an Assistant Professor of Medicine at Brown University and a practicing pulmonologist and critical care physician at Rhode Island Hospital. I submit this written testimony in strong support of restoring state funding for the Rhode Island Department of Health Tuberculosis (TB) Clinic — specifically the TMH RISE TB Clinic — in the FY27 budget.

I care for patients with lung disease in two settings: the outpatient pulmonary clinic and the medical intensive care unit (MICU). In both, I have managed patients with active and latent tuberculosis. I write not only as an advocate for this clinic, but as a physician who has witnessed, directly, what happens when the infrastructure supporting TB care works — and what is at stake if it disappears.

Why this clinic is irreplaceable:

The TB clinic provides specialized expertise and coordination that the broader healthcare system cannot easily replicate. This includes trained infectious disease physicians and staff with deep knowledge of TB diagnosis, treatment, and public health oversight; the ability to facilitate access to TB-specific medications and antibiotics that are not routinely available in general practice settings; careful longitudinal monitoring over the extended

treatment courses that tuberculosis requires — often six to twelve months or more; and coordinated, shared care across inpatient and outpatient settings, linking hospital teams, primary care providers, and public health authorities.

These are not functions that can simply be absorbed by already-stretched pulmonologists, hospitalists, or primary care practices. TB is a complex, resource-intensive disease that demands exactly the kind of centralized, specialized infrastructure the clinic provides.

A patient example that illustrates the stakes:

I cared for a patient with known latent TB infection whose disease reactivated. The reactivation significantly worsened his underlying chronic lung condition. He required admission to the intensive care unit and, ultimately, venovenous extracorporeal membrane oxygenation

(VV-ECMO) — one of the most advanced and resource-intensive forms of life support available. He survived. But his survival and recovery depended in no small part on the TB clinic's direct involvement: they coordinated care between inpatient and outpatient teams, ensured appropriate anti-tuberculosis therapy was initiated and maintained throughout his hospitalization and beyond, and provided the structured longitudinal follow-up that his complexity demanded. Without that infrastructure, his course — and the cost to our healthcare system — could have been far worse.

The cost of inaction:

Eliminating the TB clinic does not make tuberculosis go away. It increases the risk of uncontrolled transmission, delayed diagnosis, and treatment gaps — the very conditions that lead to costly hospitalizations, outbreak responses, and preventable deaths. A single uncontrolled case of TB can generate public health and financial consequences far exceeding the annual cost of maintaining this clinic.

Prevention and coordinated management are always less expensive than the alternative.

For these reasons, I respectfully urge the Committee to restore funding for the TMH RISE TB Clinic and ensure Rhode Island maintains the specialized capacity to manage tuberculosis effectively and protect public health.

I am available to provide additional information or to speak with Committee members or staff if that would be helpful.

Respectfully submitted,

Maya Cohen, MD, ScM

Assistant Professor of Medicine

Division of Pulmonary, Critical Care & Sleep Medicine Brown University / Rhode Island Hospital maya_cohen@brown.edu