

Rhode Island House of Representatives
House Finance Committee

March 24, 2026

RE: Support for Restoring Funding – The Miriam Hospital Tuberculosis (TB) Clinic

Chair Abney and Members of the Committee:

My name is Natasha Rybak, and I am the Medical Director of The Miriam Hospital Tuberculosis Clinic, also known as the RISE Clinic. Located in Providence, Rhode Island, the TB Clinic is the only outpatient facility that treats active TB patients in our entire state.

I am writing to urge the Committee to restore funding in the FY 27 Budget for the TB Clinic.

Tuberculosis is the world’s deadliest infectious disease.

Fittingly, this hearing takes place on World TB Day (March 24th), a day that exists because TB is not a disease of the past. It is still the world’s leading infectious killer, and it remains a real and present threat here in Rhode Island.

Despite being preventable and curable, TB infects an estimated one-quarter of the global population. TB is particularly dangerous because it’s an airborne disease and spreads quietly. Many people carry the infection for years without symptoms (“latent TB”), only to develop contagious “active TB” later, often before they realize they’re sick. Those with weakened immune systems and young children are especially vulnerable to becoming sick with TB.

The RI DOH TB Program’s mission is to control the spread of TB and to ensure treatment of TB disease in RI; this mission cannot be achieved without the TB clinic.

The TB Clinic was established at the request of, and with financial support from, the RI DOH in 2001. It has had a continuous annual contract with the state for 25 years, which has led to the development of an exemplary TB clinic through partnership between the RI DOH and Miriam Hospital. This is a unique and critical partnership, as RI has no local- or county-level health departments. Therefore, dedicated funding from the state is critical to ensure TB care is sustainable.

Every state in New England and almost every (if not every) state in the U.S. has state and/or local funding dedicated for TB care. In Rhode Island specifically, state law mandates: “The director of health shall ensure that appropriate treatment, monitoring and care for tuberculosis are made available for every individual who is isolated and confined, and those services shall be provided with no restrictions as to the quarantined individual’s ability to pay for those services.”

The TB Clinic has become the only clinical site in Rhode Island able to care for active TB patients.

It is the only outpatient facility in the state with two negative pressure isolation rooms, which ensure contagious active TB patients are treated safely, outside of overcrowded emergency departments where the disease is much more likely to spread. The Clinic receives adult and pediatric referrals from hospitals, federally qualified health centers (FQHC's), civil surgeons for immigration, transplant clinics, primary care and specialty practices. It screens pregnant mothers, children entering school, healthcare and daycare workers, and newly arrived residents. Each year, it handles roughly 1,000 referrals for active and latent TB, and completes more than 4,000 patient visits.

There is no alternative for TB care if the TB Clinic closes.

The RI DOH does not provide direct clinical services for TB patients and does not have the capacity to do so. Additionally, if the TB Clinic closes, the DOH is at risk of decreased federal funding for TB care from the CDC. This is because the CDC's funding formula is based on the number of TB cases; if the TB Clinic closes, fewer TB cases will be diagnosed.

The bottom line: For 25 years, the TB Clinic has diagnosed, treated, and cured patients while protecting the broader community. Cutting state funds to the TB Clinic would dismantle the entire TB care infrastructure in Rhode Island, leading to an increase in active TB cases in the state and risking dangerous outbreaks in our community. As we have learned throughout history, infectious disease outbreaks take decades to control at a very high cost.

I hope you will take this into consideration and restore state funding for TB care in the state budget.

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