

March 25, 2026

Rhode Island State House

House Finance Committee, Subcommittee on Human Services

Re: FY27 Budget, Executive Office of Health and Human Services

Dear Chair Tanzi and members of the Subcommittee on Human Services,

Thank you for the opportunity to provide this testimony with regard to the Governor's proposed FY2027 budget for the Executive Office of Health and Human Services (EOHHS). RIPIN writes to highlight one major concern in that the budget proposes the elimination of the state's Medicare-Medicaid Dual Ombudsman Program, a long-standing and successful program operated by RIPIN which provides assistance with health plan enrollment and access to health care services for the more than 40,000 Rhode Islanders who have both Medicare and Medicaid. RIPIN strongly encourages that the Subcommittee include sustained funding for that program when it finalizes the FY27 budget. RIPIN also wishes to provide some technical feedback on other elements of the proposed EOHHS budget.

1. RIPIN supports sustained funding for the Dual Ombudsman Program

RIPIN writes to bring the Committee's attention to the fact that the Governor's FY27 Medicaid budget proposes to terminate funding for a RIPIN program that provides assistance to the more than 40,000 Rhode Islanders enrolled in both Medicare and Medicaid, also known as "duals." This program, the RIPIN Dual Ombudsman, helps about 450 duals every year to navigate complex coverage challenges. Over the ten years since the program's 2016 inception, the Dual Ombudsman has saved Rhode Islanders more than \$2.1 million in health care costs, and enjoys a 92% satisfaction rating from clients.

This is an effective, well-regarded program that provides meaningful return on investment for Rhode Island and which provides direct support to many of Rhode Island's most high-needs residents. Medicare-Medicaid duals are an extremely high needs population with complex medical needs and complex coverage options to navigate. In order to have Medicare, they must be older than 65 or disabled. In order to have Medicaid as well, they must also be very low income and have very low resources. This population - both poor and elderly or disabled - is among the highest cost and highest medical needs population nationally, has disproportionately higher need for language support, and frequently has limited (if any) access to technology; altogether, this means this population is particularly dependent on independent support to be able to access needed care.

The RIPIN Dual Ombudsman program works closely with partners both inside and outside State government, including House (and Senate) Constituent Services, the health insurers who offer Medicare and/or Medicaid plans, health care providers, and other community-based organizations, leveraging RIPIN's unique expertise, reputation in the community, and ability to navigate complex systems on behalf of our consumers.

The Dual Ombudsman program operates on a total annual budget of \$236,844, which is funded 50% with general revenue and 50% with federal Medicaid administrative matching funds. After the governor's FY26 budget proposed to end the program as of December 31, 2025, the General Assembly last year passed sustained funding for the entire fiscal year. Nonetheless, the Governor again proposed the elimination of this program in his FY27 budget, and if funding is not restored, RIPIN will have to significantly downsize the support we are able to provide to this high-





needs population, including through reducing the scale of our work, the elimination of staff positions, and/or a reduction in services made available to our referral partners.

Now is not the time to end this cost efficient and money-saving program. Duals' coverage options, at the intersection of Medicare and Medicaid, are complex and often poorly coordinated. Rhode Island is home to about 40,000 duals, of which about 11,500 are enrolled in Neighborhood Health Plan's Integrity for Duals, a Fully-Integrated Dual Eligible Special Needs Plan (FIDE-SNP). Another roughly 13,000 duals are enrolled in non-integrated Medicare duals special needs plans (D-SNPs) operated by other insurance carriers, approximately 350 are enrolled in "PACE," the Program for All-Inclusive Care for the Elderly, and the remaining 16,000 have original Medicare or a traditional Medicare Advantage plan. The 29,000 duals who are not in NHPRI's Integrity for Duals plan or PACE all have Medicaid fee-for-service coverage secondary to their Medicare – and these programs do not align well, leaving many consumers with no other source of assistance other than RIPIN in navigating challenging program enrollments or renewals, access-to-benefits questions, appeals of denials of coverage for needed health care services, and other administrative hurdles.

These hurdles are also likely to worsen over the coming months and years. Rhode Island, like all states, faces a huge challenge in implementing H.R. 1, the federal budget reconciliation bill which massively slashed health care, particularly for Medicaid enrollees. The many Rhode Islanders who will be negatively affected by its implementation need more, not less, support from experienced organizations, like the RIPIN Dual Ombudsman, who can help provide trusted and verified messaging about the changes being implemented, and who can help monitor both state and federal implementation to identify and address complications when they arise. Rhode Island Medicaid has also recently proposed and rescinded a reprocurement of its Medicaid managed care contracts (which included an overhaul of the state's delivery system for duals), and we anticipate that that reprocurement will be reissued in the near future and may be accompanied by changes to duals' coverage options. There is no other organization that does what the RIPIN Dual Ombudsman does to help duals navigate these challenging transitions.

We urge the General Assembly to re-instate the program.

2. RIPIN supports the full implementation of the rates recommended by the Office of the Health Insurance Commissioner's Social and Human Service Programs Review Final Report

The Governor's budget (both in the EOHHS proposed budget and in a standalone portion of Article 8, which was heard by the full House Finance committee earlier this month) proposes a phase-in of the rates recommended by the Office of the Health Insurance Commissioner (OHIC) in its most recent report delivered as part of its Social and Human Service Programs Review work. RIPIN thanks the Governor for including this proposal in his proposed budget, and encourages the General Assembly to adopt it. RIPIN further encourages the full implementation of the rates recommended by OHIC within the FY27 budget, for two central reasons.

First, while a phased approach has potential upsides in that the fiscal impact of increased rates would be spread out over multiple years, the opposite side of that coin is that providers whose rates have been determined to be too low would have to wait for multiple years to obtain the complete benefit of the new rates.

Second, using a phased-in approach for the implementation but not the design of the rates means the impact will be reduced below what was recommended. OHIC made its rate



recommendations using a point-in-time of the midpoint of the rating period (October 2027), and setting a rate recommendation that would be appropriate when applied across the whole rating period. Because inflation applies more linearly, and because this approach applies in a stepwise fashion, such an approach inherently means that the rate recommended would be slightly higher than inflation at the beginning of the rating period and slightly lower than inflation at the end of the rating period, but that these variations would balance out over the course of the rating period. Phasing the rates in over two years means that they will continually be catching up to the rate of inflation, lowering their overall impact.

RIPIN also notes that the Governor’s budget proposes a cap of 100% of the Medicare rate for any Medicaid service, regardless of OHIC’s recommendations. RIPIN understands that the reasoning for this cap is the restriction imposed on new state-directed payments (SDPs) imposed by H.R. 1, the “One Big Beautiful Bill Act.” RIPIN believes that there is a strong argument to be made that that restriction does not apply to all (or even most) of the services covered by the Social and Human Service Programs Review; the restriction on new SDPs applies to “inpatient hospital services, outpatient hospital services, nursing facility services, or qualified practitioner services at an academic medical center.”* Many of the services described in the rate review process are not delivered in any of those locations, and as such the prohibition of new SDPs with rates higher than Medicare may not apply. RIPIN would encourage the establishment of a more case-by-case approach to rates that may exceed the Medicare rate – especially given that many services described in the rate review process are rarely or never covered by Medicare.

3. RIPIN supports investment in hospital uncompensated care programs and encourages a holistic approach that addresses gaps in the current delivery system for the uninsured

The Governor’s budget, both in the EOHHS budget and in Section 3 of Article 8, provides for additional disproportionate share hospital (DSH) payments for FY27. RIPIN strongly encourages the State to take a broad approach to addressing the significant challenge presented by a significant increase in the state’s uninsured population due to federal healthcare cuts. RIPIN believes that enhanced DSH payments can be one piece of a comprehensive approach to improving care for the uninsured.

Rhode Islanders who will be losing access to health insurance coverage (whether through Medicaid, plans purchased through HSRI, Medicare, or elsewhere) have a very restrictive set of benefits available to them, largely restricted to hospital emergency care, limited care at hospital clinics, Community Health Centers, which provide care on a sliding fee scale, CCBHCs, and free clinics (including the RI Free Clinic and Clínica Esperanza). And the existing providers working in those spaces do not have the capacity to absorb an increasing uninsured population. RIPIN looks forward to providing more detailed comments in future hearings before your committee (including on H-8137, the Rhode Island Protect Our Healthcare Act of 2026, which is currently before the Corporations Committee but which we anticipate will be reassigned to House Finance).

RIPIN wants to take this opportunity to express our appreciation for the Governor’s inclusion of an appropriation to help stabilize the state’s delivery system for the uninsured, and to encourage the General Assembly to support efforts to maintain and provide necessary supplementation of coverage for an uninsured population that is certain to grow as the impacts of federal cuts are felt.

* 42 CFR 438.6(c)(2)(iii); Pub. L. No. 119-21 § 71116(a), 139 Stat. 72, 303 (2025).



Thank you for the opportunity to provide this testimony. 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-to-peer support in navigating healthcare and education systems. RIPIN operates Rhode Island's health insurance consumer assistance program, RIREACH, which helped several thousand Rhode Islanders save more than \$10 million in health care costs since 2018.

Sincerely,

/s/

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