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April 30, 2026

The Honorable Marvin Abney
Rhode Island House of Representatives
House Finance Committee
(Submitted electronically via HouseFinance@rilegislature.gov)

Dear Chairman Abney and Members of the Committee:

Please accept the Rhode Island Health Center Association's letter in **support of House Bill 8389**, which would create the framework and initial funding for a medical school at the University of Rhode Island (URI). This initiative represents a forward-looking investment in our state's future that will strengthen our healthcare system, expand educational opportunities, and promote long-term growth.

Establishing a state medical school is an important step toward addressing physician shortages. HB8389 outlines strategic investments critical to developing the infrastructure needed to build a high-quality, accredited institution. We respectfully request the inclusion of two targeted amendments to strengthen the bill's long-term workforce impact and ensure that the state's investment directly expands access to care for Rhode Islanders.

Requested Amendment #1: Medicaid State Plan Amendment for Residency Training at Federally Qualified Health Centers (FQHCs).

We ask that you consider an amendment to invest \$1.25 million annually to expand primary care residency training at Rhode Island's FQHCs. Physicians are far more likely to practice where they train and to remain in the state after residency. Evidence shows that 55-65% of physicians continued to practice in the state where they trained, and nearly 80% do so after completing both medical school and residency locally.^{1,2} Health Center residencies are a proven pipeline, with nearly two-thirds of graduates entering primary care and serving underserved communities.³

¹ Michael Topmiller et al., "Majority of Family Physicians Still Choose To Practice in the State Where They Were Trained," *Health Affairs*, vol. 45, no. 3 (2026), pp. 246–250. doi.org/10.1377/hlthaff.2025.01003

² Koehler TJ, Goodfellow J, Davis AT, vanSchagen JE, Schuh L. Physician Retention in the Same State as Residency Training: Data From 1 Michigan GME Institution. *J Grad Med Educ*. 2016 Oct;8(4):518-522. doi: 10.4300/JGME-D-15-00431.1. PMID: 27777661; PMCID:

³ Health Resources and Services Administration (HRSA), Bureau of Health Workforce, *Teaching Health Center Graduate Medical Education (THCGME) Program Outcomes*.

Requested Amendment #2: Phased State Investment Beginning in 2030

We would also request an amendment authorizing state support for residency programs beginning in 2030, when Rhode Island's current Rural Health Transformation funding expires. This approach creates no new state cost before 2030 while clearly signaling the General Assembly's long-term commitment to a sustainable physician workforce.

The legislation should also establish a graduated growth plan to reach one in-state primary care residency position for each URI medical school graduate by 2037. Aligning medical school enrollment with in-state residency capacity reflects national best practices and maximizes the likelihood that URI-trained physicians remain in Rhode Island to practice. Together, these amendments would support an approach that could leverage federal Medicaid dollars, strengthen primary care access for underserved communities, and deliver a measurable return on the state's investment.

Thank you for the opportunity to comment and for your commitment to addressing healthcare workforce shortages to ensure that all Rhode Islanders have access to high-quality care.

Sincerely,

M Campbell

Melissa Campbell
Policy Manager

The Rhode Island Health Center Association members include:
Blackstone Valley Community Health Care Inc. ~ Comprehensive Community Action Program
East Bay Community Action Program ~ Providence Community Health Centers
Thundermist Health Center ~ Tri-County Community Action Agency
WellOne Primary Medical and Dental Care ~ Wood River Health