

April 30, 2026

348 Gleaner Chapel Road
Scituate, Rhode Island 02857

Re: House Bill 8389 (and also 7503, 7588, 7686)

Mr. Chairman and Members of the House Finance Committee

I'm testifying as an individual in strong support of the funding of a new public primary care medical school at URI – and of the three other crucial primary care bills you are hearing tonight, because Rhode Island urgently needs a broad and deep strategy to develop and support our primary care workforce now --and the primary care workforce of the future.

As you may know, I'm also the Chief Health Strategist for the City of Central Falls – and serve as President and Board Chair of a national organization called Primary Care for All Americans. Primary care is the only medical discipline that has been proven – by a mountain of evidence – to be associated with the best public health outcomes and the lowest health care costs. Primary care is the bridge to the affordability of health care, and to a Rhode Island economy that is vibrant and sustainable.

A new public primary care medical school that builds the primary care workforce of the future is important in another way. A new public primary care medical school is the best hope for students from our communities to get to go to medical school – and then to come back and practice in their own communities -- and the best hope of our communities to be cared for by doctors who know them, know their culture and their languages and look like the people they are serving. This concordance, this connection, turns out to be an important predictor of the effectiveness of primary care itself.

Let me give you the perspective of Central Falls. In Central Falls, as far as we know, only four students have gone to medical school in the last forty years, and only two of those went to medical school in Rhode Island. We need 16 to 32 doctors in Central Falls to take care of the whole population. We believe we have between eight to ten today.

In Rhode Island, about 100 to 125 students apply to medical school each year, and about 50 are accepted. We're not sure how many of these are actual Rhode Islanders -- who have gone to high school here -- but the best guesses are that six to ten a year go to medical school here – the rest leave for medical school elsewhere. Yet very good evidence suggests that retention is highest when a student from a state goes to medical school and residency

in that state, a door which is closed to most Rhode Islanders, but one that would be opened by a public, primary care medical school.

Rhode Island is one of a very few states in the US that lacks a public medical school or connection to one. Florida, Texas, Colorado, New York, California, and Minnesota have robust public medical school and residency training programs and are well positioned to deliver primary care to their residents and to preserve and improve their public health.

We need this public, primary care medical school – and the whole portfolio of primary care workforce initiatives, to prepare for our future, so we serve students from all our communities, as well as our people and ourselves.

Thank you for your consideration.

Michael Fine, M.D.