

Dear Chair Abney and Honorable Committee Members,

My name is Alice Msumba, and I am a Rhode Island resident, a caregiver, and a board member of the Alliance for Better Long Term Care, the nonprofit that houses the Rhode Island Long Term Care Ombudsman Program. I am writing in strong support of HR 7059, which appropriates \$100,000 to the Office of Healthy Aging for the Long Term Care Ombudsman Program (LTCOP).

For fifteen years, the state's appropriation for this program has remained flat, even as the needs of residents in nursing homes, assisted living residences, and home care have grown dramatically. This is one of the only programs in Rhode Island whose sole statutory duty is to represent the residents. No other agency, regulator, or payer has that exclusive mandate. When residents do not know where to turn or have no one else to turn to, they turn to the Ombudsman.

As a board member of the Alliance for Better Long Term Care, I have seen how essential this program is for residents and their families. Residents and families are able to share concerns with the Ombudsman that they will not share with anyone else precisely because the program is confidential and resident-directed. Trust is the foundation of the program's effectiveness, and it only works when there are dedicated staff and staff capacity to respond at a crucial time of need.

Ombudsman programs deliver some of the strongest returns on investment of any publicly funded service. In FY 2024, programs nationwide investigated more than 205,000 complaints and provided long-term care information more than 710,000 times. Seventy-one percent of complaints were resolved or partially resolved to the satisfaction of the resident, an extraordinary rate in any public program. These resolutions prevent harm, prevent hospitalizations, and prevent costly enforcement actions.

Peer-reviewed research is equally clear. Funding level directly determines whether residents get help[1]. Studies show that adequate staffing is the single strongest predictor of whether ombudsmen can visit facilities regularly, resolve complaints, and fulfill their federal mandate. Below a certain staffing threshold, the program simply cannot reach residents.

Rhode Island is well below recognized adequacy benchmarks. A widely cited national standard calls for one full-time ombudsman per 2,000 long-term care beds[2]. With only five FTEs, Rhode Island's program is responsible for nearly 80 nursing homes, more than 60 assisted living residences, the Veterans Home, Eleanor Slater and Zambarano, and a rapidly expanding home care sector. Underfunding does not mean less advocacy; it means

entire categories of complaints may go unaddressed, and many facilities go months without a visit.

The program's volunteer corps is a powerful force multiplier, but volunteers require certified staff to recruit, train, supervise, and oversee cases. Without adequate paid staff, Rhode Island leaves volunteer capacity and the value of those hours on the table.

The types of complaints the Ombudsman handles today are more complex than ever. Nationally, discharges and evictions now top the list of complaints in both nursing homes and assisted living. These are high-stakes cases where a resident has the most to lose and the least power to fight back. Flat funding in the face of rising case complexity is, in practice, a cut.

The Ombudsman program resolves issues that often never rise to the level of a formal survey deficiency but profoundly shape a resident's quality of life: abuse, neglect, poor hygiene, slow response times, medication problems, retaliation, lost belongings, food issues, and barriers to family visitation. These are the day-to-day realities that determine whether a resident's final years are spent with dignity or distress.

HR 7059 is a modest, overdue investment in the only entity in Rhode Island whose sole job is to speak for residents. It strengthens the backbone of our long-term care oversight system at a time when ownership turnover, staffing shortages, and rising acuity make independent advocacy more essential than ever.

For these reasons, I respectfully urge you to support HR 7059.

Thank you for your consideration.

Alice Msumba  
Rhode Island Resident & Caregiver  
Board Member, Alliance for Better Long Term Care

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[1] Kennedy, K. A., Kosar, C., Williams, M. S., & Thomas, K. S. (2025). Trends in Long-Term Care Ombudsman Program Funding and Its Relationship to Nursing Home Resident Care. *The Milbank quarterly*, 103(4), 1204–1223. <https://doi.org/10.1111/1468-0009.70061>

[2] Kennedy, K., Kosar, C., & Thomas, K. (2023). The Relationship Between Long-Term Care Ombudsman Program Spending and Nursing Home Outcomes. *Innovation in Aging*, 7(Suppl 1), 642. <https://doi.org/10.1093/geroni/igad104.2090>

