May 2, 2026

VIA EMAIL

RE: **Support HR 7059**

Chair Abney and Honorable Members of the Committee,

Good afternoon. My name is Lori Light, and I serve as the Rhode Island State Long Term Care Ombudsman. Thank you for the opportunity to submit testimony in support of increased funding for the Long Term Care Ombudsman Program. I sincerely apologize that I am unable to be with you in person today, as I am attending the National State Ombudsman Conference to strengthen my ability to serve Rhode Island residents.

I am respectfully requesting an additional $100,000 in state funding. This request is both modest and long overdue, as the state appropriation for our program has not been increased in over 15 years.

The Long Term Care Ombudsman Program is unique. We are the only program in Rhode Island solely dedicated to representing the interests of residents in long term care. While other entities license, regulate, pay for, or operate services, our sole responsibility under federal law is to advocate for the resident. We are independent, confidential, and resident directed. That role is not duplicated anywhere else in the system.

Nationally, the value of ombudsman programs is clear and measurable. In Federal Fiscal Year 2024 alone, ombudsman programs investigated more than 205,000 complaints and provided information and assistance over 700,000 times. Importantly, 71% of complaints were resolved or partially resolved to the satisfaction of the resident or complainant. This is direct, effective problem solving often preventing issues from escalating into more serious harm, costly hospitalizations, or formal enforcement actions.

Rhode Island is also facing a significant and accelerating demographic shift. The state's older adult population is growing rapidly, and this growth is projected to continue as Baby Boomers age into long term care settings. This means more residents in nursing facilities, assisted living, and home based care at the same time that the complexity and volume of complaints is increasing. In practical terms, demand for Ombudsman services is rising faster than program capacity, further widening the gap between need and available resources.

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Research consistently shows that funding levels directly determine whether residents receive help. This is not a program where additional resources produce marginal improvements. Below a certain staffing threshold, the program cannot fully meet its federal mandate. Staffing levels directly impact how often facilities are visited, how quickly complaints are addressed, and whether residents even have access to an ombudsman at all.

Rhode Island is currently operating below recognized adequacy benchmarks. The most widely cited national standard, a minimum baseline established by the Institute of Medicine, recommends one full-time ombudsman per 2,000 long-term care beds. Rhode Island's current ratio is approximately 1 ombudsman per 2,723 beds, leaving our program stretched across nearly 80 nursing homes, more than 60 assisted living residences, the Veterans Home, state facilities, and a growing home care sector.

For additional context, I have attached a Northeast & Peer State Comparison, which highlights Rhode Island's staffing and funding levels in relation to our regional neighbors. This comparison demonstrates that Rhode Island's investment in Ombudsman services remains below peer benchmarks, even as demand continues to rise.

Underfunding does not result in a slightly reduced level of service it means that some residents could go months without access to an ombudsman, and certain complaints, particularly in assisted living and home care, may not be reached at all.

At the same time, the nature of complaints has become more complex and urgent. Over the past decade, there has been a significant shift toward cases involving discharges and evictions situations where residents face losing their home, often with limited ability to advocate for themselves. These cases require significant time, expertise, and intervention. Flat funding, in this context, functions as a reduction in capacity.

The impact of this work is not abstract. I have personally seen situations where a resident, afraid to speak up due to fear of retaliation, quietly shared concerns about their care. Because the Ombudsman program could respond, we were able to intervene, resolve the issue, and restore that resident's sense of safety and dignity. Without an ombudsman, that concern may never have been heard and the outcome could have been very different.

Our program is also strengthened by volunteers, who serve as a critical force multiplier. However, volunteers require training, supervision, and support from paid staff. Without sufficient staffing, we cannot fully utilize this resource, leaving valuable advocacy capacity untapped.

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The additional $100,000 we are requesting would not fully close the gap, but it would allow us to begin strengthening staffing capacity, increasing facility presence, improving response times, and expanding access to residents who currently go without.

This is not about growth for its own sake. It is about sustainability, accountability, and ensuring that Rhode Island meets even a basic, widely recognized standard for protecting residents in long term care.

Most importantly, it is about ensuring that every resident regardless of where they live has access to someone whose only job is to listen to them, advocate for them, and stand with them.

Thank you for your time, your consideration, and your continued commitment to the residents of Rhode Island.

Respectfully submitted,
Lori Light
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## LTC Ombudsman Program — Northeast & Peer State Comparison | FFY 2024 NORS Table A

*Source: NORS Table A (FFY 2024), generated 6/3/2025 by ACL (ltcombudsman.org). RI FTE reflects current staffing of 5 (NORS reported 7, capturing two staff since retired). IOM benchmark: 1 paid FTE per 2,000 beds. Ratio shading: green ≤ 2,000 | amber 2,001–2,723 (RI) | red > 2,723.*

| State | FTE (paid) | Volunteers | NF Beds | RCC Beds | All Facilities | Total Beds | Beds per FTE | Vs IOM benchmark | Total Expenditure | $ per Bed |
|---|---|---|---|---|---|---|---|---|---|---|
| Vermont | 7.70 | 1 | 2,928 | 3,228 | 141 | 6,156 | 799.48 | -1,201 | $991,465 | $161.06 |
| Maine | 17.57 | 14 | 6,143 | 8,232 | 355 | 14,375 | 818.16 | -1,182 | $1,918,093 | $133.43 |
| Delaware | 8.00 | 4 | 4,917 | 2,822 | 94 | 7,739 | 967.38 | -1,033 | $737,998 | $95.36 |
| New Jersey | 62.50 | 148 | 51,810 | 30,512 | 930 | 82,322 | 1317.15 | -683 | $6,605,361 | $80.24 |
| Maryland | 43.20 | 34 | 27,526 | 26,316 | 1,850 | 53,842 | 1246.34 | -754 | $3,924,835 | $72.90 |
| Illinois | 89.10 | 32 | 88,804 | 55,442 | 1,599 | 144,246 | 1618.92 | -381 | $10,334,418 | $71.64 |
| Ohio | 110.35 | 220 | 82,668 | 74,725 | 2,534 | 157,393 | 1426.31 | -574 | $10,897,919 | $69.24 |
| Connecticut | 14.00 | 17 | 22,152 | 14,000 | 410 | 36,152 | 2582.29 | +582 | $2,340,863 | $64.75 |
| Massachusetts | 34.78 | 206 | 41,153 | 23,838 | 681 | 64,991 | 1868.63 | -131 | $4,156,190 | $63.95 |
| New York | 94.65 | 235 | 110,991 | 52,802 | 1,326 | 163,793 | 1730.51 | -269 | $9,847,749 | $60.12 |
| **Rhode Island** | **5.00** | **5** | **8,405** | **5,209** | **142** | **13,614** | **2722.80** | **+723** | **$815,327** | **$59.89** |
| Pennsylvania | 79.23 | 184 | 73,999 | 67,399 | 1,750 | 141,398 | 1784.65 | -215 | $7,594,244 | $53.71 |
| New Hampshire | 5.00 | 2 | 7,397 | 6,789 | 223 | 14,186 | 2837.20 | +837 | $652,664 | $46.01 |