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## Legislative Impact Statement

To: Representative Donnavan, Chair  
House Health and Human Services Committee  
From: Elisabeth Hubbard, Executive Secretary  
Re: 26 HOUSE 7463 AN ACT RELATING TO HUMAN SERVICES -- MEDICAL ASSISTANCE --  
LONG-TERM CARE SERVICE AND FINANCE REFORM  
April 9, 2026

The Governor's Commission on Disabilities' Legislation Committee has developed a Legislative Impact Statement on the bill listed below. The Commission would be pleased to present testimony to the committee. Please contact me (462-0110) if testimony is desired or for additional information.

### **The Commission finds this bill beneficial.**

Central to the work of the Commission and the disability rights movement since it began in the 1970s is promoting the right of people with disabilities to live in the community instead of facilities.

Living in the community in one's own home means that a person can maintain connections to their community and family. It means access to natural supports, but also to be able to participate in their community such as work, volunteering or other social activities. People who live at home have more independence and have more authority to direct their own care. They also have been shown to have better health outcomes, reducing the number of emergency room visits and hospitalizations. Consequently, research has shown that providing services for individuals in their community reduces Medicaid costs.<sup>1</sup>

The ability to live in their own home is not only a benefit to the individual with a disability, it is also cost saving for the state. If a person cannot live safely at home due to their disability, their

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<sup>1</sup> Newcomer RJ, Ko M, Kang T, Harrington C, Hulett D, Bindman AB. Health Care Expenditures After Initiating Long-term Services and Supports in the Community Versus in a Nursing Facility. *Med Care*. 2016 Mar;54(3):221-8. doi: 10.1097/MLR.0000000000000491. PMID: 26759982. <https://pubmed.ncbi.nlm.nih.gov/26759982/> See also Do Noninstitutional Long-Term Care Services Reduce Medicaid Spending? Stephen Kaye, Mitchell P. LaPlante, and Charlene Harrington, *Health Affairs* 28, no. 1 (2009): 262–272; 10.1377/hlthaff.28.1.262 <https://www.wvdhhr.org/oig/pdf/olmstead/do%20noninstitutional%20services%20reduce%20medicaid%20spending.pdf>

only alternative is a nursing facility. The estimated 2026 annual cost of a shared room in a nursing facility in Rhode Island is \$151,475.<sup>2</sup> This cost is much higher than it would be for a person to receive supports in their home.

The additional resources available also help people pay for housing maintenance and unanticipated housing-related costs. In our research to administer our Livable Homes Modification Grant, we learned that the average cost of construction has risen considerably since the pandemic. As a result, we will be increasing the amount of our award. We advise the General Assembly to do the same for the resource limit for those receiving LTSS services.

For these reasons the state should advocate for programs that help residents remain in their own home where they can maintain their independence and connections to their community.

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<sup>2</sup> [Nursing Home Costs by State and Region: Updated Jan 2026  
https://www.medicaidplanningassistance.org/nursing-home-costs/#:~:text=When%20considering%20applying%20for%20Medicaid%2C%20many%20individuals%20want](https://www.medicaidplanningassistance.org/nursing-home-costs/#:~:text=When%20considering%20applying%20for%20Medicaid%2C%20many%20individuals%20want)