



BROWNHealth UNIVERSITY

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To the Primary Care Workforce / URI Medical School Study Commission
Rhode Island General Assembly
October 7, 2025

Chairperson and Members of the Commission,

Thank you for the opportunity to provide testimony on the state of primary care in Rhode Island and the urgent need for strategic investment and reform. Based on my experience as Chief of Primary Care at Brown Health Medical Group, I offer this testimony.

Key Messages:

1. Primary care is central to improving population health and reducing healthcare costs.
2. Payment reform and policy changes are essential to drive transformation in care delivery.
3. Workforce challenges and chronic underinvestment threaten the sustainability of primary care.

Primary care is the foundation of a high-performing health system. It is the first point of contact between patients and the healthcare delivery system, providing continuity of care, emphasizing prevention, and coordinating services across specialties. Communities with robust primary care systems experience lower mortality rates, improved chronic disease management, fewer emergency department visits, and higher patient satisfaction rates. In pediatrics, primary care is especially critical. It supports early and sustained developmental screening and surveillance, behavioral health, immunizations, and the prevention of lifelong chronic conditions.

According to the 2025 Commonwealth Fund report, Rhode Island ranks fourth nationally in health system performance, a testament to our commitment to innovation and value-based care.

Despite these successes, we face significant challenges. Nationally, we are experiencing an underinvestment in primary care, with only 5 cents of every healthcare dollar spent on primary care. A shrinking physician workforce marked by early retirements and a poor replacement rate for existing primary care physicians with newly trained clinicians. Inadequate GME funding for primary care further challenges the ability to meet the primary care needs of our population. EHR systems burden clinicians and require more time for patient preparation and task completion, reducing patient access.

Establishing a new state university medical school in Rhode Island offers several potential benefits, including expanding access to medical education and addressing the state's physician workforce needs. However, it also presents significant challenges, particularly given the state's already limited clinical training capacity, which currently serves students from Brown University's Warren Alpert Medical School and five other university programs for nurse practitioners and physician assistants. Importantly, opening a new medical school does not inherently guarantee that more graduates will enter primary care, one of the stated goals of the initiative. There are alternative, potentially more cost-effective strategies to strengthen the primary care pipeline, such as expanding loan repayment and scholarship programs tied to

primary care service, increasing the number of primary care residency slots, supporting community-based training sites, and enhancing mentorship and career development pathways for students interested in primary care. Any proposal for a new medical school must be carefully weighed against these options and the realities of Rhode Island's healthcare training infrastructure.

To secure the future of primary care in Rhode Island and nationally, we must:

1. Double the investment in primary care to 10% of healthcare spending.
2. Double the number of medical graduates entering primary care through GME reform and community-based training.
3. Double the number of Rhode Islanders FQHCs serve, requiring workforce expansion and infrastructure support.

Primary care is a common good. Its decline is not inevitable—it is a policy choice. We must act decisively to reverse underinvestment, support our workforce, and ensure access to care for all Rhode Islanders. We must move away from fee-for-service toward prospective, value-based payment models. Additionally, we need to support team-based care and integrated behavioral health in our primary care settings. We can enhance our IT systems and leverage AI to reduce administrative burdens. There is a tremendous opportunity to improve collaboration between primary and specialty care. We must engage with our community-based organizations and address social drivers of health.

I urge this Commission to prioritize primary care in its recommendations to the General Assembly. The health of our communities—and the sustainability of our healthcare system—depend on it.

Thank you for your attention and your commitment to this vital issue.

Respectfully submitted,



Edward McGookin, MD, MHCDS, FAAP

Chief of Primary Care

Brown University Health – *Brown Health Medical Group Primary Care*

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brownhealth.org/primarycare



State of Rhode Island
Office of the General Treasurer

James A. Diossa
General Treasurer

9 October 2025

The Honorable Pam Lauria
Co-Chair, Special Legislative Commission

Marc B. Parlange
President, University of Rhode Island
Co-Chair, Special Legislative Commission

RE: *Concerning the Establishment of a State Medical School at the University of Rhode Island*

Co-Chairs Lauria and Parlange:

I write in strong support of continued efforts to establish a state medical school, housed at the University of Rhode Island. Earlier this week, this Commission released an Independent Feasibility Study that confirmed Rhode Island has “[a] clear and growing need for physicians, especially in primary care and underserved areas.” *Independent Feasibility Study into a Medical School at the University of Rhode Island*, Tripp Umbach, at *17 (September 2025) (hereinafter referred to as the “Feasibility Study”). Across our state – and particularly in communities of color – Rhode Islanders are finding it increasingly difficult to find a doctor for a checkup or treatment. We must take decisive action to ensure healthcare remains accessible and affordable irrespective of demographic or socioeconomic status and that begins with efforts to attract and retain those that provide care.

A state medical school will help accomplish that goal by training a new generation of physicians that have roots in Rhode Island. Studies routinely show that college and post-graduate students are more likely to seek employment opportunities in the state or region where they studied, particularly where there is economic opportunity. See, e.g., *Politics for Place: How to Make Sustainable Investments in Communities*, W.E. Upjohn Institute for Employment Research (March 2024). The likelihood further increases when the student is born and raised in that state or region. And if we can retain students that are grounded in Rhode Island – that were raised here and look like our friends, family, and neighbors – they will be more effective providers because they *understand* our communities.

But as the Feasibility Study recognized, the state must create “targeted incentive programs that strengthen recruitment and retention.” *Feasibility Study*, at *24. While a state medical school will

certainly increase the likelihood that doctors pursue training opportunities and employment in Rhode Island, “[s]uch programs are essential” to reduce “the risk of losing talent to other regions.” *Id.* Absent such incentives, students may be drawn to higher salaries in neighboring states.

If you have any further questions, please do not hesitate to reach out to me directly or to my Director of Policy and Intergovernmental Affairs, Robert Craven, Jr., at Robert.CravenJr@treasury.ri.gov.

Respectfully,

A handwritten signature in black ink, appearing to be 'JD' or similar initials, enclosed within a circular flourish.

James A. Diossa
General Treasurer



DONALD R. GREBIEN
MAYOR



Rhode Island Senate RI Primary Care Provider Workforce and Education Commission
82 Smith Street
Providence, RI 02906

September 30, 2025

Re: Testimony in Support of Establishing a Public Medical School at the University of Rhode Island

Dear Chairperson Lauria and members of the Commission,

I am Mayor Donald Grebien from the City of Pawtucket, and I write in support of the state of Rhode Island investing in a public medical school at the University of Rhode Island.

The primary care crisis has reached a point of no return - 300 additional primary care providers are needed statewide, while almost half of the current physicians are close to retirement age. Recent figures suggest that between 200,000 and 400,000 adults in the state do not have access to primary care services. This is insufficient and unsustainable for the health of our residents and the economic vitality of the entire state.

I constantly hear about the challenges residents face in finding primary care physicians within Pawtucket and throughout the state. Long wait times - lasting several months - for primary care appointments result in Rhode Islanders seeking care in Massachusetts or in emergency departments instead.

While the state of Rhode Island has pursued several primary care-related policies and initiatives, such as grants to support workforce development, this alone will not address the primary care gap. The University of Rhode Island is well-positioned to address the pressing need and contribute to solving the primary care crisis in the state. As the state's public flagship research university, URI has established programs in pharmacy, nursing, healthcare, and biomedical research; existing infrastructure; world-class faculty; and strong clinical partnerships. State investment in a public medical school at URI would result in job creation, acceleration of the state's biomedical sector, and improvement of the quality of life for current and future Rhode Islanders.

Thank you for your time and the opportunity to speak in favor of investing in a public medical school at the University of Rhode Island.

Sincerely,

Donald R. Grebien
Mayor
City of Pawtucket



September 24, 2025

Rhode Island Senate RI Primary Care Provider Workforce and Education Commission
82 Smith Street
Providence, RI 02906

Re: Testimony in Support of Establishing a Public Medical School at the University of Rhode Island

Dear Chairperson Lauria and members of the Commission,

My name is Margaret Holland McDuff, CEO of Family Service of Rhode Island, and write in support of the state of Rhode Island investing in a public medical school at the University of Rhode Island.

The primary care crisis has reached a point of no return - 300 additional primary care providers are needed statewide, while almost half of the current physicians are close to retirement age. Recent figures suggest that between 200,000 and 400,000 adults in the state do not have access to primary care services.

I frequently hear about the challenges residents face in finding primary care physicians throughout the state. Long wait times - lasting several months - for primary care appointments result in Rhode Islanders seeking care in Massachusetts or in emergency departments instead. As a close collaborator with primary care practices, we at Family Service of Rhode Island see firsthand the shortage and how it affects the care of the clients that we serve.

While the state of Rhode Island has pursued several primary care related policies and initiatives, such as grants to support workforce development, this alone will not address the primary care gap. The University of Rhode Island is well-positioned to address the pressing need and contribute to solving the primary care crisis in the state. As the state's public flagship research university, URI has established programs in pharmacy, nursing, healthcare and biomedical research; existing infrastructure; world-class faculty; and strong clinical partnerships. State investment in a public medical school at URI would result in job creation, acceleration of the state's biomedical sector, and improve the quality of life for current and future Rhode Islanders.

Thank you for considering investing in a public medical school at the University of Rhode Island.

Sincerely,

A handwritten signature in black ink that reads 'Margaret Holland McDuff'. The signature is fluid and cursive, written over a white background.

Margaret Holland McDuff
CEO
Family Service of Rhode Island

RHODE ISLAND COALITION FOR ELDER JUSTICE

Working Together for a Safe and Just Elder Community



Education | Advocacy | Empowerment

Rhode Island Coalition for Elder Justice
140 Warwick Neck Ave
Warwick, RI 02889
ricoalitionforelderjustice@gmail.com

October 1, 2025

Rhode Island Senate
RI Primary Care Provider Workforce and Education Commission
Senate Finance Committee
82 Smith Street
Providence, RI 02906

Re: Letter of Support for Establishing a Public Medical School at URI

Dear Chairperson Lauria and Members of the Commission,

On behalf of the Rhode Island Coalition for Elder Justice, I am writing in strong support of the state's investment in a public medical school at the University of Rhode Island.

The primary care crisis in Rhode Island has reached a critical point. The state requires approximately 300 additional primary care providers to meet current needs, while nearly half of our practicing physicians are nearing retirement. Current estimates suggest that between 200,000 and 400,000 Rhode Islanders do not have reliable access to primary care services.

Our Coalition frequently hears from older adults and caregivers who struggle to secure primary care. Long wait times—often lasting several months—force residents to either seek care in neighboring Massachusetts or rely on emergency departments for issues that should be managed in primary care settings.

This shortage disproportionately affects older adults, many of whom live with multiple chronic conditions that require regular monitoring and timely intervention. Delayed access to primary care can lead to worsening health outcomes, unnecessary hospitalizations, unable to refill medications and increased vulnerability to neglect. For the population we serve, the absence of reliable primary care is not just an inconvenience—it can mean the difference between independence at home and premature institutionalization.

While the state has taken important steps through workforce development grants and other initiatives, these alone will not close the growing gap. The University of Rhode Island is uniquely positioned to be part of the solution. As the state's flagship public research university, URI already houses nationally recognized programs in pharmacy, nursing, health sciences, and biomedical research, supported by strong clinical partnerships and existing infrastructure.

A public medical school at URI would not only address the shortage of primary care physicians, but also:

- Create good-paying jobs and strengthen the healthcare workforce pipeline,
- Advance Rhode Island's biomedical sector, and
- Improve health outcomes and quality of life for residents across the state.

For these reasons, we urge the Commission and the Senate Finance Committee to support investment in establishing a public medical school at the University of Rhode Island.

Thank you for your consideration of this important opportunity to safeguard Rhode Island's health system for current and future generations.

Sincerely,

Robin Ashley Covington, MPA
The Rhode Island Coalition for Elder Justice

The Coalition is a partnership among victim service agencies, senior service agencies, community groups, advocacy groups, law enforcement and state departments. Its purpose is to create an effective community coordinated response to the abuse of older adults. The Coalition is a statewide effort inclusive of adults aged 50 and older (who may also be disabled).



**Senior Agenda Coalition
of Rhode Island**

A Beacon for RI's Older Adults & Adults with Disabilities

To: Rhode Island Senate RI Primary Care Provider Workforce and Education Commission

From: SACRI - Senior Agenda Coalition of RI

Re: Testimony in Support of Establishing a Public Medical School at the University of Rhode Island

Date: 10-9-2025

Dear Chairperson, Lauria and honorable members of the Commission,

On behalf of SACRI, we write in support of the state of Rhode Island investing in a public medical school at the University of Rhode Island.

The primary care crisis has reached a point of no return - 300 additional primary care providers are needed statewide, while almost half of the current physicians are close to retirement age. Recent figures suggest that between 200,000 and 400,000 adults in the state do not have access to primary care services.

As Executive Director of a statewide older adult advocacy coalition, I, our board, and members often hear of the challenges older adults face in finding primary care physicians. From New Shoreham to Woonsocket older adults are being displaced from primary care and the next steps are usually laborious, web driven and unfriendly to our older population. And even when a PCP is secured, the wait times are untenable. This unfortunately leads to folks in Rhode Islanders seeking care in Massachusetts or in emergency departments instead.

The SACRI Office phone often gets voicemails from people seeking assistance in finding care, and we do our best to make appropriate referrals and connections for older adults and their families seeking help.

- The numbers reside here in the [RI Healthy Aging Report](#)- We urge you to review it.

While the state of Rhode Island has pursued several primary care related policies and initiatives, such as grants to support workforce development, this alone will not address the primary care gap. Many of these issues, and bills SACRI has vigorously supported in the Legislative process. We find the University of Rhode Island is well-positioned to address the pressing need and contribute to solving the

primary care crisis in the state. As the state's public flagship research university, URI has established programs in pharmacy, nursing, healthcare and biomedical research; existing infrastructure; world-class faculty; and strong clinical partnerships. State investment in a public medical school at URI would result in job creation, acceleration of the state's biomedical sector, and improve the quality of life for current and future Rhode Islanders.

Thank you for considering investing in a public medical school at the University of Rhode Island.

Sincerely,

Carol Anne Costa, on behalf of SACRI

Chairpersons and Members of the Committee,

My name is Tatiana Baena, and I am submitting this testimony in strong support of the proposal to create a public medical school at the University of Rhode Island.

I come to you wearing several hats. As an At-Large Councilwoman in Central Falls, I represent a city made up of working-class families, many of whom are immigrants, essential workers, and people of color. Access to timely, quality, and culturally responsive health care is one of the most pressing issues we face, and it's not just about coverage. It's about having enough providers who understand our communities, speak our languages, and stay in Rhode Island long enough to make an impact.

Just this week, I hosted a Community Conversation on Health Care where dozens of residents came to ask questions about navigating their coverage, finding providers, and understanding how federal policy shifts will impact them. A common theme was how difficult it is to find doctors, especially primary care providers and specialists, who are available, accessible, and trustworthy. Some families are waiting months for appointments. Others are forgoing care entirely.

As a mother, I understand this challenge on a deeply personal level. When your child is sick, access is not optional, it's urgent. And when you live in a city like Central Falls, which has some of the highest poverty rates in the state, every barrier to care is a risk to someone's health and well-being.

As the founder of Better Perspective Consulting, I work with nonprofits, schools, and small businesses across the state, many of whom are doing their best to fill the gaps in care through outreach, case management, and wraparound support. But no amount of community programming can replace the systemic need for more trained, mission-driven medical professionals right here in Rhode Island.

And as a proud alumna of the University of Rhode Island, I know firsthand how powerful public higher education can be. Like many URI grads, I chose to stay here in Rhode Island to give back to the communities that shaped me. A public medical school would offer that same opportunity to a new generation of future doctors, especially local students of color, who are deeply committed to serving in-state, but may not have the resources or access to pursue a medical degree elsewhere.

A public medical school at URI is timely and strategic. It creates a pipeline for local students, aligns with our economic and public health needs, and sends a clear message that Rhode Island is serious about solving the provider shortage by investing in talent that reflects and understands our communities.

Even if I am unable to testify in person, I wanted to make sure my voice, and the voices of my constituents are represented in this conversation. I urge you to support this proposal and help Rhode Island take a meaningful step toward a healthier, more equitable future.

Sincerely,
Tatiana Baena

"THE MISSION OF CENTRAL FALLS HIGH SCHOOL

is to cultivate academic, social and civic responsibility within the school community, as we prepare students for participation in a global society."



Rhode Island Senate RI Primary Care Provider Workforce and Education Commission
82 Smith Street. Providence, RI 02906

October 9, 2025

Re: Testimony in Support of Establishing a Public Medical School at the University of RI

Dear Chairperson Lauria and members of the Commission,

I am Dr. David Upegui from North Providence and I am writing in support of the state of Rhode Island investing in a public medical school at the University of Rhode Island. Below please find a description of my reasoning for supporting this endeavor.

The Primary Care Workforce Crisis: An Urgent Problem

The health of our residents and the economic vitality of the entire state are currently undermined by an insufficient and unsustainable primary care workforce.

- The primary care crisis has reached a point of no return: a minimum of **300 additional primary care providers are needed statewide**.
- Almost half of the current physicians in RI are close to retirement age, guaranteeing the crisis will worsen.
- Recent figures suggest that between **200,000 and 400,000 adults** in the state do not have access to primary care services.
- The consequences are clear: long wait times (lasting several months) force Rhode Islanders to seek care in Massachusetts or in emergency departments.

Evidence of Local Talent: The Central Falls Pipeline

As a graduate and now teacher at Central Falls High School, I can attest to the immense potential of our local students to succeed in challenging healthcare careers. Investing in a local medical school capitalizes on the talent we are already developing.

- **Dr. David Hernandez:** I taught Dr. Hernandez when he was 16. He went on to medical school and last year completed his residency at Yale University, where he won the prestigious teaching residency award.
- **Gregorio Benitez:** He is currently completing an MD/PhD program at the University of Michigan.

Dr. David Upegui, Science Teacher
24 Summer Street, Central Falls, RI 02863
Ph: 401-727-7710 Email: upeguid@cfschools.net

These former students are powerful evidence that our students *can* succeed in medicine when given the opportunity.

The Compelling Reason for a URI Medical School: If local students are able to attend medical school in their home state, they can receive the critical support of their families, communities, and schools.

- **Retention:** Students educated locally are statistically far more likely to stay local after graduation, which is the most direct path to **alleviating the current shortage of medical professionals in our state.**
- **Role Models:** These local graduates will serve as powerful role models to the current generation of younger students.

URI as the Necessary Solution

While Rhode Island has pursued related policies like grants for workforce development, these alone cannot close the primary care gap. The University of Rhode Island is uniquely positioned to address this pressing need:

- As the state's public flagship research university, URI already has established programs in pharmacy, nursing, healthcare, and biomedical research.
- URI possesses existing infrastructure, world-class faculty, and strong clinical partnerships.

State investment in a public medical school at URI would result in job creation, accelerate the state's biomedical sector, and immediately improve the quality of life for current and future Rhode Islanders.

Thank you for your time and the opportunity to speak in favor of investing in a public medical school at the University of Rhode Island. If you have any questions about this letter and its content, please do not hesitate to contact me: upeguid@cfschools.net | upegui@brown.edu, or by telephone at 401-727-7710.

Sincerely,



David Upegui, PhD
Science Teacher / Adjunct Lecturer in Education (Brown U.)
PAEMST 2019 (2017 cohort)



WOOD RIVER HEALTH

Caring for Our Community Since 1976

Rhode Island Senate RI Primary Care Provider Workforce and Education Commission
82 Smith Street
Providence, RI 02906

Re: Testimony in Support of Establishing a Public Medical School at the University of Rhode Island

Dear Chairpersons Lauria and Parlange:

I am writing in support of the state of Rhode Island investing in a public medical school at the University of Rhode Island. As the CEO of a federally qualified health center in a rural area, we acutely experience the shortage of primary care providers.

The primary care crisis has reached a point of no return - 300 additional primary care providers are needed statewide, while almost half of the current physicians are close to retirement age. Recent figures suggest that between 200,000 and 400,000 adults in the state do not have access to primary care services.

I frequently hear about the challenges residents face in finding primary care physicians throughout the state. Long wait times - lasting several months - for primary care appointments result in Rhode Islanders seeking care in Massachusetts or in emergency departments instead.

The reduction in the workforce has caused a large number of patients from other practices to seek care with us. The wait times to onboard a new patient are increasing and can be up to 6 months. Waiting 6-12 months for a primary care appointment or routine care causes harm to patients – preventable conditions are not detected and chronic disease burden increases. Additionally, patients with acute needs will have no choice but to seek care in an Emergency Department, often for conditions that can be treated in an ambulatory care setting. This adds cost to the system and puts strain on understaffed hospitals. To accommodate patient demand, we increased our provider panels and adjust daily schedules to create more appointments. This increased burden accelerates the burnout already experienced by our staff.

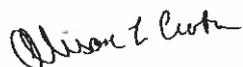
While the state of Rhode Island has pursued several primary care related policies and initiatives, such as grants to support workforce development, this alone will not address the primary care gap. The University of Rhode Island is well-positioned to address the pressing need and contribute to solving the primary care crisis in the state. As the state's public flagship research university, URI has established programs in pharmacy, nursing, healthcare and biomedical research; existing infrastructure; world-class faculty; and strong clinical partnerships. State investment in a public medical school at URI would result in job creation, acceleration of the state's biomedical sector, and improve the quality of life for current and future Rhode Islanders.

As part of the decision to create a Medical School at URI, it is important to also consider the necessary clinical rotations for students, as well as the required residency training post-graduation. Family and Internal

Medicine providers, including FQHCs, will need support and investment to precept students for their respective rotations. Additionally, without family medicine and internal medicine residencies in Rhode Island, graduates will need to leave the state to obtain their training. I urge the committee to keep that in mind when reviewing and discussing the feasibility study.

Thank you for considering investing in a public medical school at the University of Rhode Island.

Sincerely,



Alison L. Croke
President & CEO



The Substance Use and
Mental Health Leadership Council of RI

Rhode Island Senate RI Primary Care Provider Workforce and Education Commission
82 Smith Street
Providence, RI 02906

Re: Testimony in Support of Establishing a Public Medical School at the University of Rhode Island

Dear; Chairperson and members of the Commission,

My Name is John J. Tassoni, Jr. , President / CEO of The Substance Use and Mental Health Leadership Council of RI and write in support of the state of Rhode Island investing in a public medical school at the University of Rhode Island.

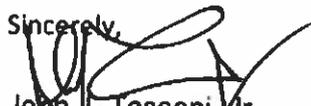
The primary care crisis has reached a point of no return - 300 additional primary care providers are needed statewide, while almost half of the current physicians are close to retirement age. Recent figures suggest that between 200,000 and 400,000 adults in the state do not have access to primary care services.

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While the state of Rhode Island has pursued several primary care related policies and initiatives, such as grants to support workforce development, this alone will not address the primary care gap. The University of Rhode Island is well-positioned to address the pressing need and contribute to solving the primary care crisis in the state. As the state's public flagship research university, URI has established programs in pharmacy, nursing, healthcare and biomedical research; existing infrastructure; world-class faculty; and strong clinical partnerships. State investment in a public medical school at URI would result in job creation, acceleration of the state's biomedical sector, and improve the quality of life for current and future Rhode Islanders.

Thank you for considering investing in a public medical school at the University of Rhode Island.

Sincerely,



John J. Tassoni, Jr.
President / CEO

September 26, 2025

**Primary Care Provider Workforce
and Education Commission
Rhode Island State Senate
82 Smith Street
Providence, RI 02906**

Re: Letter in Support of Establishing a Public Medical School at the University of Rhode Island

Dear Chairperson Lauria and members of the Commission,

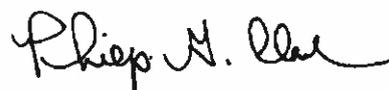
As a professor of gerontology and health sciences at URI, I am writing to express my strong support for investment in a public medical school at the University of Rhode Island. I am the Director of the Rhode Island Geriatric Education Center (RIGEC) at URI, funded by the Health Resources and Services Administration (HRSA), the federal agency responsible for healthcare workforce development. RIGEC is a consortium of academic, clinical, and community-based partners providing interprofessional geriatrics education and training to prepare healthcare and human service professionals, faculty, students, and caregivers to better meet the physical, functional, and psychosocial needs of older adults.

In September 2024, I made a presentation to a meeting of the RI House Special Legislative Commission to Study and Provide Recommendations for Services and Programs for Older Adult Rhode Islanders. During the meeting, the chair of the Commission commented on how the development of a medical school at URI would positively impact health care for older adults; it reinforced the important connection between geriatrics and primary care being made by our state government. Now in 2025, Rhode Island has become a "super aging" state, with 20% of its population 65+. Moreover, it currently ranks 4th in the US with the percentage of its population aged 85+; these older adults are often those most in need of health care to meet their multiple chronic and complex health problems.

A medical school at URI would provide an innovative and exciting opportunity to link primary care and geriatrics within an interprofessional teamwork model. RIGEC has extensive relationships with primary care provider networks across the state and is collaborating with our partners to provide Age-Friendly training to these providers. Age-Friendly care is based on a model developed by the Institute for Healthcare Improvement (IHI) and the Hartford Foundation that emphasizes the core areas required for high quality geriatric care.

In short and in summary, the development of a medical school at URI would build on the University's already established health professions programs to promote much needed interprofessional education in geriatric care. The result will be better health-related outcomes and lives for our state's rapidly growing population of older adults.

Sincerely,



Phillip G. Clark, ScD
Professor and Director

Rhode Island Senate RI Primary Care Provider Workforce and Education Commission
82 Smith Street
Providence, RI 02906

Re: Testimony in Support of Establishing a Public Medical School at the University of Rhode Island

Dear Chairperson Lauria and members of the Commission,

I am Emily Drennan from Pawtucket and write in support of the state of Rhode Island investing in a public medical school at the University of Rhode Island.

The primary care crisis has reached a point of no return - 300 additional primary care providers are needed statewide, while almost half of the current physicians are close to retirement age. Recent figures suggest that between 200,000 and 400,000 adults in the state do not have access to primary care services.

I constantly hear about the challenges residents face in finding primary care physicians within the surrounding area and throughout the state. Long wait times - lasting several months - for primary care appointments result in Rhode Islanders seeking care in Massachusetts or in emergency departments instead. It is becoming commonplace to postpone or skip annual checkups as the amount of work it takes to just schedule an appointment can be overwhelming. It feels like Rhode Islanders are being forced to accept that primary care is not something that can be guaranteed for all and we cannot allow this to continue.

While the state of Rhode Island has pursued several primary care related policies and initiatives, such as grants to support workforce development, this alone will not address the primary care gap. The University of Rhode Island is well-positioned to address the pressing need and contribute to solving the primary care crisis in the state. As the state's public flagship research university, URI has established programs in pharmacy, nursing, healthcare and biomedical research; existing infrastructure; world-class faculty; and strong clinical partnerships. State investment in a public medical school at URI would result in job creation, acceleration of the state's biomedical sector, and improve the quality of life for current and future Rhode Islanders.

Thank you for your time and the opportunity to speak in favor of investing in a public medical school at the University of Rhode Island.

Sincerely,

Rhode Island Senate RI Primary Care Provider Workforce and Education Commission
82 Smith Street
Providence, RI 02906

Re: Testimony in Support of Establishing a Public Medical School at the University of Rhode Island

Dear Chairperson Lauria and members of the Commission,

I am Judy Whitehead from Bellingham, MA and write in support of the state of Rhode Island investing in a public medical school at the University of Rhode Island. Although I live in Massachusetts, I have been working in healthcare in the state of Rhode Island for over 35 years.

The primary care crisis has reached a point of no return - 300 additional primary care providers are needed statewide, while almost half of the current physicians are close to retirement age. Recent figures suggest that between 200,000 and 400,000 adults in the state do not have access to primary care services.

I constantly hear about the challenges residents face in finding primary care physicians within our town/city and throughout the state. Long wait times - lasting several months - for primary care appointments result in Rhode Islanders seeking care in Massachusetts or in emergency departments instead. It was astonishing to learn that more than 25,000 patients had to find new PCP's when Anchor Medical Associates closed earlier this summer. My sister was one of those affected. She has had extensive medical issues the past few years and it was crucial that she have a PCP to provide prior authorizations for ongoing medical testing and care. This only added to her burden and caused unneeded stress and anxiety. This can be preventable for future patients and the establishment of a public medical school is one important solution.

While the state of Rhode Island has pursued several primary care related policies and initiatives, such as grants to support workforce development, this alone will not address the primary care gap. The University of Rhode Island is well-positioned to address the pressing need and contribute to solving the primary care crisis in the state. As the state's public flagship research university, URI has established programs in pharmacy, nursing, healthcare and biomedical research; existing infrastructure; world-class faculty; and strong clinical partnerships. State investment in a public medical school at URI would result in job creation, acceleration of the state's biomedical sector, and improve the quality of life for current and future Rhode Islanders.

Thank you for your time and the opportunity to speak in favor of investing in a public medical school at the University of Rhode Island.

Sincerely,

Judy Whitehead, PACE-RI

Rhode Island Senate RI Primary Care Provider Workforce and Education Commission
82 Smith Street
Providence, RI 02906

Re: Testimony in Support of Establishing a Public Medical School at the University of Rhode Island

Dear Chairperson Lauria and members of the Commission,

I am Liz Boucher from Cranston and write in support of the state of Rhode Island investing in a public medical school at the University of Rhode Island.

The primary care crisis has reached a point of no return - 300 additional primary care providers are needed statewide, while almost half of the current physicians are close to retirement age. Recent figures suggest that between 200,000 and 400,000 adults in the state do not have access to primary care services.

I constantly hear about the challenges residents face in finding primary care physicians within Cranston and throughout the state. Long wait times - lasting several months - for primary care appointments result in Rhode Islanders seeking care in Massachusetts or in emergency departments instead.

I was a long-time patient of Anchor Medical, and their abrupt closure left me scrambling to find a new primary care practitioner. I had very little choice and had to select a PCP simply because they were accepting new patients. In fact, my new primary care provider is a PA, not a physician, because I could not find a physician. As a 54-year-old woman, I am concerned that an increased need for my personal medical care as I age is in direct negative correlation with available providers.

While the state of Rhode Island has pursued several primary care related policies and initiatives, such as grants to support workforce development, this alone will not address the primary care gap. The University of Rhode Island is well-positioned to address the pressing need and contribute to solving the primary care crisis in the state. As the state's public flagship research university, URI has established programs in pharmacy, nursing, healthcare and biomedical research; existing infrastructure; world-class faculty; and strong clinical partnerships. State investment in a public medical school at URI would result in job creation, acceleration of the state's biomedical sector, and improve the quality of life for current and future Rhode Islanders.

Thank you for your time and the opportunity to speak in favor of investing in a public medical school at the University of Rhode Island.

Sincerely,

Liz Boucher
Cranston, RI

Rhode Island Senate RI Primary Care Provider Workforce and Education Commission
82 Smith Street
Providence, RI 02906

Re: Testimony in Support of Establishing a Public Medical School at the University of Rhode Island

Dear Chairperson Lauria and members of the Commission,

I am Melissa Simonian from North Providence and write in support of the state of Rhode Island investing in a public medical school at the University of Rhode Island.

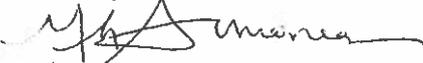
The primary care crisis has reached a point of no return - 300 additional primary care providers are needed statewide, while almost half of the current physicians are close to retirement age. Recent figures suggest that between 200,000 and 400,000 adults in the state do not have access to primary care services.

I constantly hear about the challenges residents face in finding primary care physicians within our town/city and throughout the state. Long wait times - lasting several months - for primary care appointments result in Rhode Islanders seeking care in Massachusetts or in emergency departments instead. I experienced this in my own family when an elderly aunt's physician retired it took six months to find a new PCP and only one year later, that person moved out of state.

While the state of Rhode Island has pursued several primary care related policies and initiatives, such as grants to support workforce development, this alone will not address the primary care gap. The University of Rhode Island is well-positioned to address the pressing need and contribute to solving the primary care crisis in the state. As the state's public flagship research university, URI has established programs in pharmacy, nursing, healthcare and biomedical research; existing infrastructure; world-class faculty; and strong clinical partnerships. State investment in a public medical school at URI would result in job creation, acceleration of the state's biomedical sector, and improve the quality of life for current and future Rhode Islanders.

Thank you for your time and the opportunity to speak in favor of investing in a public medical school at the University of Rhode Island.

Sincerely,



Melissa A. Simonian

PACE Organization of Rhode Island
10 Tripps Ln.
Riverside, RI 02915

Personal Citizen's Comments to the Rhode Island State Senate Supporting the Establishment of a Medical School at the University of Rhode Island

Submitted to: The Honorable Members of the Rhode Island State Senate

Date: 09 October, 2025

Subject: Support for the Development of a Primary Care-Focused Medical School at the University of Rhode Island

Dear Honorable Senators and General Assembly of Rhode Island:

Thank you for this opportunity to address you today on a matter that will profoundly impact the health and future of our great state. I stand before you as a citizen, Ph. D graduate of URI and a clinical scientist who believes that Rhode Island has a unique opportunity to address one of our most pressing healthcare challenges while positioning our state as a national leader in medical education.

Executive Summary

Rhode Island faces a critical healthcare workforce shortage, primarily of primary care physicians, which threatens the health and economic vitality of our state. I respectfully urge the State Senate to support the establishment of a primary care-focused Medical School at the University of Rhode Island (URI) as a strategic solution that will address immediate healthcare needs state-wide, while positioning Rhode Island as a national leader in innovative medical education and community-based healthcare delivery.

The Healthcare Crisis Demands Immediate Action

Rhode Island currently faces a severe primary care physician shortage, requiring approximately 300 additional primary care doctors to adequately serve our population. Currently the national average is only approximately 22% of recent Medical School graduates go into primary or family care. This shortage has created cascading effects throughout our healthcare system: extended wait times for essential medical services, overwhelmed emergency departments managing non-emergency cases due, and inadequate access to preventive care that could prevent costly health crises. The current regulations implemented in the HR-1 bill passed by both arms of congress will exacerbate the healthcare of many of our citizens.

The timing for this initiative is particularly necessary and perhaps advantageous given recent federal policy changes, including HR-1 provisions that create new opportunities for federal funding tied to provider capacity and service to underserved populations. RI must position itself to capitalize on these opportunities.

Strategic Vision: Building on Proven Strengths

URI already possesses a strong healthcare education foundation through its established College of Nursing and College of Pharmacy. The proposed Medical School would complete this healthcare education ecosystem, creating an integrated approach that addresses our state's specific community needs rather than only pursuing generic medical education.

Proposed Medical School would be designed from the ground up to inspire and train primary care & family physicians—the doctors our communities desperately need.

This strategic precision represents a significant departure from traditional Medical Schools where students often drift toward high-paying specialties. By focusing specifically on primary care training, family practices and community-based services, URI can influence career pathways from the beginning, as research demonstrates that students in primary care-focused environments are three times more likely to choose primary care careers and remain in their training communities.

The URI Collaborative Model: Innovation in Action

The proposed Medical School would implement an interprofessional education model where medical, nursing, and pharmacy students train together from day one. This approach, supported by physician-educators who could maintain active clinical practices while teaching, would create seamless integration between education and community care. Picture interprofessional teams working together in community clinical settings, breaking down the silos that too often fragment patient care. Could this synergy of programs replace programs like the SMART Clinics throughout the state? SMART Clinic is the program that is being withdrawn from the Providence Community Health Centers due to lack of Primary Care Physicians and inadequate Medicaid reimbursements.

The Medical School faculty could be structured as practicing physician-educators, maintaining active clinical practices while teaching the next generation of doctors. This dual role ensures our students learn from faculty who are actively engaged in patient care, bringing real-world experience directly into the classroom and clinical rotations in the community. In addition, as was done in Oregon expand the Medical School community base to include the Medicaid School Base Services (SBS) statewide. In addition, the Teaching Health Center Graduate Medical Education (THCGME) Program provides residency programs grants to reduce costs. These grants support the work of building a program, developing training curriculum, recruiting clinical faculty, retooling workflow to integrate residents, and getting accredited.

Residency programs could be set up with all of the local hospitals such as South County Hospital or Westerly Hospital as well as various local clinics that are Federally Qualified (ex. Providence Community Health Centers (PCHC), Thundermist Health Center, Wood River Health Services) . An example of a local clinical with residency program is the Wright Center in NE Pennsylvania as a Federally Qualified Health Center (FQHC). PCHC has a Nurse Practitioner and Primary Care Optometry Residency programs

Clinical rotations and residencies would occur in community settings, potentially replacing withdrawn SMART clinical services (Providence) and ensuring that students develop strong connections to RI communities. This community integration strategy serves both educational and service delivery objectives.

Innovative Programs and State Partnership Opportunities

The Medical School would position RI to participate in and lead several innovative healthcare initiatives:

Medicaid Program Enhancement:

- Medicaid School-Based Services (SBS) expansion
- Teaching Health Center Graduate Medical Education (THCGME) Program participation
- 1915(c) Medicaid Home- and Community-Based Services
- Community level support for Medicaid participants to ensure proper eligibility and re-enlistment

State Agency Collaboration: Following successful models at the University of Massachusetts Medical School and Ohio State University, the proposed URI Medical School would serve as more than a teaching center. It would help RI expand primary care services, strengthen Medicaid applications to ensure eligibility for federal matching funds, support innovative payment models, attract Graduate Medical Education financing, and develop comprehensive managed care plans to maximize pharmacy benefit access. For example, Mass. Medical School developed a program (<https://forhealthconsulting.umassmed.edu/products/>) that helps state government agencies, nonprofits, and managed care organizations to meet today's health care challenges — and are prepared for what's to come. Their public university–state agency model offers state agencies a unique approach to improving health care outcomes while controlling costs. Ohio's Medical Schools have a Government Resource Center (GRC) and a Medicaid Technical Assistance and Policy Program (medtapp) that leverages the state's Medical Schools to objectives to improve health care to the state citizens.

Most importantly, the program established in RI under the URI Medical School would demonstrate cost savings through improved primary care outcomes, reducing reliance on expensive emergency services while improving health outcomes for RI residents.

Substantial Economic Impact and Long-Term Strategic Advantage

The economic benefits of this initiative represent a transformational investment in RI's future prosperity. While the Medical School would generate an estimated \$50 million in direct annual economic impact and create hundreds of high-paying jobs immediately, the long-term economic advantages are even more compelling.

Sustainable Economic Growth Through Healthcare Infrastructure: Each primary care physician trained represents approximately \$2.4 million in career economic impact to the state, but this figure understates the broader economic multiplier effects. A robust primary care workforce attracts businesses, supports population growth, and reduces the long-term healthcare cost burden on state resources. Companies increasingly consider healthcare infrastructure when making location decisions, and a strong primary care foundation makes RI more competitive for business attraction and retention.

Generational Wealth Creation: Unlike traditional economic development initiatives that may have limited lifespans, healthcare education creates self-sustaining economic growth. Physicians trained in RI who remain in the state become economic anchors, establishing practices, employing staff, purchasing homes, and contributing to local economies for 30–40-year careers. The compound economic impact of training just 25 physicians annually would generate over \$2 billion in career economic activity over a generation.

Additional incentives such as loan forgiveness to graduates who remain in the area can be effective. When we combine this with Rhode Island's quality of life and sense of community, we create powerful incentives for graduates to build their practices right here in our state.

Healthcare Cost Avoidance and System Efficiency: The long-term economic advantage extends beyond direct job creation to substantial cost avoidance. Improved primary care access reduces expensive emergency department utilization, prevents costly complications from unmanaged chronic conditions, and enables early intervention that saves both lives and healthcare dollars. These savings compound annually, creating a virtuous cycle of improved health outcomes and reduced healthcare spending.

The state level Medicaid strategic benefits amplify these economic advantages:

- Graduate Medical Education support eligibility providing potential federal funding
- Protection and potential expansion of Federal Medical Assistance Percentage (currently 57.5%)
- Enhanced primary care capacity for Medicaid beneficiaries reducing state healthcare costs
 - Increased preventions and early intervention in chronic conditions
 - Reduced emergency clinical use
 - Primary care coordination of overall care increases efficiency by reducing duplicate testing, reducing unnecessary referrals, and readmissions etc.
- Demonstrated cost savings through improved primary care outcomes versus emergency services utilization
- Positioning RI to capture emerging federal funding opportunities in community-based healthcare delivery

Community-Based Healthcare Delivery Model

The Medical School would create multiple service touchpoints throughout RI communities through faculty practices, respite care programs linked to the College of Nursing, and clinical services at local clinics serving Medicaid and uninsured citizens. This model addresses workforce shortages through both immediate patient care via faculty practices and long-term training of new providers.

The program would provide crucial support to Medicaid beneficiaries through health assessments and eligibility documentation assistance while ensuring adherence to federal mandates and serving vulnerable populations throughout the state.

Addressing Implementation Concerns

Financial feasibility concerns are mitigated by the substantial infrastructure already existing at URI and the expertise available in current healthcare programs. The Medical School's physical facility requirements may be phased over several years, allowing for measured, sustainable development. The demand for this program is both documented and urgent, as evidenced by our current healthcare workforce shortage and the documented need for 200 additional primary care physicians in RI.

National Leadership and Innovation

This initiative would position RI as a national leader, demonstrating how smaller states can achieve outsized impact through strategic collaboration. The seamless pipeline from education to community care represents an innovation showcase that aligns with new federal healthcare regulations favoring community-based academic programs. Our physician-faculty practicing in the community, nursing students training alongside primary care residents serving homebound patients, and pharmacy students understanding real-world medication management—this creates a seamless pipeline from medical education to community care. RI has the opportunity to show that a smaller state can punch above its weight by being smarter, more focused, and more collaborative than larger competitors.

RI has the opportunity to become a model for other states facing similar challenges, proving that strategic investment in healthcare education can yield both immediate and long-term benefits for communities.

Community Health Impact

The program would serve critical target populations including seniors needing personalized primary care, children requiring strong preventive care foundations, working families needing accessible and affordable healthcare, and elderly and disadvantaged populations through enhanced federal-funded services.

Call to Action

The central question before the RI State Senate and General Assembly is not whether our state needs more primary care physicians – that need is clearly documented and urgent. The question is whether RI will seize this transformative opportunity to address our healthcare crisis while positioning our state as a national leader in innovative healthcare education and delivery.

The foundation exists at URI, the need is documented, and the economic benefits are substantial. Federal funding opportunities through various Medicaid programs and waivers could provide support for this initiative. The comprehensive approach addresses immediate healthcare needs while building long-term capacity for RI communities.

Vision for Rhode Island's Future

RI can be place where innovation meets compassion through collaborative healthcare solutions. The URI Medical School represents more than an educational institution – it represents RI's commitment to ensuring that all citizens have access to high-quality, community-based primary care.

The research and development potential through university-state agency partnerships, combined with the comprehensive approach to addressing both immediate needs and long-term capacity building, makes this initiative a sound investment in Rhode Island's future.

Conclusion

I respectfully urge the Rhode Island State Senate to support the development of a primary care-focused Medical School at the University of Rhode Island. This initiative represents a strategic,

evidence-based solution to our healthcare workforce crisis that will generate substantial economic benefits while improving health outcomes for all Rhode Island residents.

The time for action is now. Rhode Island has the opportunity to lead the nation in innovative healthcare education and delivery. I ask for your support in making this vision a reality for the benefit of all Rhode Island communities.

**Prepared by John McLane, Ph.D.
4 Montrose Ct
Westerly RI 02891**

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Morgan Dimaio

From: JANET AUSTIN <nitsuanaj@verizon.net>
Sent: Saturday, September 20, 2025 8:15 PM
To: Morgan Dimaio
Subject: URI Medical School
Attachments: text.txt

URI Medical School

I was pleased to see that URI is considering opening a medical school. Finally.

I believe RI is the only state that has neither a state medical school nor an agreement with another state, so that state residents students can benefit from residency preference. My husband is retired from Brown, as a 40 year medical professor, and he often advised RI students to move to Texas, become a resident for 1 year, then apply to one of their medical schools. How many future RI doctors have we lost?

As an example, our own daughter, born and raised in RI, graduated from URI in 2010, with excellent grades, Phi Beta Kappa. She applied to 22 medical schools including some less popular ones in far flung states. She was not interviewed at Brown even though her dad was a tenured full professor in the medical school. She could not apply to UMass, as they were not accepting out of state applications that year. She was rejected at Oklahoma even though her grades and MCAT scores were far above their average accepted student....but she was not a resident.

At the last minute she was accepted from the waiting list, in the charter class at a brand new medical school in Michigan. (Oakland University William Beaumont). She met a Michigander and stayed on, as a primary care doctor. I just visited to meet their second baby, and clearly they have no intention of moving to RI.

I'm certain that, had she been accepted at a RI medical school, she would now be a primary care provider in RI. As would hundreds of other RI students who had to leave the state for medical school.

I'm sure this is not news to you, but I wanted to share an example, in case it helps. I also recommend looking into Oakland University William Beaumont as an example of a new medical school that focuses on primary care.

Thanks,

Janet Austin, Warwick, RI
FOR

Morgan Dimaio

From: john.newenglandsyrup.com <john@newenglandsyrup.com>
Sent: Wednesday, October 8, 2025 12:01 PM
To: Morgan Dimaio
Subject: Testimony on URI Medical School

All too often, when the government considers health care, they only consider the financial aspects of health care. There is a lot more to it than just the financial part. There is a serious shortage of health care providers , not just in RI, but all across the country. All the money in the world won't provide for health care if there are no doctors and nurses to provide the care. I support the proposed new medical school at the university of Rhode Island.

John Marchant
President,
Scituate Health Alliance
john@newenglandsyrup.com
401-243-3790

Morgan Dimaio

From: Rebecca Clark <nwptrn@yahoo.com>
Sent: Wednesday, October 8, 2025 3:12 PM
To: Morgan Dimaio
Subject: Re: public hearing on establishing a College of Medicine at URI

To Whom It May Concern,

As a RI resident, and a member of the medical community of Newport, RI (I am a Registered Nurse of 35 years), I would like to lend my support to the establishment of a College of Medicine at URI. In this environment, it's a travesty that the community has such a difficult time accessing health care. This can ONLY be a very good asset to RI.

Thank you.

Rebecca Clark-Homer, RN, BSN
165 Ellery Ave.
Middletown, RI 02842
401-855-1580

TESTIMONY IN SUPPORT OF A PUBLIC MEDICAL SCHOOL AT URI

My name is Dr. Susan Killenberg. I completed my training in psychiatry at Brown University in 1996, and I continue to work in RI, currently as the Chief Psychiatrist at the RI Office of Disability Determination in Providence.

I want to express my strong support for funding and opening a public Medical School at URI to address the shortage of Primary Care Providers (PCPs) in our state. Due to the shortage of mental health providers nationwide, Primary Care Providers often act on the front line in the treatment of mental health conditions for their patients. With the shortage of PCPs in RI, not only are physical health conditions left untreated, but mental health conditions are left untreated as well.

In my job at the Disability Determination Office, I commonly see people applying for disability who have treatable mental health conditions; however, they are unable to obtain the mental health care they need to thrive. When their conditions are not treated, they often feel overwhelmed and unable to work. As a result, they apply for social security disability benefits. This is an unfortunate cycle, but it is the natural consequence of illness that goes untreated.

I urge you to support the opening of a public medical school in RI to expand our PCP workforce. Not only will this improve the physical health of our residents, but it will also improve the mental health of Rhode Islanders. In this way, a healthier population will drive a healthier workforce and economy. Investing in a medical school equals an investment in the health of our population and the health of our job force and economy.

Thank you.

Susan Killenberg, MD

Little Compton, RI

October 9, 2025

Rhode Island Senate RI Primary Care Provider Workforce and Education Commission
82 Smith Street
Providence, RI 02906

October 9, 2025

Re: Testimony in Support of Establishing a Public Medical School at the University of Rhode Island

Dear Chairperson Lauria and members of the Commission,

I am Carol Levitt, MD, from Scituate and write in support of the state of Rhode Island investing in a public medical school at the University of Rhode Island.

The University of Rhode Island is well-positioned to address the pressing need and contribute to solving the primary care crisis in the state. State investment in a public medical school at URI would result in job creation, acceleration of the state's biomedical sector, and improve the quality of life for current and future Rhode Islanders.

Having a public medical school at the University of Rhode Island would provide the opportunity for our Rhode Island kids to become physicians who have roots in our communities and are likely to stay here and care for their families and friends and strengthen the economic and social fabric of our state. The state of Florida has documented the positive impact of state medical schools on the development and retention of physicians. 41% of doctors who did their residencies in Florida remained in Florida to practice. 75% of doctors who went to medical school in Florida and stayed to do their residencies in Florida stayed in Florida. In Florida, 80-90% of students in the state medical schools are Florida residents. Using those data, with a projected inaugural class size of 50 students matriculating in the fall of 2029 at the public medical school at The University of Rhode Island, we could welcome about 30 new physicians a year to live in Rhode Island and care for the people of Rhode Island. The plan is to increase to 100 students a year by the fall of 2033. That means over 60 new physicians per year.

Thank you for your time and the opportunity to testify in favor of investing in a public medical school at the University of Rhode Island.

Sincerely,
Carol Levitt, MD

**Rhode Island Senate RI Primary Care Provider Workforce and Education Commission
82 Smith Street
Providence, RI 02906**

October 9, 2025

Re: Testimony in Support of Establishing a Public Medical School at the University of Rhode Island

Dear Chairperson, Lauria and members of the Commission,

I am Amanda Tiburcio, from East Providence, RI and write in support of the state of Rhode Island investing in a public medical school at the University of Rhode Island.

The primary care crisis has reached a point of no return - 300 additional primary care providers are needed statewide, while almost half of the current physicians are close to retirement age. Recent figures suggest that between 200,000 and 400,000 adults in the state do not have access to primary care services. In East Providence, RI there are 488 primary care physicians for a population of 47,961. This is insufficient and unsustainable for the health of our residents and economic vitality of the entire state.

I constantly hear about the challenges residents face in finding primary care physicians within our town/city and throughout the state. Long wait times - lasting several months - for primary care appointments result in Rhode Islanders seeking care in Massachusetts or in emergency departments instead.

While the state of Rhode Island has pursued several primary care related policies and initiatives, such as grants to support workforce development, this alone will not address the primary care gap. The University of Rhode Island is well-positioned to address the pressing need and contribute to solving the primary care crisis in the state. As the state's public flagship research university, URI has established programs in pharmacy, nursing, healthcare and biomedical research; existing infrastructure; world-class faculty; and strong clinical partnerships. State investment in a public medical school at URI would result in job creation, acceleration of the state's biomedical sector, and improve the quality of life for current and future Rhode Islanders.

Thank you for your time and the opportunity to speak in favor of investing in a public medical school at the University of Rhode Island.

Sincerely,

Amanda Tiburcio
45 Main St. apt. 36, Wareham, MA, 02571
PACE Organization of RI

Morgan Dimaio

From: Susan Wilhelmina <edsis1@gmail.com>
Sent: Wednesday, October 8, 2025 4:35 PM
To: Morgan Dimaio
Subject: URI Medical School proposal and Feasibility study

To whom it may concern:

The 2025 Tripp Umbach URI medical school feasibility study is a comprehensive consideration of the need, financial viability, and evolving healthcare and financial impacts of such a development for Rhode Island.

I would like to emphasize that the failure of current healthcare results from a culture of *market* objectives over patient health outcomes that has proliferated over decades.

Conceptually, insurance is an admirable, commendable idea: pooling resources as a community, in order to provide support in times of individual need. It requires expertise in actuarial vigilance and balance, focused on the greater good for both community and individual stakeholders. The reality more often is instead pure profit-motivation on the part of administrative middle meddlers masquerading as “health insurance,” and primarily concerned with stockholder gain, over and above fair-share. They pass their inefficiencies on to patient consumers and/or apply for write-offs from taxpayer-funded regulatory allowances.

The dominance of health science specialization, minus comprehensive considerations, fails by leaving the total human patient out of the equation. One may begin with a family doctor, but soon likely has a cast of specialists, and revolving rosters of hospitalists— none of whom consult with one another. Once a series of plateau-and-decline hospitalizations cannot cure or improve, a succession of clinics and therapists —in-patient and out— follows.

Patient/consumers have been sold on the idea that an expensive lifelong battery of testing-and-worrying, and a pill for this / a procedure for that, is preventative wellness. The relaxation of regulation that allowed direct to consumer advertisement was a huge boost, not to the health of those consumers, but to Big Pharma and to their legal teams. Sadly governance is preoccupied with following the money— and being on the receiving end, while containing allocation.

A responsible health and wellness education should be integrated into K-12 curriculum, certainly not left to advertisers. Internet and AI influence must be addressed in order to support collaboration between patient and doctor, and to eliminate bad actors.

Thank you for viable solution-based engagement with this issue.

Susan

Sent from my iPhone
edsis1@gmail.com

Written testimony in support of the establishment of a College of Medicine at the University of Rhode Island

When I was newly postpartum, my husband and I discovered that our primary care doctor was moving healthcare groups, from an office walking distance from our house in Newport to Tiverton. We agonized over the decision for a good couple of weeks – would we roll the proverbial dice with a different care provider on the island, or would we follow him to a different health group, trusting that he could provide the same level of care we were currently receiving? We ultimately made the decision to follow him off-island – a decision we know we were in a fortunate position to be able to make – because of the attentive, personalized care my husband and I received from him. That’s not to say the decision hasn’t come without its challenges – a 30-45 minute commute for primary care when you are not feeling well is no small feat, as my husband and I have discovered in the intervening years.

We are not the only ones on the island who face this predicament. Most of the primary care practices on Aquidneck Island have long wait lists, forcing many Newport County residents to either cross their fingers and hope that they get an appointment with a local provider before a health issue rears its ugly head or travel significant distances to find an available primary care provider. For those in our communities without reliable access to private transportation, the situation is much more dire. Those without the ability to see a primary care physician at least once a year face well-documented, long-term health risks, including higher instances of depression and substance abuse in addition to higher overall rates of mortality. Without early preventative care and diagnosis, individuals then must turn to already overloaded urgent care centers and emergency departments for treatment.

Healthcare isn’t accessible if it’s not local, and currently there is not enough local primary care to go around on Aquidneck Island. That is why I strongly support the creation of a College of Medicine at the University of Rhode Island with a focus on primary care. As the state’s public university, URI is in a unique position to house a College of Medicine, fostering the great minds of this state and, importantly, retaining them through partnerships with some of the best hospitals in the area, including Newport Hospital, Newport County’s only hospital. In addition to examining the current Medicaid and private insurance reimbursement rates, I urge the state to not only help establish and support a College of Medicine at URI, but to help fund scholarships for students who agree to stay in Rhode Island to practice primary care.

Not only would the creation of this school mean the continued longevity of healthcare infrastructure in the state and the creation of new jobs – each physician who completes residency supporting approximately 15 jobs and creating an economic impact of \$2.2

million – but it will mean healthier individuals who can continue to work, raise families, and give back to their communities because they don't have to worry about negative health outcomes. The creation of this medical school will not only help keep medical talent in Rhode Island long-term, but may even attract new talent to the state, as recent rankings conducted by the Wall Street Journal place URI as the number 1 public university in New England, the 9th best public flagship university in the country, and the 76th best overall university in the U.S. Additionally, if URI offers a 7-year BS/MD program, there is an even better chance of attracting high-performing students seeking to increase their impact in a shorter amount of time, lessen their student loan burden, and potentially extend undergraduate scholarships to their first year of medical schooling, while providing our state with the primary care doctors we so desperately need. At a time where there is a lot of uncertainty in the world, investing in a College of Medicine is a step towards securing a healthier, better, and more sustainable future for our state, and I do hope that you will consider playing a part in what is sure to become a proud legacy for Rhode Island.

—

Cassie Voll

Newport, Rhode Island

Rhode Island Senate RI Primary Care Provider Workforce and Education Commission
82 Smith Street
Providence, RI 02906

Re: Testimony in Support of Establishing a Public Medical School at the University of Rhode Island

Dear Chairperson, Lauria and members of the Commission,

I am Melissa Zinz from Ledyard, CT and write in support of the state of Rhode Island investing in a public medical school at the University of Rhode Island.

The primary care crisis has reached a point of no return - 300 additional primary care providers are needed statewide, while almost half of the current physicians are close to retirement age. Recent figures suggest that between 200,000 and 400,000 adults in the state do not have access to primary care services.

I constantly hear about the challenges residents face in finding primary care physicians within our town/city and throughout the state. Long wait times - lasting several months - for primary care appointments result in Rhode Islanders seeking care in Massachusetts or in emergency departments instead.

- I have an elderly Aunt and Uncle who lost their primary care physician due to Anchor Medial Associates closing due to lack of physicians in the area. My Aunt is in good health, but my uncle has several health problems, and not being able to find a PCP has put a lot of stress on them. This shouldn't be an issue that they need to worry about in their late 70's.

While the state of Rhode Island has pursued several primary care related policies and initiatives, such as grants to support workforce development, this alone will not address the primary care gap. The University of Rhode Island is well-positioned to address the pressing need and contribute to solving the primary care crisis in the state. As the state's public flagship research university, URI has established programs in pharmacy, nursing, healthcare and biomedical research; existing infrastructure; world-class faculty; and strong clinical partnerships. State investment in a public medical school at URI would result in job creation, acceleration of the state's biomedical sector, and improve the quality of life for current and future Rhode Islanders.

Thank you for your time and the opportunity to speak in favor of investing in a public medical school at the University of Rhode Island.

Sincerely,

Melissa Zinz
227 Haley Rd
Ledyard, CT 06399

I work at Pace Organization of Rhode Island.

Rhode Island Senate RI Primary Care Provider Workforce and Education Commission
82 Smith Street
Providence, RI 02906

Re: Testimony in Support of Establishing a Public Medical School at the University of Rhode Island

Dear Chairperson Lauria and members of the Commission,

I am Samuel Zwetchkenbaum, DDS, MPH, from Providence and write in support of the state of Rhode Island investing in a public medical school at the University of Rhode Island. While I do work for the RI Department of Health, I write this as a private citizen and dentist in RI.

I recognize the importance of a medical school in RI and truly hope it happens. I wish to add that if a medical school is considered, **now is the opportune time to consider a dental school as well.**

Just as there is a crisis in primary care access, the same crisis exists in dental access. The dentist-to-population ratio in RI is well below the national average. While the number of dentists is equivalent to what we had in the early 1970's, people are keeping their teeth, so there is much more work needed. The dentist workforce is aging. All this means it is hard to get a dental appointment, and few practices participate in Medicaid.

As a combined medical-dental school, there are efficiencies, because the first two years are very similar. True, you'd need to add a lab for dentists to learn some basic techniques of carving teeth in wax, setting denture teeth, etc., but in many ways, the training is similar in the beginning.

For third and fourth years, you'd need to create a dental clinic and also develop rotations for students at health centers. But this clinic is sorely needed because it can be a patient care resource for people across the state of Rhode Island for both basic and specialty care.

I encourage you to look at newly developed combined medical-dental schools, for example Kansas City University (KCU)'s new school in Joplin, MO, which has both a dental school and medical school. It strives to be holistic and teach students the importance of interprofessional education. Dr. Marc Hahn, President and CEO of KCU, is a born and bred Rhode Islander and would be happy to provide guidance.

Thank you for considering investing in a public medical school **AND dental school** at the University of Rhode Island.

Sincerely,



Samuel Zwetchkenbaum, DDS, MPH

**Rhode Island Senate RI Primary Care Provider Workforce and Education Commission
82 Smith Street
Providence, RI 02906**

Re: Testimony in Support of Establishing a Public Medical School at the University of Rhode Island

Dear Chairperson Lauria and members of the Commission,

I am Rosemarie Bolger of Cranston and I write in support of the state of Rhode Island investing in a public medical school at the University of Rhode Island.

The primary care crisis has reached a point of no return - 300 additional primary care providers are needed statewide, while almost half of the current physicians are close to retirement age. Recent figures suggest that between 200,000 and 400,000 adults in the state do not have access to primary care services.

I constantly hear about the challenges residents face in finding primary care physicians within our town/city and throughout the state. Long wait times - lasting several months - for primary care appointments result in Rhode Islanders seeking care in Massachusetts or in emergency departments instead.

I have a friend who could not secure an appointment with a primary care doctor for 2 years. She has several medical conditions, and this left her without treatment and medications needed to help her. It left her in chronic pain and limited her ability to do many things she was used to doing such as caring for her grandson, the ability to sew and crochet and many things around the house.

While the state of Rhode Island has pursued several primary care related policies and initiatives, such as grants to support workforce development, this alone will not address the primary care gap. The University of Rhode Island is well-positioned to address the pressing need and contribute to solving the primary care crisis in the state. As the state's public flagship research university, URI has established programs in pharmacy,

nursing, healthcare and biomedical research; existing infrastructure; world-class faculty; and strong clinical partnerships. State investment in a public medical school at URI would result in job creation, acceleration of the state's biomedical sector, and improve the quality of life for current and future Rhode Islanders.

Thank you for your time and the opportunity to speak in favor of investing in a public medical school at the University of Rhode Island.

Sincerely,

Rosemarie Bolger
62 Magnolia St
Cranston, RI 02910

Also, an employee at PACE-RI

Rhode Island Senate RI Primary Care Provider Workforce and Education Commission
82 Smith Street
Providence, RI 02906

Re: Testimony in Support of Establishing a Public Medical School at the University of Rhode Island

Dear Chairperson Lauria and members of the Commission,

I am Corissa Bernier from North Scituate, RI and write in support of the state of Rhode Island investing in a public medical school at the University of Rhode Island.

The primary care crisis has reached a point of no return - 300 additional primary care providers are needed statewide, while almost half of the current physicians are close to retirement age. Recent figures suggest that between 200,000 and 400,000 adults in the state do not have access to primary care services.

I constantly hear about the challenges residents face in finding primary care physicians within our town/city and throughout the state. Long wait times - lasting several months - for primary care appointments result in Rhode Islanders seeking care in Massachusetts or in emergency departments instead; The wait lists - that are thousands of people long - created in order to be seen by a physician or advanced practice provider hopefully within the next 12 months; The burn-out by our healthcare providers being pushed to extreme panel sizes that only allows for 15 minute visits at best to get to know the whole person's history; the physicians that are relocating out of state because of better pay. It's a mess and we need to do something about it – NOW.

While the state of Rhode Island has pursued several primary care related policies and initiatives, such as grants to support workforce development, this alone will not address the primary care gap. It is only a short-term strategy and puts a band-aid on the long-term problem. The University of Rhode Island is well-positioned to address the pressing need and contribute to solving the primary care crisis in the state. As the state's public flagship research university, URI has established programs in pharmacy, nursing, healthcare and biomedical research; existing infrastructure; world-class faculty; and strong clinical partnerships. State investment in a public medical school at URI would result in job creation, acceleration of the state's biomedical sector, and improve the quality of life for current and future Rhode Islanders.

Thank you for your time and the opportunity to speak in favor of investing in a public medical school at the University of Rhode Island.

Sincerely,

Corissa S. Bernier
59 Highland Terrace
North Scituate, RI 02857
Chief Financial Officer – PACE Rhode Island
URI Graduate '00 and '06
Former Board member of the Scituate Health Alliance

Rhode Island Senate RI Primary Care Provider Workforce and Education Commission
82 Smith Street
Providence, RI 02906

Re: Testimony in Support of Establishing a Public Medical School at the University of Rhode Island

Dear Chairperson Lauria and members of the Commission,

I am Tom Boucher from Cranston and write in support of the state of Rhode Island investing in a public medical school at the University of Rhode Island.

The primary care crisis has reached a point of no return - 300 additional primary care providers are needed statewide, while almost half of the current physicians are close to retirement age. Recent figures suggest that between 200,000 and 400,000 adults in the state do not have access to primary care services.

I constantly hear about the challenges residents face in finding primary care physicians within our city and throughout the state. I also have a personal story related to this challenge.

Six months ago, I received a letter informing me that my terrific primary care doctor was leaving after 20 years to go practice in Massachusetts. I asked him about it and he said it was because he would be paid more and have less administrative burden. One week before he was set to leave, I found a very concerning lump. I called his office and they arranged for me to come in the next day. After his evaluation, he said his team would book me an ultrasound so the lump could be assessed. Three weeks later (the earliest appointment I could get), I had the scan and was told someone would be in touch with the results. While I saw the outcome in the online portal my primary care group uses, no one has called or emailed me in the three weeks since the scan to explain what the results mean. I was told I have an appointment with my new PCP who is 65 years old (and likely close to retirement) in four months. I expect I will need to reach out soon so I can avoid falling through the cracks.

While the state of Rhode Island has pursued several primary care related policies and initiatives, such as grants to support workforce development, this alone will not address the primary care gap. The University of Rhode Island is well-positioned to address the pressing need and contribute to solving the primary care crisis in the state. As the state's public flagship research university, URI has established programs in pharmacy, nursing, healthcare and biomedical research; existing infrastructure; world-class faculty; and strong clinical partnerships. State investment in a public medical school at URI would result in job creation, acceleration of the state's biomedical sector, and improve the quality of life for current and future Rhode Islanders.

Thank you for your time and the opportunity to speak in favor of investing in a public medical school at the University of Rhode Island.

Sincerely,

Tom Boucher
53 Welfare Ave
Cranston, RI 02910

**Rhode Island Senate RI Primary Care Provider Workforce and Education Commission
82 Smith Street
Providence, RI 02906**

Re: Testimony in Support of Establishing a Public Medical School at the University of Rhode Island

Dear Chairperson Lauria and members of the Commission,

I am Maryellen Girard from Richmond and write in support of the state of Rhode Island investing in a public medical school at the University of Rhode Island.

The primary care crisis has reached a point of no return - 300 additional primary care providers are needed statewide, while almost half of the current physicians are close to retirement age. Recent figures suggest that between 200,000 and 400,000 adults in the state do not have access to primary care services.

I constantly hear about the challenges residents face in finding primary care physicians within our town/city and throughout the state. Long wait times - lasting several months - for primary care appointments result in Rhode Islanders seeking care in Massachusetts or in emergency departments instead.

- As my role as Chief of Growth for PACE-RI, I often hear from older adults in the community that practices are not accepting new patients and those who do have wait times of over one year.

While the state of Rhode Island has pursued several primary care related policies and initiatives, such as grants to support workforce development, this alone will not address the primary care gap. The University of Rhode Island is well-positioned to address the pressing need and contribute to solving the primary care crisis in the state. As the state's public flagship research university, URI has established programs in pharmacy, nursing, healthcare and biomedical research; existing infrastructure; world-class faculty; and strong clinical partnerships. State investment in a public medical school at URI would result in job creation, acceleration of the state's biomedical sector, and improve the quality of life for current and future Rhode Islanders.

Thank you for your time and the opportunity to speak in favor of investing in a public medical school at the University of Rhode Island.

Sincerely,



Maryellen Girard

PACE-RI

10 Tripps Lane

Riverside, RI 02915



**Rhode Island Senate RI Primary Care Provider Workforce and Education Commission
82 Smith Street
Providence, RI 02906**

Re: Testimony in Support of Establishing a Public Medical School at the University of Rhode Island

October 9, 2025,

Dear Chairpersons Lauria and Parlange:

As President and CEO of Providence Community Health Centers since 2001, I have seen firsthand the increasing challenges that health care organizations have in recruiting and retaining primary care providers. The impact on access to health care has been significant; we currently have a waiting list of approximately 4,000 people waiting to be seen by a primary care provider.

Those of us dedicated to making our communities healthier places to live are strongly in favor of the state investing in a public medical school at the University of Rhode Island.

Without further intervention, the future of primary care in our state is bleak. Rhode Island currently has a shortage of 300 primary care providers with almost half of those currently practicing close to retirement age. Estimates are that anywhere between 25% and 50% of Rhode Islanders don't have access to primary care services. This creates a strain on the entire system. By default, many of these patients end up in hospital emergency rooms that must triage and treat people who are sicker than they would be if they had regular access to primary care. This is both inhumane and inefficient.

As Rhode Island's largest community health center, Providence Community Health Centers cares for more than 85,000 patients. On a daily basis, we see what lack of access can do to a patient's physical and mental well-being.

A public medical school could be a major part of the solution. Statistics from the Association of American Medical Colleges show that more than 50% of new doctors stay in the state where they completed residency training to practice medicine. In our state, that percentage is even higher. At a time when we are nearing a critical shortage of providers, this would provide an incredible boost.

There are, of course, other necessary steps -- including improved reimbursement rates and more robust loan forgiveness program -- to ensure Rhode Island is competitive when it comes to attracting and retaining primary care providers. The establishment of a public medical school at the University of Rhode Island would stand as a foundational action to help us address this challenge.

Just this month, URI was rated the best public university in New England for the second year in a row by The Wall Street Journal. The commitment to quality is there on an overall level and URI is already recognized for excellence in a number of programs like biomedical research, pharmacy, and nursing.

On behalf of our 500 employees and the 85,000 people in our care, I strongly endorse a public medical school at the University of Rhode Island. Thank you.

Sincerely,



Merrill Thomas
President & CEO
Providence Community Health Centers

N.S. Damle MD MS MACP

180 Cedar Hill Drive

Jamestown RI 02835

401 932-2277

nsdamle07@gmail.com

Testimony

Rhode Island Senate Commission

Medical School at University of Rhode Island

October 9, 2025

Members of the Commission:

Thank you for the opportunity to address the primary care crisis and physician training in Rhode Island. I am speaking as an individual physician.

I am not taking a position for or against the formation of a medical school at the University of Rhode Island (URI) but am here to present considerations for the commission as you study this initiative as a potential partial solution to access for primary care in the state.

I am a board certified internal medicine/primary care physician in private practice in Wakefield Rhode Island for the past 37 years. I am on clinical faculty at the Alpert Medical School of Brown University and chair of its Clinical Faculty Advisory Committee, past president of the Rhode Island Medical Society and past president of the American College of Physicians (the largest specialty organization in the U.S.).

My partner and I formed our practice in Wakefield in 1988 and have grown over the years to the present nine providers. We have four physicians and five nurse practitioners who care for 15000 patients in primarily Washington County.

As we speak we have three retiring physicians and have no prospects to fill those positions. In fact we have not added a physician in internal medicine or family medicine in over ten years. Difficulties in recruitment is not new and is true for most practice groups and hospital systems. Medical students and post graduate trainees are not choosing primary care specialties at a pace to keep up with local or national demand.

As an internal medicine and primary care physician I welcome the commission's efforts to solve the primary care crisis in Rhode Island. I would like to briefly outline some data, observations and solutions.

As you are aware training to become a physician takes years of hard work and dedication. It starts in college and even in high school as young adults sort out their interests and motivation. Admission to medical school is competitive and the curriculum is challenging. Following four years of medical school, are several years of post -graduate training in a specialty and for some advanced training in subspecialties. The debt on graduation from medical school is on average 200000 dollars per student.

My understanding is that this commission's task is to look for solutions to the primary care crisis, in particular the prospect of opening of a second medical school in the state at the University of Rhode Island. I would like to offer some observations and recommendations to the commission:

1. There is little evidence nationally that more medical schools lead to more primary care physicians. Only about 30% of a class will do internal medicine, pediatrics or family medicine. In internal medicine the vast majority will go on to subspecialize and not practice primary care.
2. New York University has a tuition free medical school with no impact on students entering the primary care specialties.
3. Kaiser and Quinnipiac medical schools with an emphasis on primary care have not shown any increase in the number of students entering primary care.
4. A small minority of graduates of the Alpert Medical School at Brown University stay in the state and an even fewer number train in primary specialties.
5. Logically, one would think that a state medical school with a majority of in state students would lead to more in state trainees and practicing physicians in primary care. Unfortunately this may not be the case.
6. Loan repayment programs are helpful but must be robust, as they are in our neighboring states of Massachusetts and Connecticut. In these states there are programs that forgive 150000 to 200000 dollars in medical school loans with commitments to stay in the state. We would need funding and a commitment from students to stay in Rhode Island after graduating University of Rhode Island.
7. There are multiple post graduate training opportunities in the neighboring states and around the country. Students are free agents. Importantly, it is not the medical school location as much as the post graduate training (specialty and subspecialty) that determines where physicians will practice.
8. The time line as you are aware from inception to graduation from a medical school can be 5-6 years, several hundred million dollars and up to 10 years before there is a return on investment with practicing primary care physicians serving Rhode Island residents.
9. Importantly, we have a fixed number of spaces in the state for training graduates of medical schools in all specialties and subspecialties that is based on federal funding for post graduate programs. At present the major training hospitals (Brown Health) in Rhode Island are committed to the Warren Alpert Medical School of Brown University as their primary academic affiliate.

10. In addition to a medical school the state will need to develop post graduate training programs in primary care and many other specialties. University of Rhode Island medical students will need places to train and if they are not available in state they will go elsewhere. The formation of a medical school has to be in tandem with excellent post graduate training opportunities within the state.
11. In contrast to the formation of a medical school, investment in the development of post graduate training programs in the state for primary care specialties of internal medicine, family medicine and pediatrics would be more cost effective and a shorter time line of three years to produce practicing primary care physicians for the state.

Having said all of this, the solution to the primary care crisis in Rhode island and nationally is not primarily more medical schools but creating incentives for medical students and post graduate trainees to enter primary care. The fundamental problem is reimbursement to the primary care specialties of internal medicine, family medicine and pediatrics. This has been an issue for decades and now has reached an access crisis nationally and in Rhode Island.

Medical students and trainees weigh many factors in their decision to choose a specialty but with significant debt and a career long income gap, understandably few will choose primary care. The income gap between primary care and other specialties is not small but a magnitude of 4-5 times earnings. Further, there is a state differential of 20-30% between our state and Connecticut and Massachusetts.

We need significant reimbursement reform and not in 5-10 percent increments. The state legislature has the means to pressure health plans to change their payment structure and provide relief from administrative burdens that is a leading cause of physician burnout. Without fundamental reform and equity between states there can be no meaningful transformation of primary care in Rhode Island.

I am speaking as an individual primary care internal medicine physician who has practiced for over 35 years and have witnessed the slow march to the present healthcare crisis for our Rhode Island residents.

The time to act is now and cannot wait 6-10 years. I submit that the commission should look carefully at the various elements of medical training as I have outlined and seek payment reform that will create a robust primary care workforce and consequentially provide access to patients, increase the quality and decrease the cost of healthcare. This is the best return on investment for Rhode Islanders.

I thank you for your time and hard work on this critical issue for the health of our residents. I am happy to participate in further discussions on this critical topic.

Nitin S. Damle MD MS MACP

Arches Medical

Clinical Assistant Professor of Medicine

Alpert Medical School of Brown University

Past President Rhode Island Medical Society

Past President American College of Physicians

Morgan Dimaio

From: Beach Gal <beachgal124@aol.com>
Sent: Thursday, October 9, 2025 3:46 PM
To: Morgan Dimaio
Subject: State Medical school

I am writing to support the creation of a Rhode Island State medical school. There is a severe physician shortage in Rhode Island and I think this could help . I would suggest a financial incentive to prospective students similar to other programs that would count years of practice in the state as credits to their tuition to encourage prospective students to establish their practice here.

Thank you ,
Mary Schultz
37 Grandview Avenue
Lincoln, RI
Sent from my iPhone

Morgan Dimaio

From: klmschultz@aol.com
Sent: Thursday, October 9, 2025 3:26 PM
To: Morgan Dimaio
Subject: URI Medical School

I am a retired nurse who worked 20 years at Rhode Island Hospital and I believe that the state desperately needs a public medical school. While Brown is a good school, they don't produce enough primary care doctors who will practice in Rhode Island. For this we need our own state-supported medical school with a tuition forgiveness plan for doctors who practice primary care in our state.

Lynn Schultz RN
37 Grandview Ave.
Lincoln, RI 02865
klmschultz@aol.com