

State of Rhode Island

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Senate Chamber

CHAIRPERSON
Committee on
Health & Human Services

Committee on
Environment & Agriculture

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Peter F. Neronha
Attorney General
Office of the Attorney General
150 South Main Street
Providence, RI 02903

James McDonald, MD, MPH
Interim Director
Rhode Island Department of Health
3 Capitol Hill
Providence, RI 02908

Dear Attorney General Neronha and Dr. McDonald:

The Office of the Attorney General and the Department of Health face an enormous responsibility as it considers the proposed merger of Care New England and Lifespan.

Whether this agreement proceeds, and under what conditions, will have profound ramifications for Rhode Island over many years to come. The new entity it would create would be our state's largest employer and the primary health services provider for the vast majority of residents.

I appreciate your diligence, public outreach, and transparency in the review process to date, and I trust that your final decision will be in the best interest of all Rhode Islanders.

The most fundamental question before you is whether this merger will improve health care in our state. That must be measured in terms of quality, access, and affordability.

In addition to these vital considerations, I urge you to make equity a central focus of your deliberations and a cornerstone of your findings. As Rhode Island emerges from the latest surge of COVID-19, it is vital we do all we can to bridge persistent gaps in care and opportunity that have been so exposed, and exacerbated, by the pandemic.

Far too often, and for far too long, health outcomes for many Rhode Islanders have been shaped by factors beyond their control. Various inequities – seen in environmental measures like air and water quality, as well as social and economic factors such as housing, food security, transportation, and recreation access – have resulted in deep disparities across generations, even in our geographically compact state. This has been especially evident during the pandemic, which has hit historically underrepresented and marginalized communities particularly hard.

Before us is an unprecedented opportunity to break this cycle – to help separate, once and for all, a person’s ZIP code from their likelihood of being healthy and having a fair shot at success.

We can ensure our state’s underserved communities have a meaningful, lasting seat at the table when it comes to decision-making that affects patients and health care workers. We can set requirements that a new, combined health care system offers services based on the challenges and needs of those communities – and that access to those services be made simple and affordable. And we can provide for new investments in health care infrastructure in the communities that need it most.

Two sets of clear and crucial data demonstrate where our work needs to be done. One set shows to whom and where COVID-19 was most prevalent, and another set shows a drastic spike in overdoses through the same period. Unfortunately we can already see the hardest hit are in the same communities often underserved by our current health infrastructure. These same neighborhoods are often those where clinics attempt to help improve outcomes while being seriously underfunded, without enough staff, in inadequate facilities. Care New England-Lifespan could start by supporting these current efforts.

We understand the many considerations you must weigh during this review. But given the power the people of Rhode Island would be entrusting in an entity as large as a combined Care New England-Lifespan, we feel it is more than appropriate to require that this new system play an active role in fostering more equitable outcomes for all of our state’s residents. Indeed, it is essential that we act now and seize this singular opportunity to shape the future of our health system.

Sincerely,



Senator Joshua Miller