



April 9, 2026

The Honorable Louis DiPalma  
Senate Committee on Finance  
Rhode Island General Assembly  
82 Smith Street  
Providence, RI 02903

**SUBJECT: Support for House Bill 7127, Governor's Budget –  
Article 11. Section 14. Individual Marketplace Affordability Program**

Dear Chair DiPalma and Members of the Committee:

The American Heart Association thanks the committee for the opportunity to submit testimony in **support** of H. 7127, Article 11. Section 14. Individual Marketplace Affordability Program, which would help improve access to affordable health insurance for Rhode Islanders who buy coverage through the HealthSource RI individual marketplace, **with a recommendation that the proposal be expanded to include the many Rhode Islanders who are at risk of losing coverage, or who have already lost coverage due to federal cuts.**

Access to care is essential because timely, reliable health services are central to preventing and managing serious health conditions. This is especially true for cardiovascular conditions such as heart disease and stroke. Regular blood pressure monitoring, antihypertensive medications, cholesterol management, diabetes management, clinician-supported lifestyle and behavioral interventions, cardiac rehabilitation, and rapid evaluation of symptoms like chest pain and stroke warning signs all depend on people being able to reach providers when they need them. Consistent access to primary care, specialists, medications, and emergency services enables people to reduce their risk of heart disease and stroke and effectively manage existing cardiovascular disease.

**When ACA Marketplace plan premiums rise sharply, or safety-net health coverage like Medicaid becomes inaccessible, people are more likely to lose coverage, delay care, or forgo it entirely.** The gaps can result in uncontrolled hypertension, unmanaged high cholesterol, and worsening cardiac symptoms. These are examples of conditions that are both preventable and costly when not addressed early. Higher out-of-pocket costs can lead individuals to skip routine visits that detect cardiovascular risk factors, and those already living with heart disease may experience interruptions to essential medications, diagnostic testing, cardiac rehabilitation, and more. In emergency situations, uninsured individuals may hesitate to seek immediate treatment, which can significantly worsen outcomes for conditions like stroke where every minute matters.

**As coverage becomes unstable, hospitals and clinics may see increases in uncompensated care and greater strain on already stretched resources.** This affects not only the individuals who lose coverage due to affordability, but also the broader health system and the communities that depend on it for lifesaving cardiovascular care and other essential health care.

Heart disease remains the leading cause of death in the United States and globally,<sup>i</sup> and stroke is a major cause of death and disability.<sup>ii</sup> **Consistent, affordable access to care is essential to prevention and long-term health. When premiums rise faster than income, people are more likely to become uninsured or underinsured, increasing the risk of unmanaged conditions and poorer health outcomes.** Maintaining affordable premiums helps ensure continuity of care, particularly for people managing cardiovascular risk factors or recovering from a cardiovascular condition or emergency. From patients to providers, managing risk factors like hypertension and preventing cardiovascular disease strengthens the entire health system and supports healthier, longer living communities. Keeping premiums within reach helps individuals and families maintain the coverage they need, benefiting us all.

The American Heart Association appreciates Governor McKee’s proposal to replace the expired federal enhanced premium tax credits for enrollees with incomes below 200% of the Federal Poverty Level. We thank the Governor for prioritizing the lowest-income HealthSource RI enrollees – many of whom are the most sensitive to price fluctuations, and therefore the most likely to drop their coverage. At a cost of \$9.5 million in FY27 (approximately \$19.8 million annualized), the Governor’s proposal would help about 20,000 Rhode Islanders, or half of the 41,000 HealthSource RI enrollees who saw massive premium hikes at the beginning of 2026. **The need is great, and for that reason, the American Heart Association strongly encourages the General Assembly consider a full replacement of the expired federal assistance, as proposed by S. 2255 (Lauria).**

Thank you for your consideration.

Sincerely,

Megan Tucker  
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American Heart Association  
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<sup>i</sup> Palaniappan LP, Allen NB, Almarzooq ZI, et al; on behalf of the American Heart Association Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Committee. 2026 Heart disease and stroke statistics: a report of US and global data from the American Heart Association. *Circulation*. Published online January 21, 2026. doi:10.1161/CIR.0000000000001412

<sup>ii</sup> Ibid.