

April 14, 2026

The Honorable Louis P. DiPalma
Chair, Senate Committee on Finance
Rhode Island Senate
82 Smith Street
Providence, RI 02903

RE: Support of GBA 6, Article 13 – Relating to Rural Health Transformation Program

Dear Chair DiPalma:

I write in strong support of GBA 6, Article 13 — the Rural Health Transformation Program — and specifically Sections 1, 2, 3, 6, and 8. Together these provisions represent the most meaningful package of health care access and cost reforms Rhode Island has considered in a generation.

I am a physician and former Dean of the Brown University School of Public Health. I also served as White House COVID-19 Response Coordinator. I write today not as a partisan or as a lobbyist, but as someone who has spent his career studying why American health care is so expensive and inaccessible — and what actually works to fix it.

Pharmacist Prescribing (Sections 1 and 2)

Sections 1 and 2 would allow pharmacists to prescribe independently for a defined set of common conditions — hypertension, diabetes, asthma, high cholesterol, opioid use disorder, and common infections confirmed by point-of-care testing. This is sound policy. Pharmacists have years of advanced clinical training and are already the most accessible health care professional in most communities. Their offices are free to enter and require no appointment. For a working parent, an elderly patient, or someone without easy transportation, this change is the difference between getting care and not getting care. There is a strong and growing evidence base for pharmacist prescribing for these conditions. I urge the Committee to support these provisions.

Dental Hygienist Scope of Practice (Section 3)

Section 3 would allow dental hygienists to prescribe fluoride supplements and topical antimicrobials — treatments they already routinely recommend but currently cannot prescribe without a dentist's involvement. Preventive dental care is among the most cost-effective interventions in medicine. Removing this restriction means more Rhode Islanders get it, and sooner.

Physician Assistant Licensure Compact (Section 6)

Section 6 establishes the physician assistant licensure compact, making it easier for qualified PAs to practice across state lines. At a time when Rhode Island faces health care workforce shortages, removing unnecessary barriers to practice is a straightforward step toward improving access to care.

Certificate of Need Reform (Section 8)

Section 8 may be the most consequential provision in the package. Certificate of Need laws, originally intended to control health care costs, have in practice often done the opposite — enabling dominant hospital systems to block lower-cost competitors. A surgery center that could perform the same procedure at a fraction of the cost of a hospital outpatient department may never get built because the hospital successfully challenged its CON application. When a procedure costs \$8,000 at an ambulatory surgery center but \$22,000 at a hospital outpatient department, and the surgery center never gets built, working Rhode Islanders are the ones absorbing that difference in deductibles, copays, and premiums.

This reform would narrow CON's scope, raise the capital threshold for review to \$50 million, and — critically — limit the ability of competitors to challenge applications after the Department of Health has made its determination. These are well-targeted changes. They will create more options and lower costs for Rhode Island patients who for too long have had no competition at all in their local markets.

Every reform that makes care more accessible and less expensive gives ordinary Rhode Islanders more room to breathe. This package does that. I urge the Committee to advance GBA 6, Article 13.

Sincerely,

cc:

The Honorable Members of the Senate Committee on Finance
Richard Charest, Secretary of the Executive Office of Health and Human Services