

April 9, 2026

Rhode Island State Senate
Senate Finance Committee

Re: EOHHS Budget, RIPIN Dual Ombudsman (and S-2816)

Dear Chair DiPalma and members of the Finance Committee,

Thank you for the opportunity to provide this testimony regarding the EOHHS FY2027 budget. We have submitted other testimony on other aspects of the EOHHS budget. This testimony focusses on the **Governor's proposal to eliminate funding for the successful RIPIN Dual Ombudsman program**. This program **helps about 450 duals every year** to navigate complex coverage challenges. Over the ten years since the program's 2016 inception, the Dual Ombudsman has saved Rhode Islanders more than **\$2.1 million** in health care costs, and enjoys a **92% satisfaction rating** from clients.

The program operates on a total budget of \$236,844 annually, which has been part of the EOHHS budget. RIPIN blends this funding with other support from the Office of the Health Insurance Commissioner (OHIC) to create an integrated health insurance consumer support program that provides assistance to Rhode Islanders with all types of health insurance. The funding for the Duals Ombudsman program (which constitutes about 1/4 of the RIPIN Call Center's funding) has allowed RIPIN to build advanced expertise in the complicated enrollment and healthcare access challenges faced by Medicare-Medicaid dual enrollees. **Together, our health insurance consumer assistance team has helped Rhode Islanders save more than \$10 million in health care costs since 2018, at a return-on-investment on State funding of three-to-1.**

After the governor's FY26 budget proposed to end the program as of December 31, 2025, the General Assembly last year passed sustained funding for all of FY26. Nonetheless, the Governor again proposed the elimination of this program in his FY27 budget. Then in February, EOHHS terminated this contract on three weeks' notice, failing even to honor the legislature's FY26 budget commitment. **If funding is not restored for FY27, RIPIN will have to significantly downsize the support we are able to provide to this high-needs population, including through reducing the scale of our work, the elimination of staff positions, and/or a reduction in services.**

This is an effective, well-regarded program that provides meaningful return on investment for Rhode Island and which provides direct support to many of Rhode Island's most high-needs residents. Medicare-Medicaid duals are an extremely high needs population with complex medical needs and complex coverage options to navigate. In order to have Medicare, they must be older than 65 or disabled. In order to have Medicaid as well, they must also be very low income and have very low resources. This population - both poor and elderly or disabled - is among the highest cost and highest medical needs population nationally, has disproportionately higher need for language support, and frequently has limited (if any) access to technology; altogether, this means this population is particularly dependent on independent support to be able to access needed care.

The RIPIN Dual Ombudsman program works closely with partners both inside and outside State government, including House (and Senate) Constituent Services, the health insurers who offer Medicare and/or Medicaid plans, health care providers, and other community-based organizations, leveraging RIPIN's unique expertise, reputation in the community, and ability to navigate complex systems on behalf of our consumers.

Now is not the time to end this cost efficient and money-saving program. Duals' coverage





options, at the intersection of Medicare and Medicaid, are complex and often poorly coordinated. Rhode Island is home to about 40,000 duals, of which about 11,500 are enrolled in Neighborhood Health Plan's Integrity for Duals, a Fully-Integrated Dual Eligible Special Needs Plan (FIDE-SNP). Another roughly 13,000 duals are enrolled in non-integrated Medicare duals special needs plans (D-SNPs) operated by other insurance carriers, approximately 350 are enrolled in "PACE," the Program for All-Inclusive Care for the Elderly, and the remaining 16,000 have original Medicare or a traditional Medicare Advantage plan. The 29,000 duals who are not in NHPRI's Integrity for Duals plan or PACE all have Medicaid fee-for-service coverage secondary to their Medicare – and these programs do not align well, leaving many consumers with no other source of assistance other than RIPIN in navigating challenging program enrollments or renewals, access-to-benefits questions, appeals of denials of coverage for needed health care services, and other administrative hurdles.

These hurdles are also likely to worsen over the coming months and years. Rhode Island, like all states, faces a huge challenge in implementing H.R. 1, the federal budget reconciliation bill which massively slashed health care, particularly for Medicaid enrollees. The many Rhode Islanders who will be negatively affected by its implementation need more, not less, support from experienced organizations, like the RIPIN Dual Ombudsman, who can help provide trusted and verified messaging about the changes being implemented, and who can help monitor both state and federal implementation to identify and address complications when they arise. Rhode Island Medicaid has also recently proposed and rescinded a procurement of its Medicaid managed care contracts (which included an overhaul of the state's delivery system for duals), and we anticipate that that procurement will be reissued in the near future and may be accompanied by changes to duals' coverage options. There is no other organization that does what the RIPIN Dual Ombudsman does to help duals navigate these challenging transitions.

RIPIN supports S-2816, a budget resolution which would sustain this funding and shift it from EOHHS to OHIC. Moving this funding to OHIC would more closely align funding for our work serving duals with our broader work serving all Rhode Islanders with health insurance challenges, as that comprehensive program is already administered by OHIC. RIPIN believes that aligning the programs would also be in service of administrative simplicity for EOHHS and OHIC (who we anticipate would continue working closely together in service of providing resources to this population), and for the General Assembly in its budget oversight.

We urge the Senate to sustain funding for this important program. We have also included two fact-sheets, one describing the Dual Ombudsman program and its budget situation, and the other describing our health insurance Call Center work more generally. Please feel free to reach out if we can be of further assistance.

Sincerely,

/s/

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