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May 26, 2026

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

**RE: Opposition to S3062A Health Professional Loan Repayment Program Expansion**

Dear Chair DiPalma and Committee Members:

On behalf of Rhode Island's community health centers (CHCs), the RI Health Center Association (RIHCA) respectfully submits this letter in strong opposition to Senate Bill 3062A because it would expand the Health Professional Loan Repayment Program (HPLRP) in ways that could divert limited funding away from safety-net providers serving the state's highest-need patients.

RIHCA applauds the Senate's commitment to addressing workforce shortages and expanding access to primary care. While these shortages affect the entire system, CHCs rely on tools such as the HPLRP to recruit clinicians because they often cannot compete with other primary care settings on salary and benefits. By broadening eligibility without preserving current priorities, this bill would weaken one of the few recruitment incentives available to safety-net providers.

Currently the Health Professional Loan Repayment Program (HPLRP) is available to health care sites that meet the following criteria:<sup>1</sup>

- I. Be located in a federally designated Health Professional Shortage Area (HPSA) in Rhode Island.
- II. Be a public or private not-for-profit outpatient facility.
- III. Pay the provider a prevailing wage.
- IV. Use a Sliding Fee Discount program to ensure patients have access to all primary care services for the site type (i.e. behavioral health, dental, etc.) regardless of their ability to pay.

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<sup>1</sup> [HealthProfessionalsLoanRepaymentProgramEligibility.pdf](#)

**The Rhode Island Health Center Association**

Blackstone Valley Community Health Care Inc. ~ Comprehensive Community Action Program  
East Bay Community Action Program ~ Providence Community Health Centers  
Thundermist Health Center ~ Tri-County Community Action Agency  
WellOne Primary Medical and Dental Care ~ Wood River Health

The primary care practices currently eligible for the HPLRP are listed at: [HPLRP 2025 Approved Site List](#). In addition to CHCs, the list includes several practices affiliated with Brown Health Medical Group, Brown University Health, and Open Door Health. Independent primary care practices can already qualify if they meet the program's existing standards. S3062A would expand eligibility to practices that are not required to serve uninsured patients or maintain a sliding fee scale for those unable to afford care.

SFY2025 was the first year the General Assembly appropriated funding for the current HPLRP, and that appropriation totaled only \$200,000. By contrast, S3062A allocates \$500,000 for loan repayment awards to clinicians who do not practice in a HPSA, while it remains unclear whether the bill preserves any funding for the existing program.

S3062A risks redirecting scarce public funding to primary care sites that do not serve the same level of need as current HPLRP-eligible providers. The existing HPLRP standards prioritize clinicians serving communities where access barriers are greatest, including patients affected by low income, inadequate insurance coverage, language barriers, and transportation challenges. Removing those priorities would weaken the program's focus on the settings where recruitment challenges are most severe and the public benefit is greatest.

Primary care workforce shortages are not evenly distributed. CHCs experience disproportionate recruitment challenges due to their inability to match the salaries, benefits, and other resources available in other practices.

For these reasons, we respectfully urge the Committee to oppose S3062A or, at minimum, adopt the following amendments to preserve the program's focus on high-need providers and underserved communities:

- Maintain priority eligibility for CHCs and other safety-net providers
- Enable the HPLRP Board to establish clear weighting criteria based on patient population need (e.g., Medicaid/uninsured share, HPSA designation)
- Reserve a dedicated funding allocation for CHCs
- Include accountability measures tied to the percentage of Medicaid-eligible or uninsured patients.

These amendments would help ensure that any expansion of the HPLRP strengthens, rather than dilutes, Rhode Island's healthcare safety net.

Sincerely,



Elena Nicolella  
President and CEO