



Transmit via: **Email:** [SenateFinance@rilegislature.gov](mailto:SenateFinance@rilegislature.gov)

Subject: **Oppose S3062A**

Dear Chair DiPalma and Members of the Senate Finance Committee,

On behalf of Wood River Health, I write to express our respectful opposition to **S3062A**, which proposes changes to Rhode Island's Health Professional Loan Repayment Program (HPLRP).

As a Community Health Center (CHC), we share the Senate's commitment to addressing workforce shortages and expanding access to primary care.

While well-intentioned, S3062A, as currently drafted, risks diluting the impact of a limited workforce investment program in ways that could undermine the very safety-net providers it was originally designed to support.

The existing HPLRP framework prioritizes primary care practices, like CHCs, that serve communities that experience challenges accessing health care. By broadening eligibility to a wider universe of "primary care health settings," S3062A risks redirecting scarce funding to providers who do not serve the same level of need.

CHCs are uniquely positioned within Rhode Island's healthcare system:

- We provide high quality comprehensive, integrated primary, behavioral, and dental health services
- We serve 1 in 5 Rhode Islanders: over 10% of CHC patients do not have any insurance; over 51% are Medicaid-eligible; and over 38% are Medicare eligible or have private coverage
- In calendar year 2025, Wood River Health served close to 12,000 unique patients, mostly from the rural areas of the state where transportation is a large barrier to seeking care.
- As private, non-profit organizations and recipients of state and federal funding, we are subject to extensive oversight and review.

The legislation correctly recognizes that there is a declining pipeline of primary care providers and increasing difficulty staffing key roles. However, these shortages are not evenly distributed. CHCs experience disproportionate recruitment challenges. Our organization will have turned over five (5) PCPs between January and July of this year. Several of these providers accepted new positions in Connecticut, where reimbursement, salaries and benefits are higher.

We strongly support increased investment in workforce development. However, for such investments to be effective, they must be:

- Targeted to shortage areas and high-need providers
- Structured to maximize returns in access and outcomes

If the Committee wishes to move forward with this legislation, we respectfully urge the following amendments:

- Maintain priority eligibility for CHCs and other safety-net providers
- Establish clear weighting criteria based on patient population need (e.g., Medicaid/uninsured share, HPSA designation)
- Reserve a dedicated funding allocation for community health centers
- Include accountability measures tied to serving patients who are uninsured or are eligible for Medicaid.

These changes would ensure that expanded investments in the HPLRP strengthen—not dilute—the state’s healthcare safety net.

Sincerely,

A handwritten signature in black ink, appearing to read "Alison L. Croke". The signature is written in a cursive, flowing style.

Alison L. Croke  
President & CEO