



# RHODE ISLAND MEDICAL SOCIETY

June 2, 2026

The Honorable Louis P. DiPalma  
Chairman  
Senate Finance Committee  
Rhode Island State House  
Providence, RI 02903

RE: Support for S3330 – Medicaid Program Funding and Reallocation of Enrollment Savings

Dear Chairman DiPalma and Members of the Committee:

On behalf of the Rhode Island Medical Society (RIMS), I write in support of S3330, legislation that would ensure any Medicaid program savings associated with enrollment reductions are retained within the healthcare system and reinvested in provider reimbursement.

Rhode Island's healthcare system continues to face extraordinary financial and operational strain. Recent practice closures, workforce shortages, increasing uncompensated care, rising administrative burdens, and longstanding reimbursement challenges have placed significant pressure on physicians, hospitals, federally qualified health centers, and community providers across the state. Anticipated federal Medicaid eligibility and coverage changes are likely to further destabilize access to care for Rhode Islanders.

Importantly, the loss of insurance coverage does not eliminate the need for healthcare services. Patients who lose coverage will still seek care in physician offices, community health centers, emergency departments, and hospitals. The result will be increased uncompensated care and additional financial pressure on providers already struggling to maintain access, particularly in primary care and other high-need areas.

Rhode Island is also experiencing increasing fragility within physician practices and community-based healthcare delivery systems. Independent and small group practices, particularly in primary care and other high-need specialties, continue to face rising operational costs, workforce shortages, reimbursement pressures, and growing administrative burdens. For many practices, even modest additional financial strain can threaten their ability to continue serving patients and communities. S3330 recognizes that when patients lose coverage, the responsibility for providing care does not disappear — it shifts to providers already operating under significant pressure. Reinvesting Medicaid enrollment-driven savings back into the healthcare system will help stabilize physician practices, preserve access to care, and support the continued ability of providers to care for Rhode Islanders during a period of substantial uncertainty and transition.

We particularly appreciate that the bill explicitly includes physician services among the reimbursement categories eligible for reinvestment. RIMS also supports the bill's focus on transparency and accountability, including reporting requirements and provisions intended to ensure that increased funding reaches providers delivering care to Rhode Islanders.

As Rhode Island continues to confront significant healthcare access and workforce challenges, preserving provider stability must remain a priority. Reinvesting enrollment-driven Medicaid savings into the healthcare delivery system represents a practical and responsible step toward maintaining access to care for patients across our state.

Thank you for your consideration of this important legislation.

Sincerely,

Nadine Himelfarb, MD  
President