



**Rhode Island Partnership  
for Home Care**

*Advancing quality healthcare at home*

April 27, 2026

**VIA EMAIL:** [slegislation@rilegislature.gov](mailto:slegislation@rilegislature.gov)

Hon. Melissa Murray, Chairwoman  
Committee on Health and Human Services  
Rhode Island Senate  
82 Smith Street  
Providence, RI 02903

**Re: Support for Senate Bill 2388 to Address Quality and Oversight Gaps in Home-Based Care Licensure**

Dear Chairwoman Murray,

On behalf of Rhode Island's home care, home nursing care and hospice providers, I respectfully request that the Senate Health and Human Services Committee advance Senate Bill 2388, sponsored by Senate Rules, Government Ethics and Oversight Committee Chairman Mark McKenney.

Senate Bill 2388 proposes a **temporary moratorium on the issuance of new home care provider, home nursing care provider and hospice provider licenses through July 1, 2031**, coupled with a requirement that the Rhode Island Department of Health (RIDoH) adhere to existing statute to conduct a comprehensive biennial statewide utilization and capacity study to guide future system planning. This policy approach is both appropriate and necessary given the current conditions in Rhode Island's home-based care industry.

Data presented by RIDoH's Center for Health Facilities Regulation (CHFR) demonstrates significant and systemic deficiencies among newly licensed providers:

- In the last publicly reported survey period from January 1, 2024 to April 30, 2025, **all 23 new home care providers were cited for deficient practices** with deficiencies ranged from **5 to 25 citations per provider**;
- **16 of 18 new home nursing care providers** were cited, with deficiencies as high as **27 citations for one provider**; and
- Violations included failures in **clinical documentation, governance, personnel oversight, quality improvement programs and emergency preparedness**.

These findings are not isolated. They reflect a troubling pattern of new providers that are entering the market without the operational infrastructure required to meet even baseline regulatory standards.

At the same time, Rhode Island's Certificate of Need (CoN) framework requires these providers receive prior review and approval by the Health Services Council before licensure is granted.

The disconnect is clear. Despite an existing regulatory framework intended to strategically control market entry in the most vulnerable, intimate setting of healthcare and support service delivery, the current process is allowing:

- Entry into an already constrained workforce environment;
- Expansion without demonstrated operational readiness; and
- A proliferation of providers that are unable to meet regulatory expectations upon initial survey.

Importantly, Rhode Island law already provides a **data-driven planning framework** to prevent precisely this outcome. Pursuant to **R.I. Gen. Laws § 23-93-5(b–f)**, the state is required to:

- Conduct a **biennial statewide healthcare utilization and capacity study**;
- Maintain a **comprehensive inventory of healthcare services and resources**; and
- Use this information to identify **gaps, duplicative services and future demand** across the healthcare system.

The intent of this statute is unambiguous: **health system growth should be guided by objective data on need, capacity and access—not by uncoordinated market entry.**

However, the CHFR findings strongly suggest that this statutory framework is not being meaningfully integrated into CoN decision-making. As a result, Rhode Island is experiencing:

- **Market oversaturation** in home-based services;
- **Workforce dilution**, weakening established providers that deliver high-quality care; and
- **Quality degradation**, as evidenced by near-universal deficiency rates among new licensees.

**Senate Bill 2388 directly addresses this structural failure.** By reestablishing a moratorium and requiring a **standalone, home-based care utilization and capacity study**, the legislation ensures that future licensure decisions will be grounded in:

- Verified statewide need;
- Geographic and population-specific access gaps; and
- Evidence-based projections of demand and service duplication.

Additionally, the bill appropriately ties future CoN approvals to the findings of that study and establishes a cap on licenses based on current system capacity, ensuring that growth is both **intentional and sustainable**.

At a time when Rhode Island faces significant workforce shortages and increasing demand for home-based care, it is imperative that the State pause, assess and recalibrate.

Senate Bill 2388 does not restrict access—it **protects access** by ensuring that providers entering the market are capable of delivering safe, compliant and high-quality care.

For these reasons, I respectfully urge the Senate Health and Human Services Committee to advance Senate Bill 2388. Thank you for your continued leadership and your longstanding support of Rhode Island's most vulnerable residents and the providers that deliver their high-quality healthcare services at home.

Sincerely,

*Nicholas Oliver*

Nicholas Oliver, MPA, CAE, AAiP  
Executive Director

cc: Members, Senate Committee on Health and Human Services