

[April 28th, 2026](#)

[The Honorable Melissa Murray](#)
[Chair, Senate Health & Human Services Committee](#)
[State House](#)
[82 Smith Street](#)
[Providence, RI 02903](#)

[RE: Support to S3027, April 28th, 2026, Senate Health & Human Services Hearing](#)

[Dear Chairwoman Murray:](#)

My name is Michael Mangasarian, and I serve as the Executive Director of the Rhode Island Assisted Living Association. I am here today in strong support of this legislation.

At its core, this bill brings fairness, clarity, and sustainability to a system that today places an uneven and often unmanageable burden on assisted living communities.

To be clear, assisted living and nursing homes are not the same. Assisted living communities operate under a social model of care, rooted in independence, choice, and a residential environment. Nursing homes, on the other hand, operate under a medical model, providing higher-acuity, clinical care with significantly more regulatory and financial support built into that structure.

However, despite these differences, both sectors are serving the same vulnerable population, many of whom are Medicaid beneficiaries, and both are navigating the same financial realities tied to Medicaid reimbursement. Workforce shortages, rising operational costs, and reimbursement rates that often fall short of the true cost of care are not unique to one setting.

Where the disparity becomes clear is in policy support.

Nursing homes currently receive Medicaid bed hold payments when a resident is hospitalized, recognizing the financial impact of holding that bed. Assisted living communities, however, are expected to absorb that cost entirely—often holding units for extended periods with no reimbursement, while still maintaining staffing, overhead, and operational readiness for that resident's return.

This bill corrects that imbalance.

It establishes a reasonable framework:

- Allowing a short, defined period for unpaid bed holds,
- Providing partial Medicaid reimbursement beyond that timeframe,

- And placing a fair outer limit on how long a community is required to hold a unit without compensation.

Importantly, it also preserves flexibility, allowing providers and families to make voluntary arrangements when appropriate.

Without this type of structure, assisted living communities are put in an impossible position, forced to choose between financial sustainability and preserving access for Medicaid residents. That is not a choice we should be asking providers to make.

If we want assisted living to remain a viable, accessible option within our long-term care continuum, especially as demand continues to grow—then policies like this are not just helpful, they are necessary.

This bill does not create an advantage, it simply creates equity.

I respectfully urge your support.