

March 24, 2026

The Honorable Senator Melissa Murray
Chair, Senate Health and Human Services Committee

Dear Senator Murray,

On behalf of Thundermist Health Center, I am writing in support of Senate Bill 3064 (S3064), which establishes a medical school at the University of Rhode Island. We appreciate the General Assembly's focus on strengthening Rhode Island's healthcare workforce and expanding access to primary care, particularly in underserved communities.

As the bill moves forward, we respectfully request consideration of two targeted amendments to ensure this investment translates into meaningful, long-term workforce impact.

As Program Director of the Thundermist Family Medicine Residency, I am directly involved in training the next generation of primary care physicians within a community-based, federally qualified health center setting. Our program, scheduled to begin in June 2027, is specifically designed to prepare physicians to care for underserved populations and to practice in team-based, value-driven primary care environments. From this perspective, building a sustainable in-state workforce requires not only investment in undergraduate medical education, but also strong, aligned support for residency training in community-based settings where physicians are most likely to remain and practice.

1. Medicaid State Plan Amendment for Residency Training at FQHCs

We recommend requiring the State to submit a Medicaid State Plan Amendment (SPA) to CMS to allow approximately \$1.25 million annually to support residency training at Rhode Island FQHCs with ACGME-accredited, primary care-focused programs.

Where physicians train strongly influences where they practice. National data show that 55–65% of physicians remain in the state where they complete residency, with even higher retention when both medical school and residency occur in-state. Teaching Health Center models also produce significantly higher rates of primary care physicians practicing in community-based and underserved settings.

2. Phased State Investment Beginning in 2030

We recommend authorizing phased state support beginning in 2030, aligned with the expiration of current Rural Health Transformation funding. This approach avoids new near-term costs while establishing a sustainable, long-term funding pathway.

We also suggest aligning growth in residency positions with URI medical school graduates, with a goal of reaching one primary care residency slot per graduate by 2037. This alignment reflects national best practice and is critical to retaining URI-trained physicians in Rhode Island.

These amendments would leverage federal Medicaid funding, strengthen primary care capacity, and ensure a coordinated, fiscally responsible approach to workforce development.

Thank you for your leadership on this important issue. We would welcome the opportunity to discuss these recommendations further.

Respectfully submitted,

A handwritten signature in black ink, appearing to be the initials 'PG' in a stylized, cursive font.

Paul George, MD, MHPE
Program Director, Family Medicine Residency
Thundermist Health Center