



Date: April 1, 2025

TO: The Honorable Susan Donovan, Chair  
Members, House Health and Human Services Committee

FROM: Carol Costa, Executive Director of Senior Agenda Coalition of RI SARI 70 Bath St PVD

**RE: Support for H5255 & H6119**

The Senior Agenda Coalition of RI (SACRI) is pleased to support H5255 and H6119, AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT -- THE RHODE ISLAND HEALTH CARE REFORM ACT OF 2004 -- HEALTH INSURANCE OVERSIGHT

S55 requires that the biennial rate reports for health and human services conducted by law by the state Office of the Health Insurance Commissioner (OHIC) be required to review and make recommendations of rates for primary care services.

Our Coalition's mission is to mobilize people to implement an agenda that improves the quality of life of older Rhode Islanders and adults with disabilities. We accomplish this through *community organizing, public education, advocacy, and legislative action*. In thinking about improving *quality of life* promoting timely access to needed healthcare ranks as one of SACRI's top priorities.

We commend Representative Fogarty and the bill's co-sponsors for introducing the legislation as one of several ways to address the crisis impacting our state's primary care providers. Other legislation before you attempts to decrease some of the challenging administrative burdens placed on our primary care providers and we support those proposals.

As noted in *Primary Care in Rhode Island*, a December 2023 Office of Health Insurance Commissioner (OHIC) report, "A robust and resilient system of primary care is necessary to support the health and well-being of Rhode Islanders." Primary care is critically important for older adults who tend to have greater healthcare needs as a result of chronic conditions needing ongoing monitoring and treatment maintenance to promote optimal health. Access to primary care is equally important for addressing emergent needs as delays in diagnosis and treatment can exacerbate conditions leading to costly emergency room visits as well as inpatient hospitalizations.

We would note that H6119 would have an earlier date to conduct the required research and analysis, requires other payment methodologies to be reviewed and applies to all forms of insurance whereas as written H5255 appears to only apply to fee-for-service Medicaid. We believe it better to include all forms of insurance. Thank you for your consideration.