

The Village Common of Rhode Island

Aging Better Together

HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES

The Honorable Susan R. Donovan, Chair

Testimony by H. Philip West, Jr., on April 1, 2025,

in support of 25-H 5255 by Rep. Kathleen A. Fogarty, et. al.

THE RHODE ISLAND HEALTH CARE REFORM ACT OF 2004

HEALTH INSURANCE OVERSIGHT

Thank you, Chairwoman Donovan and members of the House Committee on Health and Human Services for this hearing. **Please accept this written testimony in support of Rep. Fogarty's bill 25-H 5255, a step toward increasing the number of physicians providing primary care in Rhode Island.**

My name is H. Philip West, Jr., and I serve as a volunteer lobbyist on behalf of The Village Common of Rhode Island, a statewide non-profit that helps older adults stay safely and independently in their homes. Our volunteer-driven local villages serve older adults in Barrington, Burrillville, Cranston, Cumberland, Glocester, Jamestown, Middletown, Newport, Pawtucket, Portsmouth, Providence, Warwick, and Westerly. Volunteers are organizing more local villages. Our motto is: "Aging Better Together." [Our approach saves money and lives.](#)

For the last seven years, I've helped as a volunteer in convening a neighborhood circle of about twenty older adults in Pawtucket. We meet every Thursday afternoon to build community and mutual support. Our members often commiserate about their difficulty finding primary care physicians when their primary care physicians retire or move out of Rhode Island. These losses of trusted doctors bring frantic searches and agonizing delays in their care. Patients resist going to the emergency room but sometimes have no choice.

Former Rhode Island Department of Health Director Dr. Michael Fine argues that between a quarter and half of all Rhode Island adults lack access to a primary care physician. His data-filled report, [Primary Care in Rhode Island, 2024](#), noted that there is no current data on how many primary care physicians, nurse practitioners and physician assistants are practicing in Rhode Island today (slides attached). Nor is it clear how those numbers are changing each year.

In 2019, the [UnitedHealth Group warned](#) that "the average cost of treating common primary care treatable conditions at a hospital emergency department (\$2,032) is 12 times higher than visiting a physician office (\$167)... to treat those same conditions."

The shortage of primary care physicians is a national problem with particularly negative consequences for older adults with lower incomes. In 2021, [the Urban Institute reported](#) that — despite increases in Medicaid enrollment — "Medicaid physician fees remained well below Medicare and private insurance fees."

A [2023 report from the Centers for Medicare and Medicaid](#) notes that "primary care spending remains low as a proportion of total health care spending, gaps in payment between primary care and specialist care persist, and fewer people report a regular source of primary care, particularly among underserved populations." A 2019 study published in [JAMA Internal Medicine found](#): (1) "every 10 additional primary care physicians per 100,000 population was associated with a 51.5-day increase in life expectancy," but (2) "from 2005 to 2015, the density of primary care physicians decreased from 46.6 to 41.4 per 100,000 population."

The Village Common considers it critically important for Rhode Island to reverse the loss of primary care physicians. We recognize how crucial it is for older adults — particularly those on Medicaid — to have primary care physicians who can guide them to diagnosis and treatment.

Representative Fogarty's legislation begins to address this critical shortage of primary care physicians by defining "primary care services" in law (page 2/lines 4-5), and requiring "review and recommendations of rates for primary care services" (page 12/lines 27-28). These data will guide policy-makers and planners.

On behalf of The Village Common, I urge the Committee on Health and Human Services to recommend 25-H 5255 for passage by the full House.

Respectfully,



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Slides from Dr. Michael Fine's report to the General Assembly:

How many Rhode Island primary care clinicians are nearing retirement age?

- What we know:

- 29 percent of all RI licensed physicians, 17 percent of APRNs, and 8 percent of PAs are over 60;
- If the age distribution of primary care physicians is about the same, then 348 RI primary care physicians and 204 NPs/PAs are over 60 -- 552 in all
- If ten percent a year retire, then we can expect to lose 55 primary care clinicians a year to retirement
- If twenty percent a year retire, then we can expect to lose 110 primary care clinicians a year to retirement
- Remembering that 11 Rhode Islanders a year will likely become primary care physicians
- We are producing 15 primary care physicians a year for Rhode Island in our residencies
- We are producing 48 APRN/NPs and Pas a year for Rhode Island in our existing APRN/NP programs
- Remembering that we lack at least 133-266 primary care clinicians for the 200,000-400,000 Rhode Islanders who likely don't have primary care now. And perhaps three times (300-600) that number, if only 50 percent of Rhode Islanders have a primary care clinicians and the panel size is shrinking to 500.

Rhode Island Primary Care Physician Workforce Profile (AAMC 2019)

- Family Medicine/General Practice: 305
- Internal Medicine/Pediatrics: 20
- Internal Medicine: 615
- Pediatrics: 260

- **1200 total -- but the number of retirements post pandemic are unknown**