

## **JOCELYN P. ANTONIO, MPH**

**Testimony on H-6119, Primary Care Services and OHIC  
House Health & Human Services Committee  
April 1, 2025**

Good afternoon, Chairperson Donovan, and members of the House Health & Human Services Committee. My name is **Jocelyn Antonio**, and I serve as the **Director of Program Implementation and Policy** at the **Hassenfeld Child Health Innovation Institute at the Brown University School of Public Health**. I am testifying today in my personal capacity.

I strongly urge your **favorable consideration and passage of H-6119** – An Act Relating to State Affairs and Government – The Rhode Island Care Reform Act of 2004 – Health Insurance Oversight, sponsored by Representative Fogarty and co-sponsored by Representatives Spears, McEntee, Carson, Shallcross Smith, Hull, Felix, Kislak, Giraldo, and Kazarian.

This legislation proposes expanding the powers and duties of the Office of the Health Insurance Commissioner (OHIC) to include conducting analyses, reports, studies, and recommendations concerning reimbursement and financing for the provision of primary care services to Rhode Islanders.

### **Addressing Rhode Island's Primary Care Shortage**

Rhode Island is facing a physician shortage, particularly in primary care. A recent report from Brown University's Warren Alpert Medical School reported that there are only about 700 primary care physicians for the entire state – equating to one physician for every 1,700 people. Even if every active physician saw 1,200 patients annually, an additional 300 physicians would still be needed to meet the state's healthcare demands (Leslie, 2025).

This shortage is especially critical in pediatrics and pediatric subspecialties, posing a direct threat to children's health and development (Radio, 2024; The American Board of Pediatrics, 2021).

Even when we consider non-physician primary care providers, like nurse practitioners (NP), physician assistants (PA), and others, there are still inadequate numbers of trainees. In 2023, only 33% of NP and PA graduates planned to remain in Rhode Island to practice primary care (Flanagan, MD et al., 2024). Access is also uneven across the state: Bristol County has a population-to-provider of 2,650 to 1 for non-physician primary care providers, compared to 570 to 1 in Providence County (County Health Rankings & Roadmaps, 2025).

This shortage poses a serious public health crisis. And one that disproportionately affects Hispanic families, low-income communities, and high need patients who already face barriers to care (Radio, 2024).

### **Public Health Benefits of Primary Care Services**

Primary care is the foundation of a strong and equitable healthcare system (You et al., 2024). By empowering OHIC to undertake detailed analyses and provide recommendations on primary care reimbursement and financing, this bill is a strategic policy solution with several public health benefits:

*Expanded Access to Care:* Fair reimbursement rates encourage providers to offer primary care services – particularly in underserved areas. It also increases public trust in the healthcare system (National Association of Community Health Centers, 2023).

*Better Health Outcomes:* Ensures emphasizing early detection of illness, promotes vaccination and screening, manages chronic disease, and prevents unnecessary emergency room visits and hospitalizations (Patkin, 2023; Sherr, 2024; Starfield et al., 2005). Regular and consistent engagement with trusted provider supports healthier communities.

*Cost-Savings:* Investing in primary care is one of the most cost-effective actions a healthcare system can take (Starfield et al., 2005). For every \$1 increase in primary care spending, the system saves about \$13 (Golinkin, 2024).

### **A Crucial Investment in Pediatric Health**

Children’s access to primary care is critical for their physical and developmental well-being—and for their success in school. Pediatric providers not only deliver immunizations and routine care—they also conduct developmental screenings, support maternal mental health, and provide early mental and behavioral health interventions. These services are vital to ensuring school readiness and long-term success (Williams, 2024).

Unfortunately, the shortage of pediatric primary care providers limits access for many children in Rhode Island, particularly in lower-income or rural communities.

Updating rates regularly will help recruit and retain pediatricians and family medicine providers, ensuring Rhode Island’s children have a medical home.

### **Conclusion**

H-6119 strengthens OHIC’s ability to support a more equitable and sustainable healthcare system. By formally authorizing OHIC to lead on primary care financing strategies, this bill ensures that reimbursement rates and payment methodologies are aligned with the needs of patients, providers, and the broader health system.

This legislation is a practical, cost-effective, and equity-driven policy to support the long-term health of Rhode Islanders—especially our most vulnerable residents.

Thank you for your time and consideration,

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