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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2026

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A N A C T

RELATING TO STATE AFFAIRS AND GOVERNMENT -- RHODE ISLAND PROTECT
OUR HEALTHCARE ACT OF 2026

Introduced By: Representatives Donovan, Tanzi, Alzate, McGaw, Boylan, Speakman,
Casimiro, Cruz, Diaz, and Furtado

Date Introduced: February 27, 2026

Referred To: House Corporations

It is enacted by the General Assembly as follows:

1 SECTION 1. Title 42 of the General Laws entitled "STATE AFFAIRS AND
2 GOVERNMENT" is hereby amended by adding thereto the following chapter:

3 CHAPTER 7.5

4 RHODE ISLAND PROTECT OUR HEALTHCARE ACT OF 2026

5 **42-7.5-1. Short title and purpose.**

6 (a) This chapter shall be known and may be cited as the "Rhode Island Protect Our
7 Healthcare Act of 2026."

8 (b) The purpose of this chapter is to create a state program to provide healthcare services
9 to individuals who cannot obtain affordable health insurance coverage and who lack the means to
10 pay for their own healthcare services.

11 **42-7.5-2. Definitions.**

12 As used in this chapter:

13 (1) "Advisory committee" means the uninsured care advisory committee established
14 pursuant to § 42-7.5-4.

15 (2) "Board" means the uninsured care board established pursuant to § 42-7.5-4.

16 (3) "Community health centers" shall have the meaning provided in § 40-8-26.

17 (4) "Individual" means any person who is a resident of the State of Rhode Island.

18 (5) "Participating hospital" shall have the meaning provided in § 40-8.3-2.

1 (6) “Secretary” means the secretary of the executive office of health and human services.

2 **42-7.5-3. Program fund.**

3 (a) There shall be established a state general fund appropriation to fund the activities
4 described in this chapter, and to be allocated by the board pursuant to the procedure described in §
5 42-7.5-5.

6 (b) For the fiscal year beginning July 1, 2026 and ending June 30, 2027, there shall be
7 appropriated from the general fund fifty-three million two hundred thousand dollars (\$53,200,000)
8 for the administration of the program established pursuant to this chapter.

9 (c) For any fiscal year beginning on or after July 1, 2027, there shall be appropriated from
10 the general fund one hundred nine million six hundred thousand dollars (\$109,600,000) for the
11 administration of the program established pursuant to this chapter.

12 **42-7.5-4. Uninsured care board and advisory committee.**

13 (a) There shall be established a seven (7) member Rhode Island uninsured care board,
14 which shall include the following members:

15 (1) The secretary of the executive office of health and human services, who shall serve as
16 chair of the board;

17 (2) The commissioner of the office of the health insurance commissioner;

18 (3) The director of the department of health;

19 (4) The Medicaid director;

20 (5) One person to be appointed by the governor with the advice and consent of the senate;

21 (6) One person to be appointed by the president of the senate; and

22 (7) One person to be appointed by the speaker of the house of representatives.

23 (b) There shall be established the uninsured care board advisory committee, which shall
24 include at least the following nine (9) members, to be appointed by the secretary of the executive
25 office of health and human services in consultation with the other members of the board:

26 (1) A representative of community health centers;

27 (2) A representative of participating hospitals;

28 (3) A representative of a free clinic;

29 (4) A representative of a primary care provider not employed by a community health center
30 or a practice owned by a hospital system;

31 (5) A behavioral healthcare provider;

32 (6) Two (2) additional healthcare providers, each of whom practices in a different specialty
33 than the other;

34 (7) A representative of a healthcare advocacy organization;

1 (8) A consumer of healthcare who is not a representative or an employee of any provider
2 of healthcare or an insurance carrier; and

3 (9) Any other persons appointed by the secretary to create a board with a comprehensive
4 composition to include a range and diversity of skills, backgrounds, and stakeholder perspectives.

5 (c) The board shall undertake a review of existing programs that serve uninsured
6 individuals including, but not limited to, identifying:

7 (1) Programs that provide services to uninsured individuals;

8 (2) The scope of services provided by the aforesaid programs;

9 (3) Whether the programs provide services to uninsured individuals only;

10 (4) The qualifications associated with those programs used to condition participation;

11 (5) The methodology the programs use to provide funding to participating providers, if
12 applicable; and

13 (6) The size of the programs including, but not limited to:

14 (i) The number of individuals served;

15 (ii) The number of services provided;

16 (iii) The cost of the program; and

17 (iv) Any other metrics fundamental to explaining the capacity of the program.

18 (d) The board shall, on or before February 1, 2027, provide a report to the general assembly
19 detailing the information provided for in subsection (c) of this section.

20 (e) The board shall determine the appropriate allocation of funds to be distributed under §
21 42-7.5-5, the design and implementation of the program created by § 42-7.5-6, the process by which
22 the program shall be evaluated, and all reporting on the design, efficacy, and impact of the program.

23 (1) The board shall make such determinations and exercise its authority with consideration
24 to the recommendations made by the advisory committee.

25 (2) The board shall provide appropriate opportunities for stakeholders and the public to
26 consult in its deliberations, pursuant to the specifications of § 42-7.5-7.

27 **42-7.5-5. Allocation of program fund.**

28 (a) The board may allocate funds appropriated under this chapter to advance programs that
29 will traceably provide expanded access to care for uninsured individuals utilizing appropriated
30 funding. The board may:

31 (1) Provide additional distributions of funds to participating hospitals in accordance with
32 § 40-8.3-3;

33 (2) Provide additional distributions of funds to community health centers in accordance
34 with § 40-8-26;

1 (3) Provide additional distributions of funds to the Rhode Island Free Clinic, Clínica
2 Esperanza, or any other clinic that provides healthcare services free of charge to individuals;

3 (4) Provide funding for the uninsured health access program established pursuant to § 42-
4 7.5-6; and

5 (5) Provide funding for the operation of the board and the advisory committee.

6 (b) If any funds allocated to any of the activities provided pursuant to subsection (a) of this
7 section remain unexhausted at the end of a state fiscal year, they shall not be returned to the general
8 fund and the board may reallocate them to the same activity or another activity for a subsequent
9 fiscal year.

10 **42-7.5-6. Uninsured health access program.**

11 (a) The Rhode Island uninsured health access program (“program”) is hereby established:

12 (1) To support individuals who are uninsured;

13 (2) To support healthcare providers to provide access to a spectrum of healthcare services
14 not otherwise available to individuals without regard to ability to pay; and

15 (3) That provides payment directly to participating healthcare providers, on behalf of
16 individuals, in correspondence to specific qualifying services rendered by those providers and/or
17 contingent upon the providers’ adherence to access standards established by the board.

18 (b) The program shall serve as the payer of last resort for any services rendered to uninsured
19 individuals, up to the amount allocated by the board under § 42-7.5-5(a)(3).

20 (c) The board may establish:

21 (1) The qualifications for a provider to participate in the program;

22 (2) The services covered by the program;

23 (3) The qualifications for individuals to participate in the program including, but not
24 limited to, income or asset limits, and/or the process by which participating providers may set
25 guidelines for patient participation; provided that, such guidelines shall be reviewed and approved
26 by the board;

27 (4) The requirements related to the expanded care to be offered by participating providers
28 to uninsured patients in exchange for program funding;

29 (5) The screening to be completed by providers for forms of health insurance coverage that
30 may be available to individuals supported by the program;

31 (6) The process and methodology by which funding is provided to providers under the
32 program;

33 (7) The process by which providers may confirm the continued availability of funding in
34 advance of providing services under this program;

1 (8) Any sliding scale or other cost sharing associated with particular services covered by
2 the program;

3 (9) Any requirements related to prerequisite authorizations or other guidelines necessary
4 for specific services to be covered by the program; and

5 (10) Any reporting or data submission requirements for participating providers.

6 (d) In making its determinations under subsection (c) of this section, the board shall
7 prioritize consideration of:

8 (1) The recommendations of the advisory committee;

9 (2) Aligning the program with other programs that provide care to uninsured individuals
10 including, but not limited to, the Breast and Cervical Cancer Treatment Program, Mobile Response
11 and Stabilization Services, Emergency Medicaid, hospital uncompensated care or charity care
12 programs, sliding scale services provided at community health centers, and services provided by
13 free clinics;

14 (3) Aligning the program with other statewide initiatives relating to healthcare delivery
15 system transformation including, but not limited to, the Rural Health Transformation Program;

16 (4) Maintaining as broad a variety of types of healthcare services and providers as possible
17 including, but not limited to:

18 (i) Primary care services including, but not limited to, services available from providers
19 other than free clinics or community health centers;

20 (ii) Inpatient and outpatient services;

21 (iii) Mental health and substance use disorder services;

22 (iv) Specialty care services;

23 (v) Preventive services;

24 (vi) Imaging and lab services;

25 (vii) Dental services; and

26 (viii) Prescription drugs.

27 (e) The board shall ensure that participating providers who receive funding from the
28 program provide bona fide and traceable access to healthcare services for qualified uninsured
29 patients including, but not limited to, the ability to make appointments and schedule non-emergency
30 or post-acute services, and ensure that funds from the program are not used solely to cover
31 participating providers' existing losses related to existing uncompensated care already provided.

32 (f) The board may engage in procurement or other processes to identify and contract with
33 participating providers, and may utilize methodologies to maximize the availability of federal
34 matching funds or other funds to help support the program.

1 **42-7.5-7. Rules and regulations.**

2 (a) The secretary of the executive office of health and human services, in consultation with
3 the board, may promulgate rules and regulations as necessary to carry out and implement the
4 purposes of this chapter.

5 (b) Chapter 35 of title 42, (“administrative procedures”) shall apply for any rules or
6 regulations established or issued by the board pursuant to this chapter, except for the first
7 implementation year of the program established under this chapter.

8 (c) For the first implementation year, the board shall provide opportunities for stakeholders
9 and the public to provide input. This shall include, but is not limited to:

10 (1) A duly noticed public meeting with advice from the advisory committee established by
11 § 42-7.5-4;

12 (2) A thirty (30) day public comment period; and

13 (3) Presentation by the board to the public of accompanying explanatory documentation
14 outlining any proposed regulatory adoption, any significant changes thereto, and the rationale for
15 those decisions.

16 **42-7.5-8. Construction.**

17 This chapter shall not be construed to create an entitlement, medical assistance, or a public
18 assistance program of any kind.

19 **42-7.5-9. Severability.**

20 The provisions of this chapter are severable, and if any provision hereof shall be held
21 invalid in any circumstances, any invalidity shall not affect any other provisions or circumstances.

22 SECTION 2. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T

RELATING TO STATE AFFAIRS AND GOVERNMENT -- RHODE ISLAND PROTECT
OUR HEALTHCARE ACT OF 2026

1 This act would create a publicly funded program for uninsured individuals requiring an
2 appropriation of fifty-three million two hundred thousand dollars (\$53,200,000) for fiscal year 2027
3 and an appropriation of one hundred nine million, six hundred thousand dollars (\$109,600,000) for
4 fiscal year 2028 and every fiscal year thereafter.

5 This act would take effect upon passage.

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