



Rhode Island Health Care Association

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Testimony in Opposition to S 3199 Relating to Health and Safety — Rights of Nursing Home Patients

Date: Thursday, April 16, 2026

Chairman and Members of the Committee:

My name is John Gage, President and CEO of the Rhode Island Health Care Association (RIHCA), which represents approximately 80 percent of the nursing facilities in Rhode Island. I respectfully submit testimony in opposition to S 3199.

Let me begin by emphasizing that our members are fully committed to protecting and upholding the rights of nursing home residents. The rights outlined in Rhode Island law are foundational to the care we provide, and facilities are already subject to extensive state and federal oversight, enforcement, and accountability mechanisms.

However, S 3199 is unnecessary and duplicative, and it introduces significant legal and operational concerns without providing meaningful additional protections for residents.

Duplication of Existing Legal Remedies

Current law already provides multiple avenues for enforcement and accountability, including:

- Regulatory oversight and enforcement by the Rhode Island Department of Health
- Deficiency citations, fines, and licensure actions
- Civil liability through existing tort and negligence laws
- Federal enforcement mechanisms under CMS regulations

S 3199 creates a new, explicit private right of action with the ability to recover **punitive damages and attorneys' fees**, even though such remedies are already available under existing legal frameworks in appropriate cases.

This provision is not a gap-filler—it is a duplication that expands litigation exposure without clear justification.

Increased Litigation and Costs

- **Expanded Liability Exposure:** Creating a standalone cause of action tied broadly to the residents' rights statute will likely lead to a significant increase in litigation, including for technical or non-material violations.

“Setting the Pace in Nursing Home Care”

A non-profit organization of proprietary and non-proprietary long term health care facilities dedicated to improving health care of the convalescent and chronically ill of all ages. An equal opportunity employer.

- **Punitive Damages and Fee Shifting:** The automatic availability of punitive damages and attorneys' fees creates strong incentives for litigation, regardless of the severity of the underlying issue.
- **Rising Insurance Costs:** Increased litigation risk will drive up liability insurance premiums for providers, further straining a sector already operating on thin margins.

Operational Impact on Care Delivery

- **Defensive Practices:** Facilities may be forced to adopt overly cautious or defensive operational practices to mitigate legal risk, which can inadvertently detract from resident-centered care.
- **Resource Diversion:** Financial and administrative resources that could otherwise be invested in staffing, training, and quality improvement may instead be redirected toward legal defense and compliance efforts.
- **Workforce Impact:** Heightened liability exposure can make it more difficult to recruit and retain staff in an already challenging workforce environment.

Legal and Policy Concerns

- **Broad and Ambiguous Standard:** The residents' rights statute covers a wide range of provisions, some of which are subject to interpretation. Creating a private cause of action tied to all provisions increases the risk of inconsistent application and outcomes.
- **Redundancy with Regulatory Oversight:** The Department of Health already has authority to enforce these provisions, including through investigations and penalties. This bill shifts enforcement toward litigation rather than regulatory resolution.
- **Disproportionate Penalties:** The combination of civil liability, punitive damages, attorneys' fees, and existing regulatory penalties creates a potentially disproportionate enforcement structure.

Conclusion

Rhode Island's nursing facilities operate under one of the most comprehensive regulatory frameworks in the country, with strong protections already in place for residents and meaningful enforcement mechanisms to ensure compliance.

While we share the goal of protecting residents' rights, S 3199 takes an approach that is duplicative, litigation-driven, and likely to have unintended consequences for providers, staff, and ultimately, the residents we serve.

For these reasons, we respectfully urge the Committee to oppose S 3199.

Thank you for the opportunity to provide testimony on S3199.

Respectfully submitted,
John Gage
President & CEO
Rhode Island Health Care Association