

## JOCELYN P. ANTONIO, MPH

### **Testimony on Governor's FY 2027, FY 2026 Revised and Capital Budgets – Executive Office of Health and Human Services (EOHHS) House Finance Committee – Subcommittee on Human Services March 25, 2026**

Good afternoon members of the House Finance Committee, Subcommittee on Human Services. My name is Jocelyn Antonio. I'm a resident of Cumberland Rhode Island. I am providing this testimony in my personal capacity as a public health professional.

I am in strong support of the recommended one-time \$600,000 state directed grant to Planned Parenthood of Southern New England (PPSNE), included the Governor's proposed FY 2027 budget and in Article 1, Section 1 of H-7127. I thank Governor McKee for including this funding and respectfully urge this committee to support its adoption.

#### **Context: A Gap in Preventative Care Access**

The need for this funding arises from the passage of H.R.1 in 2025, which prohibits federal Medicaid funding for Planned Parenthood (PP) for one year. As a result, health centers are no longer reimbursed for a substantial portion of care they provide to patients, including preventative care for cancer screenings, STI testing and treatment, family planning and much more.

As a critical safety net provider, PPSNE serves approximately 10,000 patients in Rhode Island annually. This one-time grant will ensure continuity of care so that Rhode Islanders can receive essential, evidence-based health services they need and deserve.

#### **The Utility of Prevention: A Public Health Mandate**

A foundational, ethical principle of public health is to "address principally the fundamental cause of disease and requirement for health, aiming to prevent adverse health outcomes" [1]. Preventative care is one of the most effective, evidence-based, and cost-effective investments our state can make.

Research consistently demonstrates the value of prevention. According to the American Public Health Association (APHA), every \$1 invested in prevention can yield up to \$5.60 in health spending [2]. Beyond the systemic saving, preventive care reduces the financial burden on families by minimizing the need for extensive and costly medical procedures in the future[3].

Providers like PPSNE are essential components of public health infrastructure. They deliver a wide range of frontline preventative services, including [4]:

- **Contraception and Family Planning:** Reduces unintended pregnancies, improving maternal and child health outcomes [5]
- **STI Prevention and Control:** Mitigating long-term complications such as ectopic pregnancies and infertility [6]

- **Cancer screenings and detection:** Ensures treatment is initiated when it's most effective and least costly [7]

When preventive care is accessible, individuals are more likely to seek care earlier, avoid complications, and experience better long-term outcomes.

### **The Economic Case for Prevention**

Prevention is not only beneficial for health, but also simply fiscally responsible.

Extensive research shows that publicly funded services generate substantial cost savings [4]. These savings are realized through:

- Reduced Emergency department utilization
- Lowered costs for advanced disease treatment costs
- Decreased public expenditure related to unintended pregnancy and untreated infections

Conversely, underinvestment in prevention shifts costs towards more expensive, reactive care. The proposed one-time grant to PPSNE can be viewed as a cost-avoidance strategy that strengthens Rhode Island's healthcare system.

### **Health Equity and Access**

Preventive services delivered through PP and PPSNE disproportionately benefit populations who face structural barriers to care, including:

- Low-income individuals
- Women and young people
- Communities of color
- Individuals without consistent access to primary care
- Rural communities

Evidence shows that PP providers are more likely to offer accessible and uniquely trained to address specific needs of the most vulnerable populations, including teens and youth, those who speak a language other than English or those who experience intimate partner violence [4].

Importantly, research indicates that other healthcare providers are unlikely to fully absorb the loss of capacity if PP services were lost [8], [9], [10]. Ensuring access for underserved populations is critical to reducing health disparities and advancing health equity in Rhode Island.

### **State Responsibility in a Changing Federal Landscape**

According to Rhode Island's Federal Compliance Advisory Group Report, H.R.1 could impact over 20,000 Rhode Islanders and their access to healthcare [11]. This is a significant threat to those that already face structural barriers to healthcare access.

State action is necessary to maintain continuity of care and protect essential public health services. This one-time is essential to maintain the continuity of care and advancing health equity, a pillar of Rhode Island's public health framework.

### **Conclusion**

As APHA Executive Director George C. Benjamin, MD noted, "The pace and depth of anti-public health actions taken by the administration has been unprecedented. Real lives are being put at risk. The consequences could be devastating"[12]. The defunding of PPSNE at the federal level is an attack on public health and our communities.

This proposed one time grant to PPSNE is a pragmatic and necessary state intervention. It will help preserve access to preventive services, protect vulnerable populations and mitigate the broader public health impacts of H.R.1.

I urge this Committee to support this funding in the FY 2027 budget.

Thank you for your time and consideration.

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