To: Chair Tanzi, Members of the House Finance Subcommittee on Human Services

Date: Wednesday, March 25, 2026

Re: Support of H 7127, Relating to Budget Allocation for Planned Parenthood of Southern New England

Dear Chair Tanzi and members of the House Finance Subcommittee on Human Services:

My name is Kavelle Christie, a Providence resident specializing in health policy and healthcare financing, with a focus on care access, maternal health, and reproductive health. I am writing to express my strong support for the proposed $600,000 one-time allocation for Planned Parenthood of Southern New England (PPSNE) in Article 1, Section 1 for EOHHS in the FY 2027 budget, H 7127. This funding represents what PPSNE would have received through Medicaid for Rhode Island patients based on historical utilization and reimbursement, and without it, preventive care including cancer screenings, STI testing and treatment, birth control, and other essential services will be reduced for patients who can no longer access Medicaid at PPSNE as a result of the federal H.R. 1 law passed in July 2025.

In FY 2025, nearly 10,000 patients accessed care through PPSNE's Providence health center and telehealth, including more than 2,300 who were insured through Medicaid. Across more than 15,500 visits, 82 percent of the care delivered was preventive or gynecological, encompassing birth control, STI services, and routine exams, while 18 percent was abortion care. Nearly half of PPSNE patients in Rhode Island identify as people of color, 89 percent identify as women, and 90 percent are over the age of 20. Without state intervention to fill this gap, thousands of patients will face immediate and unnecessary disruptions in care.

This issue is deeply personal to me. As a former policy staffer at PPSNE, I witnessed firsthand how patients depend on this care and what it means to have a provider who is both clinically skilled and reliably available. Patients return not only because the care is sound, but because they are treated with respect and dignity, and because PPSNE provides a space where they can show up fully and be seen, heard, and taken seriously. That kind of continuity and recognition is too often overlooked in policy decisions, particularly in ways that disproportionately affect Black and brown patients.

Policy decisions like this have tangible consequences that extend far beyond the page. Missed appointments, delayed screenings, and untreated conditions do not simply resolve themselves, and coverage gaps rarely lead to seamless transitions to other providers. Too often, patients are left to wait, ration care, or go without entirely, and allowing this to happen perpetuates inequities and destabilizes communities across Rhode Island. We cannot permit more patients to face these preventable disruptions in care.

Through my work in maternal health, I have observed these consequences clearly. Access to contraception, STI treatment, and routine preventive care before and between pregnancies directly shapes pregnancy timing, maternal

health, and early risk detection. When those services are disrupted, conditions go unmanaged, infections go untreated, and pregnancies occur without adequate preparation or access to care. The result is higher-risk pregnancies, delayed entry into care, and worse outcomes for both mothers and infants. The continuum of care is interconnected, and any interruption reverberates with measurable and serious consequences.

PPSNE is a critical component of Rhode Island's healthcare system and serves as a primary provider in communities with limited access to sexual and reproductive health services. The care delivered is largely preventive and contributes directly to improving population health while reducing downstream costs. The federal restriction imposed by H.R. 1 does not reflect the value or necessity of these services in practice. PPSNE has long been reimbursed for services provided to Medicaid patients, and with that pathway now blocked, thousands are confronted with barriers that are immediate, unnecessary, and unjust.

The impact of this disruption will not be evenly felt. Patients who already navigate structural barriers, nearly half of whom are people of color, will bear the brunt of these changes. Destabilizing access to PPSNE exacerbates disparities through longer wait times, increased travel distances, fewer providers accepting Medicaid, and delays in care. In just eight months since President Trump signed the One Big Beautiful Bill into law, 23 Planned Parenthood health centers have been forced to permanently close their doors to patients. These clinic closures and reductions in capacity lead to fewer sexual and reproductive care options, more fragmented care, and a heavier burden on patients already facing systemic challenges.

However, Rhode Island can do something about this in our state. Twelve states, including our neighbors Massachusetts and Connecticut, have responded by using state resources to stabilize access for Medicaid patients and fill the financial gaps created by federal restrictions. We are in a position to do the same. Without this allocation, no alternative provider network can absorb the demand for care at the scale required or in a timeframe that prevents harm to patients.

Everyone deserves access to comprehensive healthcare, including sexual and reproductive health services at a provider of their choosing where they feel seen and heard. This allocation is a practical and necessary step to maintain access for the thousands who rely on PPSNE. Access to reproductive healthcare remains vulnerable in Rhode Island, and I urge you to approve the $600,000 allocation in H 7127 to ensure continuity of care and protect essential services for patients across the state.

Thank you for your time and consideration.

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