

## JOCELYN P. ANTONIO, MPH

**Testimony in SUPPORT of House Bill 8338, Child Tax Credit (CTC)**  
**House Finance Committee**  
**May 7, 2026**

To Chairperson Abney and Members of the House Finance Committee:

My name is **Jocelyn Antonio, MPH**. I am a resident of the town of Cumberland. I am providing this testimony in my personal capacity as a **public health professional**.

I strongly urge your **favorable consideration and support of H-8338** –An Act Relating to Taxation – Personal Income Tax, sponsored by Representative Tanzi and co-sponsored by Representatives Ajello, Cruz, Potter, Stewart, Giraldo, Casimiro, Kislak, Fogarty, and Handy.

This bill **proposes a \$650-per-dependent refundable child tax credit (CTC) for Rhode Island families with children under age 19**. This policy functions not only as an economic stabilizer but also as a **proven public health intervention** [1].

### **Public Health is Economic Policy**

**Public health recognizes the profound influence that economic policy has on population health**, particularly for children and families [2]. Economic stability is a core social determinant of health (SDOH), shaping access to food, housing, healthcare, and educational opportunity. A child's health cannot be separated from their family's financial security.

Refundable tax credits like the **CTC** directly **address upstream drivers of health inequities** by increasing household income and reducing financial strain [3]. These policies improve the conditions in which children are born, grown and develop.

### **Addressing Structural Determinants of Health Inequities**

The health of our community is like a building; it depends on a strong and stable foundation of steady employment, quality education, safe housing, and economic well-being [4]. When this foundation is compromised by poverty, the resulting "toxic stress" lead to a cascade of negative health outcomes [5]:

- **Increased Disease Risk:** Limited income forces families to choose between nutritious foods and essential healthcare services
- **Worse Birth Outcomes:** Low birth weight and infant mortality
- **Reduced Life Expectancy:** Chronic health condition in adulthood, including hypertension and Type 2 diabetes.

### **Evidence from the 2021 Child Tax Credit Expansion**

The temporary expansion of the CTC under the American Rescue Plan Act (ARPA) of 2021 provides strong evidence of impact [6].

Research show that **families with children primarily used CTC payment to meet basic needs**, including food, housing, utilities, clothing, and childcare [7]. Low-income, Black, and Hispanic families saw the greatest benefits of the CTC as they were most impacted during the

pandemic [8]. Specifically, **child poverty rate decreased by 25% for Black children and 30% for Latino children** [7].

The expansion was also associated with substantial reductions in child poverty. According to analysis from Columbia University's Center on Poverty and Social Policy, **monthly child poverty fell from 15.8% to 12.1%** from July 2021 to December 2021. After the policy expired, child poverty rose sharply to about 17% in early 2022 [7].

Emerging research also suggests benefits for child well-being. A recent longitudinal study found that CTC income support was associated with modest but **meaningful improvements in child behavioral health**, including reductions in reported behavioral problems [9].

Importantly, while these studies identify strong associations, they align with a broader body of evidence showing that income supports improve child health outcomes [10].

### **Policy Design Matters**

Research from the Center on Poverty and Social Policy highlights that the **most effective CTC policies are designed for both young and older children, are fully refundable, and have wider income coverage, are the most likely to reach all children in poverty and deep poverty**. Additionally, this report found that CTCs that reach the majority of children in poverty but provide less than \$1,000 per child still **yields modest gains in family income** among children living in poverty and deep poverty. This report provides a strong foundation for S-2823 by validating its most critical design features: full refundability and broad age eligibility. While the proposed \$650 credit is more modest than some other state programs, **evidence suggests that even smaller, fully refundable credits have broader reach ensuring no child is left behind**.

### **Conclusion**

The proposed \$650 child tax credit is an **evidence-based, cost-effective policy** for improving childhood health, reducing child poverty, and addressing economic strain [1], [11].

**Health disparities in Rhode Island persist along socioeconomic and racial lines**. Families in historically marginalized communities experience disproportionate health burdens due to the compounding effects of poverty and underinvestment [6].

Implementing the most health-motivated version of the CTC, with a modest benefit amount and minimal administrative burden, can help reduce these disparities to advance health equity across Rhode Island [6], [8], [10], [12], [13].

Sixteen states - including Massachusetts, Vermont, and Maine - have already implemented state-level CTCs to support families [14]. Rhode Island has the opportunity to do the same.

I respectfully urge the **Committee to support House Bill 8338**.

Thank you for your time and consideration.

Jocelyn Antonio, MPH

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