



Planned Parenthood of Southern New England

**Testimony in Support of 26-H 8490,
AN ACT RELATING TO HEALTH AND SAFETY -
THE NOREEN DREXEL BIRTHING CENTER FUND
House Committee on Finance
Hannah Stern - Director, Public Policy and Government Relations
Planned Parenthood of Southern New England
May 12, 2026**

Dear Chair Abney and honorable members of the House Committee on Finance:

In my capacity as the Director, Public Policy and Government Relations at Planned Parenthood of Southern New England (PPSNE), I appreciate the opportunity to submit this testimony **in support of House Bill H 8490**. PPSNE provided sexual and reproductive health care to nearly 10,000 Rhode Island patients last year and believes all people should have access to quality, affordable, and compassionate health care as a basic human right — regardless of who you are, where you live, your income, if you have health insurance or your immigration status.

Maternal health, and the promotion of maternal health, is a fundamental part of comprehensive reproductive freedom. This legislation would provide essential funding to strengthen maternal health outcomes in all parts of our state and demonstrates a clear focus and effort on maternal health and the broader public health of Rhode Island.

Our maternal health care system is failing communities who are most impacted by the burden of structural inequities due to this country's legacy of racism and other forms of discrimination including Black, Indigenous, People of Color, rural communities, and people with low incomes. The United States continues to have the highest rate of maternal deaths of any high-income nation and within the U.S., the rate is by far the highest for Black women. Most of these deaths — over 80 percent — are likely preventable.ⁱ According to the Centers for Disease Control and Prevention (CDC), the U.S. averaged about 700 maternal deaths out of 3.7 million live births per year in recent years—a rate that exceeds almost every other developed, high-income country. Racial disparities in pregnancy-related deaths show that across all income and education levels, Black women in the U.S.

are at higher risk for poor outcomes than white women. Black women are three to four times as likely to die from pregnancy-related causes as their white counterparts, according to the CDC.

Rhode Island has made crucial strides in supporting maternal health in recent years, including providing Medicaid reimbursement for doula services, extending Medicaid postpartum coverage to 12 months, improving paid family leave policy, and more. Yet, we have more work to do as a state to address maternal health disparities, and preserving expansive options for birthing Rhode Islanders across the state is fundamental to this effort.

This funding would ensure that people giving birth across our state are not forced to contend with unnecessary, onerous, and potentially dangerous transportation concerns in their seeking of a healthy and supportive birthing experience. As forward-thinking as Rhode Island's current policies on maternal health have been, we know that there is more to achieve in the fight for maternal health equity for Rhode Islanders. Disparities in perinatal outcomes persist for Black and Brown birthing people.ⁱⁱ Newport continues to face the closure of their birthing center, which would geographically eliminate options for pregnant people and limits access to the care options that birth centers provide which are not typically available in hospitals, which enables healthy birthing persons to experience more freedom and autonomy.ⁱⁱⁱ And, currently, many birthing people experience neglect and mistreatment around the time of birth, with especially high rates for people of color having hospital births.^{iv}

PPSNE has long fought for a person's right to control their reproductive lives which includes planning their family, having a healthy pregnancy, giving birth to a healthy child, and raising their family in safe and healthy environments. With the concentrated funding and focus that this bill would ensure for maternal health outcomes, equity – and reproductive freedom – will increase. In line with PPSNE's commitment to fighting for comprehensive policies which support the health, dignity, and autonomy of all Rhode Island residents, we support H 8490.

Thank you very much for your time and consideration.

A handwritten signature in black ink, appearing to read 'H Stern', written in a cursive style.

Hannah Stern
Director, Public Policy and Government Relations

Planned Parenthood of Southern New England

hannah.stern@ppsne.org

ⁱ Insights into the U.S. Maternal Mortality Crisis: An International Comparison

<https://www.commonwealthfund.org/publications/issue-briefs/2024/jun/insights-us-maternal-mortality-crisis-international-comparison#:~:text=Recent%20Maternal%20Mortality%20Trends%20In%202022%2C%20there, five%20maternal%20deaths%20per%20100%2C000%20live%20births.>

ⁱⁱ <https://www.marchofdimes.org/peristats/reports/rhode-island/report-card>

ⁱⁱⁱ Improving Our Maternity Care Now Through Community Birth Settings, National Partnership for Women & Families,

<https://www.nationalpartnership.org/our-work/resources/health-care/maternity/improving-maternity-community-birth-settings.pdf>

^{iv} Saraswathi Vedam, Kathrin Stoll, Tanya Khemet Taiwo, Nicholas Rubashkin, Melissa Cheyney, et al. “The Giving Voice to Mothers Study: Inequity and Mistreatment during Pregnancy and Childbirth in the United States,” BMC Reproductive Health, June 11, 2019, <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-019-0729-2#Sec4>