

Jheraldines Paulino

Testimony in Support of House Bill 8268 House Finance Committee

May 14th, 2026

Honorable Chair and members of the Committee, thank you for the opportunity to provide testimony today. My name is Jheraldines Paulino, and I am testifying in strong support of House Bill 8268. I come before you as a working mother of two, a graduate student in Brown University's Masters of Healthcare Leadership, and a Research Project Director at the Brown University School of Public Health. Although I am here in my personal capacity, my professional and academic experiences have shaped how I understand the importance of stable, accessible, and equitable healthcare systems.

House Bill 8268, sponsored by Representative Mary Ann Shallcross Smith, is about sustaining what already works. This legislation would include RI MomsPRN and PediPRN in Rhode Island's healthcare services funding contributions, creating a more stable funding structure for these teleconsultation programs. These programs give primary care providers same-day access to psychiatric consultation, treatment guidance, and referral support when caring for pregnant, postpartum, and pediatric patients with mental and behavioral health concerns. Thanks to moms PRN their patients receive immediate support rather than waiting months to be seen by a psychiatrist. They do not replace the provider-patient relationship; they strengthen it by helping clinicians respond earlier and with more confidence.

This issue is also deeply personal to me. As someone who experienced postpartum depression, I know how isolating and overwhelming that period can feel, especially when you are caring for a baby, while trying to understand what is happening within yourself. Looking back, access to a program like RI MomsPRN could have made a meaningful difference for me. No mother should have to wait until she is in crisis before the system recognizes that she needs care.

In my work and studies, I have learned that good healthcare policy should protect programs that are already improving access, especially for communities that face greater barriers to care. RI MomsPRN has supported more than 3,500 calls, from more than 900 primary care OBGYN providers, across 312 practices. It has also helped more than 3,000 perinatal patients, including many patients with public insurance and patients living in Rhode Island's core cities. Pedi PRN has similar impressive numbers: PediPRN has fielded 3,173 calls from 465 pediatric primary care providers at 186 practices across

the state that have helped 3,001 children to date. These numbers matter because they represent real providers, real families, and real opportunities to intervene before mental health needs become emergencies.

I also understand that funding decisions require careful consideration. However, the cost of not sustaining these programs is far greater than the investment needed to keep them operating. Untreated perinatal mood and anxiety disorders carry serious consequences for mothers, infants, families, and the healthcare system. In Rhode Island, the estimated annual societal cost of untreated perinatal mood and anxiety disorders is \$9.7 million, while sustaining RI MomsPRN requires a much smaller investment of approximately \$750,000 per year. Pedi-PRN also requires \$750,000 annually. House Bill 8268 offers a practical and responsible way to preserve access to these services through a predictable funding structure.

Thank you for the leadership the General Assembly has already shown in supporting these programs. Without a predictable and permanent funding source, Rhode Island risks losing a vital part of its maternal, pediatric, and behavioral health infrastructure. I respectfully urge you to pass House Bill 8268 so that RI MomsPRN and PediPRN can continue supporting primary care providers, families, and communities across the state. This is not just a funding decision; it is a commitment to helping Rhode Island families access mental health care before they are in crisis.