

JOCELYN P. ANTONIO, MPH

Testimony on H-7185, Prescription Label House Judiciary Committee March 10, 2026

Good afternoon, Chairperson McEntee and members of the House Judiciary Committee:

My name is **Jocelyn Antonio**. I am a resident of Cumberland and a public health professional, with a focus on maternal and child health, offering this testimony in my personal capacity.

I strongly urge your favorable consideration and **support** for **H-7185 – An Act Relating to Businesses and Professions – Protections of Healthcare Providers Act**, sponsored by Representative Boylan and co-sponsored by Representatives Boylan, Ajello, Donovan, Kislak, Fogarty, Carson, McGaw, Cotter, Stewart, and Speakman.

This bill would allow the name of the dispensing healthcare practice to be listed on abortion medication prescription labels instead of the individual prescriber's name, **ONLY** at the request of the prescriber. This small but powerful policy change protects clinicians while preserving patient access to safe, legal medical care.

From a public health perspective, access to the full spectrum of reproductive health services, including abortion, is a fundamental right integral to the health and well-being of individuals, families, and communities.¹ The ability to safely and legally terminate a pregnancy allows individuals to make informed decisions about their health, their futures, and the well-being of their families. When people are forced to carry unintended or unwanted pregnancies to term, the consequences can extend beyond individual health and affect economic stability, family well-being, and child outcomes.²

Research consistently shows that people seek abortion for complex and responsible reasons related to family health and stability.³ Nearly 60% of individuals seeking

¹ Dobbs v. Jackson Women's Health Organization (Amici Curiae Brief of 547 Deans, Chairs, Scholars, et Al.), No. 19-1392 (Supreme Court of the United States September 21, 2021), https://www.supremecourt.gov/DocketPDF/19/19-1392/193302/20210921172339465_19-1392%20Brief.pdf.

² Diana Greene Foster et al., "Effects of Carrying an Unwanted Pregnancy to Term on Women's Existing Children," *The Journal of Pediatrics* 205 (February 2019): 183-189.e1, <https://doi.org/10.1016/j.jpeds.2018.09.026>.

³ Lawrence B. Finer et al., "Reasons U.S. Women Have Abortions: Quantitative and Qualitative Perspectives," *Perspectives on Sexual and Reproductive Health* 37, no. 3 (2005): 110-18, <https://doi.org/10.1363/psrh.37.110.05>; Maggie Kirkman et al., "Reasons Women Give for Abortion: A Review of the Literature," *Archives of Women's Mental Health* 12, no. 6 (2009): 365-78, <https://doi.org/10.1007/s00737-009-0084-3>; M. Antonia Biggs et al., "Understanding Why Women Seek Abortions in the US," *BMC Women's Health* 13 (July 2013): 29, <https://doi.org/10.1186/1472-6874-13-29>.

abortion already have children, and about 30% report needing to care for other children as a primary reason for seeking abortion.⁴

From a maternal and child health perspective, the ability to plan pregnancies is closely tied to better health outcomes for parents and children. Unintended pregnancies are associated with increased risks of economic hardship and exposure to adverse child experiences, which can have long-term impacts on children’s physical, mental, and developmental health.⁵

It is also important to note that medication assisted abortion is a safe and well-studied medical procedure.⁶ The National Academies of Sciences, Engineering, and Medicines, has concluded that abortion is among the safest medical procedures and is significantly safer than childbirth.⁷ Furthermore, the use of telemedicine to provide medication abortion has been found to be safe, effective and appropriate.⁸

Equally important from a public health perspective, is ensuring that clinicians can provide care safely and without fear. In the current climate, clinicians who provide abortion care have faced increased harassment, threats, or attempts at legal intimidation simply for delivering evidence-based medical care to their patients. In fact, states with abortion protections saw that assault and battery and stalking of abortion providers increased by 29% and 913%, respectively.⁹ H-7185 helps ensure that clinicians can continue providing comprehensive reproductive health services with greater peace of mind, allowing them to focus on patient care rather than person risk.

Allowing prescribers to request that the health care facility name appear on the medication label helps reduce unnecessary exposure of personal information while maintain appropriate medical accountability. Protecting clinicians in this way helps sustain a workforce that is willing and able to provide essential reproductive health services to all patient who need them.

⁴ Biggs et al., “Understanding Why Women Seek Abortions in the US”; Jenna Jerman et al., *Characteristics of U.S. Abortion Patients in 2014 and Changes Since 2008*, May 10, 2016, <https://www.guttmacher.org/report/characteristics-us-abortion-patients-2014>.

⁵ CDC, “Preventing Adverse Childhood Experiences,” Adverse Childhood Experiences (ACEs), October 8, 2024, <https://www.cdc.gov/aces/prevention/index.html>.

⁶ Elizabeth G. Raymond et al., “First-Trimester Medical Abortion with Mifepristone 200 Mg and Misoprostol: A Systematic Review,” *Contraception* 87, no. 1 (2013): 26–37, <https://doi.org/10.1016/j.contraception.2012.06.011>.

⁷ National Academies of Sciences, Engineering, and Medicine, *The Safety and Quality of Abortion Care in the United States* (The National Academies Press, 2018), <https://doi.org/10.17226/24950>.

⁸ Ushma D. Upadhyay et al., “Effectiveness and Safety of Telehealth Medication Abortion in the USA,” *Nature Medicine* 30, no. 4 (2024): 1191–98, <https://doi.org/10.1038/s41591-024-02834-w>.

⁹ National Academies of Sciences, Engineering, and Medicine, *Harassment and Violence against Health Professionals Who Provide Reproductive Care: Proceedings of a Workshop—in Brief*, Brief (The National Academies Press, 2024), <https://doi.org/10.17226/27518>.

New York, Maine, Vermont, and Washington have already adopted similar protections for clinicians who prescribe abortion medications.¹⁰ Rhode Island needs to be proactive and do everything in its power to reproductive health access and the qualified medical professionals that provide this care.

I urge the committee to trust that birthing individuals are best positioned to understand their own circumstances and make decisions that support their health and well-being for their families.

Thank you for your time and consideration.

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¹⁰ Shefali Luthra, "States Move to Keep Doctors' Names off of Abortion Pill Prescription Labels," *The 19th*, June 23, 2025, <https://19thnews.org/2025/06/states-doctors-names-abortion-pill-prescription-labels/>.