

JOCELYN P. ANTONIO, MPH

**Testimony on H-7968, Temporary Caregiver Insurance (TCI)
House Labor Committee
March 4, 2026**

Good afternoon, Chairperson Corvese and members of the House Labor Committee:

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

I strongly urge your favorable consideration and **support** for **H-7968 – An Act Relating to Labor and Labor Relations – Temporary Disability Insurance – General Provisions**, sponsored by Representative Giraldo and co-sponsored by Representatives Alzate, Cruz, Donovan, and Morales.

This proposed amendment address bill critical determinants of health by expanding the definition of “care recipient”, increasing the benefit to 12 weeks by 2028, and allowing self-employed individuals to opt-in.

Addressing the Maternal and Infant Health Crisis

Rhode Island’s current health metrics indicate a pressing need for expanded support. According to the 2025 March of Dimes Report Card, Rhode Island’s **infant mortality rate worsened** in 2023 to **4.8 infant deaths per 1,000 births**.¹ This burden is not shared equally: the infant mortality rate among babies born to **Hispanic moms is 1.5x the state rate**. Furthermore, our state’s **severe maternal morbidity rate**, representing life-threatening complications, is **109.4 per 10,000 deliveries**, with **Black women** experiencing complications **nearly double the rate of White women** (124.5 vs. 64.4).²

Maternity Leave and Brain Development and Mental Health

Public health research indicates that returning to work before 12 weeks postpartum has **significant negative implications** on maternal well-being and infant health outcomes.³

¹ “2025 March Of Dimes Report Card For Rhode Island,” March of Dimes, 2025, <https://www.marchofdimes.org/peristats/reports/rhode-island/report-card>.

² Rhode Island Department of Health, *Maternal and Child Health (MCH) Report to the Legislature: 2022-2023* (2025), 30, <https://health.ri.gov/sites/g/files/xkgbur1006/files/2025-04/2024-MCH-Legislative-Report.pdf>.

³ Cindy Herrick and Judy Mikacich, MD, MPH, *The Interconnection of Paid Family and Medical Leave and Maternal Mental Health* (Policy Center for Maternal Mental Health, 2025), <https://doi.org/10.69764/PFLF2025>.

The first months of a child's life are a period of unprecedented neurological growth. An infant's brain is growing by **1% every single day** during the first three months.⁴ For this growth to be healthy, infants require nurturing and responsive parents who are not under extreme financial stress of insufficient paid leave.

A systematic review and meta-analysis are considered the “gold standard” in evidence-based research because its scope looks at the entire landscape of research. One such research paper found that:

- Maternity leave is associated with lower levels of depression and maternal mental health conditions and longer period of breastfeeding
 - Women that had 12 weeks or more of leave are more likely to initiate breastfeeding and maintain breastfeeding for at least 6 months
- Women that had paid leave of any duration are 51% less likely to be re-hospitalized for any reason during the postpartum period
- Maternity leave is associated with lower rates of infant and child mortality
 - 4.1% decrease in post-natal mortality
 - 2.6% decrease in infant mortality
 - 3% decrease in child mortality
- Length of maternity leave is significantly correlated with more positive maternal infant interactions → higher rates of secure attachment, higher empathy and academic success

Strengthening the Caregiver Ecosystem

Beyond the birthing parent, H-7968 is an important tool for the entire family unit:

- By increasing wage replacement and duration, this bill makes it **financially feasible for fathers to take leave**. This is a proven intervention that **reduces maternal postpartum depression** and **improves long-term parental bonding**.⁵
- By expanding the “care recipient” definition to include **grandchildren** and designated recipients, this bill acknowledges the reality of Rhode Island families. Often, it is a grandparent or a family member who provides the essential support that **prevents a medical complication** from becoming a household crisis.

⁴ Melissa Galinato, “The First Years of Life,” Brainfacts.Org, September 25, 2019, <https://www.brainfacts.org:443/thinking-sensing-and-behaving/brain-development/2019/the-first-years-of-life-092419>.

⁵ Katharine M. Barry et al., “Paternity Leave Uptake and Parental Post-Partum Depression: Findings from the ELFE Cohort Study,” *The Lancet Public Health* 8, no. 1 (2023): e15–27, [https://doi.org/10.1016/S2468-2667\(22\)00288-2](https://doi.org/10.1016/S2468-2667(22)00288-2).

- By allowing **self-employed individuals to opt-in**, our state can ensure that 100,000 Rhode Islanders aren't left behind.⁶

Conclusion

H-7968 is an evidence-based **public health intervention** that address the root causes of health disparities in our state. By supporting parents and caregivers during the most vulnerable months of life, we are investing in the **long-term health, equity, and economic stability** of our state. I respectfully urge the committee to pass this legislation.

Thank you for your time and consideration.

Jocelyn Antonio, MPH

joantoni@bu.edu

⁶ Liya Palagashvili, *Bringing Portable Benefits to Rhode Island's Independent Workforce*, Policy Spotlight (Mercatus Center - George Mason University, 2026), <https://www.mercatus.org/research/policy-spotlights/bringing-portable-benefits-rhode-islands-independent-workforce>.

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