

**To the Honorable Chair and Committee Members of the Rhode Island General Assembly:**

I am writing in strong support of H7272, H7626, and H8203, legislation that would protect access to essential maternal health services and ensure transparency, accountability, and equity in any proposed changes to hospital-based birthing care in Rhode Island.

At the center of this issue is the future of the Noreen Stonor Drexel Birthing Center at Newport Hospital, a facility that has served Aquidneck Island families for decades and remains a critical point of access for safe, high-quality maternal care.

This is not simply about one unit within one hospital—it is about the broader stability and equity of Rhode Island's maternal health system.

Rhode Island's healthcare infrastructure is highly consolidated, with a small number of systems responsible for delivering care across the state. While consolidation can create efficiencies, it also creates vulnerabilities: when a single system makes decisions to scale back or eliminate services, entire regions can lose access with little redundancy to absorb the impact. This is particularly concerning in maternal health, where timely access to care is essential and delays can have life-threatening consequences.

These structural dynamics are already contributing to inequities in our maternal healthcare system. Rhode Island, like much of the country, continues to face disparities in maternal health outcomes—particularly for low-income families and communities of color. Reductions in local access points, such as the Newport birthing center, risk exacerbating these disparities by increasing travel times, disrupting continuity of care, and placing additional strain on already overburdened regional facilities.

For residents of Aquidneck Island, the loss or reduction of birthing services would mean traveling off-island—often across bridges that are vulnerable to congestion and weather-related delays—to access care. In urgent situations, these barriers are not just inconvenient; they are dangerous. A resilient healthcare system must account for geography, transportation, and real-world conditions—not just theoretical coverage on a map.

Moreover, Rhode Island's maternal healthcare infrastructure is only as strong as its distribution of services. Concentrating care in fewer locations may appear efficient on paper, but in practice it can lead to overcrowding, workforce strain, and diminished patient experience, all of which can negatively affect outcomes for birthing people and newborns.

H7272, H7626, and H8203 together provide necessary guardrails in this context. These bills would ensure that any proposed changes to essential services like birthing centers are subject to rigorous review, including analysis of community impact, health equity, and system capacity, while strengthening oversight and accountability mechanisms that protect patients and communities. They recognize that healthcare infrastructure decisions are not purely operational—they are deeply public and profoundly consequential.

The Newport birthing center is more than a clinical unit. It is a trusted, high-quality, community-based resource that plays a vital role in ensuring that Rhode Island's maternal health system is accessible, equitable, and responsive.

I urge you to support H7272, H7626, and H8203 to protect critical access points like Newport Hospital's birthing center and to ensure that Rhode Island's healthcare infrastructure evolves in a way that strengthens—not undermines—maternal health outcomes.

Thank you for your consideration and for your continued commitment to the health and well-being of Rhode Island families.

Sincerely,

Angela Lima  
Former Newport City Council, First Ward