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Testimony in SUPPORT of House Bill No. 7127, Article 5, Sections 5 Relating to the Child Tax Credit (CTC)
Senate Finance Committee
April 7, 2026

To Chairperson DiPalma and Honorable Members of the Senate Finance Committee:

My name is **Jocelyn Antonio, MPH**. I am a resident of the town of Cumberland. I am providing this testimony in my personal capacity as a public health professional.

I express my **support** for **House Bill No. 7127, Article 5, Section 5 Child Tax Credit**.

This **proposes a \$320-per-dependent child tax credit (CTC) for Rhode Island families**. This is a measure that functions as both an economic stabilizer and a proactive public health intervention [1].

Public Health is Economic Policy

Public health recognizes the profound influence that economic policy has on population health, particularly for children and families [2]. Economic stability is a significant social determinant of health (SDOH); we simply cannot separate a child's health from their family's financial security. Tax credits are powerful tools that target the root causes of health inequity [3].

Addressing Structural Determinants of Health Inequities

The health of our community is like a building; it depends on a strong and stable foundation of steady employment, quality education, safe housing, and economic well-being [4]. When this foundation is compromised by poverty, the resulting "toxic stress" lead to a cascade of negative health outcomes [5]:

- **Increased Disease Risk:** Limited income forces families to choose between nutritious foods and essential healthcare services
- **Worse Birth Outcomes:** Low birth weight and infant mortality
- **Reduced Life Expectancy:** Chronic health condition in adulthood, including hypertension and Type 2 diabetes.

An Evidence-Based, Cost-Effective Solution

As part of the American Rescue Plan Act of 2021, the CTC was temporarily expanded [6]. Research found that this expansion significantly helped families with children afford enough food, especially during periods of economic disruption. Low-income, Black, and Hispanic families saw the greatest benefits of the CTC as they were most impacted during the pandemic [7].

Additionally, recently published research looked specifically at the impacts CTC had on children. This national longitudinal study found that the income boost from the CTC improved child behavioral health. It was associated with a 10% reduction in child behavioral problems [8].

By providing families with flexible financial support, the CTC helps strengthen the developmental foundations of children and supports long-term health.

Conclusion

The proposed \$320 child tax credit is an **evidence-based, cost-effective policy** for improving childhood health, reducing child poverty, and addressing economic strain [1], [9].

Health disparities persist along socioeconomic and racial lines. Families from historically marginalized communities experience significantly worse health outcomes due to the compounding effects of poverty and underinvestment [6].

Implementing the most health-motivated version of the CTC – with a meaningful benefit amount and minimal administrative burden- can help reduce these disparities advance health equity across Rhode Island [6], [7], [10], [11], [12].

Sixteen states - including Massachusetts, Vermont, and Maine - have already adopted similar policies to provide direct relief to low-income parents and children [13]. Rhode Island should join them.

Thank you for your time and consideration,

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