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Planned Parenthood of Southern New England
Governor's FY 2027 Budget
Testimony in SUPPORT for House Bill 7127 Article 1 Section 1 (EOHHS Budget)
Senate Committee on Finance
April 9, 2026

Chair DiPalma and honorable members of the Senate Committee, my name is Gretchen Raffa, Chief Policy and Advocacy Officer at Planned Parenthood of Southern New England (PPSNE) testifying in **support of House Bill 7127, Article 1, Section 1 EOHHS budget including a \$600,000 allocation for PPSNE**. PPSNE provided sexual and reproductive health care to nearly 10,000 Rhode Island patients last year and believes all people should have access to quality, affordable, and compassionate health care as a basic human right — regardless of who you are, where you live, your income, if you have health insurance or your immigration status.

We are grateful to Governor McKee for prioritizing in his proposed FY 27 budget access to the care that thousands of Rhode Islanders receive from Planned Parenthood by including a one-time allocation of \$600,000 to backfill blocked federal Medicaid funding due to harmful actions by the Trump Administration and Congress. Greater state investments in our public health infrastructure are urgently needed to ensure that reproductive health providers like PPSNE can continue providing essential care to the people who need us most. We urge this committee and the legislature to pass H7127 that includes this critical funding so all people can continue to get the trusted care they receive from their local PPSNE providers here in Rhode Island.

Planned Parenthood health centers have an indispensable and irreplaceable role in our health care system. For many communities, Planned Parenthood health centers are the sole provider of sexual and reproductive health care. **One in three women has been to a Planned Parenthood health center for care**. PPSNE is focused on health equity, serving all who need our services regardless of their insurance type, and regardless of their ability to pay.

PPSNE provides essential, preventive sexual and reproductive health care, like birth control, cancer screenings, wellness exams, STI testing and treatment, gender-affirming care, and more. **Nearly 10,000 patients visited PPSNE for care at the Providence health center and through telehealth in FY 25, and 24% percent, over 2,300, of those patients were insured by Medicaid to cover their services**. Nearly half of PPSNE patients in Rhode Island identify as people of color (23% Hispanic, 13% Black, 3% more than one race, 3% Asian, 39% white, 19% other/unknown), **89% of patients identify as women**, and 90% of patients are 20 years old or older. For the over 15,400 visits provided, **eighty-two percent of the care delivered is preventive or gynecological care** (33% birth control, 28% STI testing, treatment, prevention, 3% preventive exams & primary care, including cancer screenings) and 18% is abortion care.

PPSNE is facing the most uncertain years of our history. The “defund” provisionⁱ, part of President Trump’s H.R. 1 “One Big Beautiful Bill,” is part of this administration’s unprecedented weaponizing of the federal government against Planned Parenthood by blocking 1.1 million Medicaid patients from using their insurance for preventive services at Planned Parenthood health centers nationwide. **Despite not being reimbursed for the preventive care provided such as cancer screenings, birth control, STI testing and treatment and other essential care, PPSNE continues to serve every Medicaid patient. For now, PPSNE is absorbing the cost of care to shield our patients from the harm of this cruel law**. Based on visit volumes from FY 25, these costs were over \$550,000 for Rhode Island patients. **Covering the cost of their care is unsustainable long term — and the consequences for patients**

will worsen over time. As a new [report](#) shows, Planned Parenthood health centers cannot continue to foot the bill for the extraordinary cost of providing free services to patients who rely on Medicaid. That is why this one-time budget allocation is urgently needed to ensure PPSNE can continue to serve patients who need care now and in the future.

These relentless attacks go beyond policies that are hostile to sexual and reproductive health and rights, and target Planned Parenthood specifically and intentionally. In January, the U.S. Republican Study Committee released its framework for a 2026 reconciliation package, including a provision to make the unconstitutional “defunding” of Planned Parenthood health centers permanent. The administration has also withheld Title X Family Planning grant funds from nine Planned Parenthood members and is now trying to force Planned Parenthood members, including PPSNE, to repay their Paycheck Protection Program (PPP) loans. The reality of those efforts means blocking patients who depend on public health care funds from getting their care at Planned Parenthood health centers. In just eight months after H.R. 1 became law, 23 Planned Parenthood health centers were forced to permanently close nationwide, leaving thousands of patients with fewer options, higher costs, and less freedom to make decisions about their health.

Access to reproductive health care remains vulnerable here in Rhode Island. We are concerned about the continued inequity in access to health care for residents of our state and barriers they face to health care coverage which has only worsened due to H.R. 1 and other federal action or inaction, including allowing the ACA enhanced premium tax credits to expire leaving residents to pay hundreds to thousands of dollars more for their insurance coverage or go without insurance. The communities hardest hit and who have historically faced significant barriers to care, including people of color, people of low income, LGBTQ+ people, immigrants and people living in rural areas, are the same communities PPSNE serves every day.

PPSNE is unwavering in its commitment to ensure access to affordable care for all people, no matter where they live or how much money they make. Access to sexual and reproductive health care is essential to being able to control your own body and plan your own future — basic freedoms that all people should have. Rhode Island has been a leader in advancing reproductive freedom and expanding access to reproductive health care. Now is the time to join the thirteen other states, including our neighbors in Massachusetts and Connecticut, who have allocated millions in funding to maintain access to care for their Medicaid enrollees. We look forward to continuing to collaborate with our elected leaders to find long-term solutions to the very real financial challenges that threaten access to essential health care in our region. We urge this committee and the legislature to vote in support of the \$600,000 allocation to PPSNE in the EOHHS budget to ensure that Rhode Islanders can continue to visit their trusted provider and to provide the necessary funding for preventive health services at PPSNE. Planned Parenthood patients are counting on you.

Thank you for your time and consideration.



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ⁱ The language in [H.R. 1 \(OBBB\)](#) aimed to “defund” Planned Parenthood provides that no federal Medicaid funding can go to a “prohibited entity” for any items or services for a period of 1 year. A “prohibited entity” is defined as an entity that: 1) is a 501(c)(3) tax exempt

organization; 2) is an essential community provider primarily engaged in family planning, reproductive health, and related medical care; 3) provides abortions that are not permitted under the Hyde Amendment; and 4) received more than \$800,000 in state and federal Medicaid funding in fiscal year 2023. This definition applies almost exclusively to Planned Parenthood health centers and went into effect upon passage.