

## Elizabeth Burke Bryant, JD

**Testimony on H-8175, Medicaid Coverage for Licensed Certified Lactation Counselor**  
**House Finance Committee**  
**May 5, 2026**

Good afternoon, Chairperson Abney and members of the House Finance Committee. My name is **Elizabeth Burke Bryant**, and I am a **Professor of the Practice of Health Services, Policy, and Practice** at the Hassenfeld Child Health Innovation Institute at the Brown University School of Public Health. I am providing this testimony in my personal capacity.

I strongly urge your **support** for **H-8175 – An Act Relating to Human Services – Medical Assistance**, sponsored by Representative Stewart and co-sponsored by Representatives Tanzi, Voas, Giraldo, Furtado, Alzate, Cruz, Casimiro, Edwards, and Diaz.

This legislation would **mandate universal Medicaid coverage for services provided by Licensed Certified Lactation Counselors (CLC)**, prohibit unnecessary **supervision or duplicate payments**, and **pay parity** with other maternal health providers for similar work.

### **The Role of Certified Lactation Counselors**

Breastfeeding is widely recognized for its **significant health benefits** for both infants and parents [1]. According to the **Centers for Disease Control and Prevention (CDC)**, breastfeeding provides the **best source of nutrition for babies**, supports **growth and development**, and **protects against infections, chronic diseases and even sudden infant death syndrome (SIDS)**.

**CLCs are trained professionals** who specialize in **breastfeeding education, lactation support, and problem-solving** for new parents [2]. Research has shown that **CLCs improve breastfeeding outcomes, reduce formula supplementation, and empower parents to meet their feeding goals**[3], [4], [5], [6]. Despite these benefits, **many families face financial barriers to accessing lactation support due to gaps in insurance coverage**.

### **Current Limitations and the Need for Change**

Currently, **the breadth of support or access to CLC services varies among health insurance coverage**, making it difficult for families – especially **low-income and marginalized families** – to access essential breastfeeding support. This includes differences in coverage, prior authorization requirements, and payment models. Between 2020 and 2022, 87.1% of mothers who had Medicaid or RIte Care as their preconception insurance breastfeed. This was lower than those who had private health insurance (91.0%) [7].

House Bill 8175 would

- **Ensure that all Medicaid recipients have CLC services covered, increasing accessibility.**
- **Remove financial barriers that prevent families from seeking professional lactation support.**

- **Provide consistent lactation care across Rhode Island, improving health equity.**

## **Public Health Implications**

### *Enhancing Maternal and Infant Health Outcomes*

Expanding access to **CLC services leads to better health outcomes for both parents and infants.**

- **Breastfeeding reduces the risk of infections, chronic conditions, and sudden infant death syndrome (SIDS) in infants**
- **For parents, breastfeeding lowers the risk of breast and ovarian cancers and supports postpartum recovery [8]**
- **CLCs help prevent common breastfeeding challenges, increasing breastfeeding initiation and duration rates [9]**
- **Stronger parent-child bonding, which promotes mental and emotional well-being [9]**

### *Addressing Healthcare Disparities*

Breastfeeding rates vary significantly by racial and socioeconomic status, due to systemic barriers, lack of lactation support, and financial constraints [10], [11]. CLCs provide key care to vulnerable populations [4].

- **Black and Latino parents breastfeed at lower rates than white parents**, often due to lack of culturally competent lactation support [12], [13], [14].
- **Low-income families face greater challenges in accessing breastfeeding resources**, further widening health disparities [14], [15], [16].

H-8175 ensures **equitable access to CLC services**, providing critical support to **vulnerable populations** and **helping to close racial and economic gaps in breastfeeding success.**

### *Reducing the Economic Burden on Families*

While breastfeeding is **often promoted as "free"**, the reality is that it comes with significant hidden costs:

- A recent study found that **breastfeeding for one-year costs families between \$8,640.07 and \$11,611.32**, due to **increased nutritional demands, lactation demands, and lost wages from time spent breastfeeding [17].**
- Low-income parents bear the highest financial burden, as they are more likely to work jobs without paid leave or workplace lactation accommodations.
- 11.7% of children in Rhode Island live below the poverty level, making cost a major barrier for families wanting to continue breastfeeding [17], [18].

H-8175 **eases these financial burdens by making sure the families with the most need, those on Medicaid have access, and allowing more families to access CLC support without additional out-of-pocket costs.**

### **Conclusion**

By passing **H-8175**, Rhode Island can:

- **Improve maternal and infant health outcomes** through increased breastfeeding support.
- **Reduce racial and socioeconomic disparities in breastfeeding rates.**
- **Ease financial burdens on families**, ensuring cost is not a barrier to lactation care.
- **Promote health equity** by ensuring all parents, regardless of income or insurance status, have access to high-quality lactation support.

This bill is a **public health investment** that will **reduce healthcare costs, improve early childhood health, and support Rhode Island families.**

I urge the committee to **support and pass H-8175** to ensure **all childbearing families have access to the lactation care they need.**

Thank you for your time and consideration.

Elizabeth Burke Bryant, JD

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