



Planned Parenthood of Southern New England

Testimony in Support of 26-H 8175
AN ACT RELATING TO HUMAN SERVICES – MEDICAL ASSISTANCE
House Committee on Finance
Planned Parenthood of Southern New England
Hannah Stern – Director, Public Policy and Government Relations
May 5, 2026

Dear Chair Abney and honorable members of the House Committee on Finance:

In my capacity as the Director, Public Policy and Government Relations at Planned Parenthood of Southern New England (PPSNE), I appreciate the opportunity to submit this testimony **in strong support of House Bill H 8175**. 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.

Postpartum support is an essential component of pregnancy care, yet financial barriers are a reality for many. That is why the financial accessibility of critical postpartum services is a necessary consideration in ensuring that Rhode Islanders have access to a comprehensive and well-rounded system of supports for this time. H 8175 would require Medicaid coverage for lactation consultants, providing an avenue for the financial accessibility of services that are a critical part of postpartum.

Pregnancy complications are not exclusive to the months that precede birth, and many complications can arise during the postpartum period. Especially when new parents are adjusting to the transition to a new routine and welcoming a new family member – and, at the same time, prioritizing their own health and recovery – expanding opportunities to ease postpartum needs is fundamental to inclusive pregnancy care. Lactation consultants can assist with common issues that arise during breastfeeding; support the confidence of new parents in breastfeeding; and they can provide vital information that supports the autonomy and health of both the new parent and their child. Breastfeeding concerns deserve to be taken seriously – when there are issues with breastfeeding, “it may mean

physical discomfort and an emotional toll”¹ on the parent while the baby could experience weight loss.

This is also a crucial bill for equity in pregnancy care, as those communities most impacted by a lack of access to breastfeeding care are those same communities most harmed by attacks on sexual and reproductive freedom overall. Black families, for example, “continue to have the lowest breastfeeding initiation and duration rates,”² and patients may cease with lactation due to a “lack of access to personal and professional lactation support, as well as the need to return to work.”³ Not only is accessibility to lactation care good policy for public and pregnancy health, but it is a needed strategy to address racial and economic disparities in pregnancy care overall.

In considering the broad spectrum of needs that patients require during pregnancy care and postpartum care, availability and accessibility of lactation consultants and breastfeeding support, free from financial barriers, is fundamental for the health of both babies and parents. For these reasons, we strongly support H 8175.

Thank you very much for your time and consideration.



Hannah Stern
Director, Public Policy and Government Relations
Planned Parenthood of Southern New England
hannah.stern@ppsne.org

¹ <https://www.brownhealth.org/be-well/breastfeeding-problems-and-role-lactation-consultants>

² <https://ncrp.org/2021/09/disrupting-disparities-exclusion-in-lactation/>

³ <https://policylab.chop.edu/blog/black-breastfeeding-matters-mitigating-racial-inequities-child-health-outcomes>