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Testimony on S-2383, Private Health Insurance Coverage for Licensed Certified Lactation Counselor
Senate Health & Human Services Committee
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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 **S-2383– An Act Relating Insurance – Accident and Sickness Insurance Policies**, sponsored by Senator Mack and co-sponsored by Senators DiMario, de la Cruz, Murray, Lauria, Urso, Acosta, Vargas, Quezada, Euer, and Ujifusa.

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].

Senate Bill 2383 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].

S-2383 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].

S-2383 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 **S-2383**, 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 S-2383** to ensure **all childbearing families have access to the lactation care they need.**

Thank you for your time and consideration.

Jocelyn P. Antonio, MPH

Reference:

- [1] CDC, "Public Health Strategies for Breastfeeding," Breastfeeding. Accessed: Mar. 13, 2025. [Online]. Available: <https://www.cdc.gov/breastfeeding/php/breastfeeding-strategies/index.html>
- [2] Cleveland Clinic, "Lactation Consultant: When You Need One & What To Expect." Accessed: Mar. 13, 2025. [Online]. Available: <https://my.clevelandclinic.org/health/articles/22106-lactation-consultant>
- [3] C. J. D'Hollander *et al.*, "Breastfeeding support provided by lactation consultants in high-income countries for improved breastfeeding rates, self-efficacy, and infant growth: a systematic review and meta-analysis protocol," *Systematic Reviews*, vol. 12, no. 1, p. 75, May 2023, doi: 10.1186/s13643-023-02239-9.
- [4] E. M. Chetwynd, H. M. Wasser, and C. Poole, "Breastfeeding Support Interventions by International Board Certified Lactation Consultants: A Systemic Review and Meta-Analysis," *J Hum Lact*, vol. 35, no. 3, pp. 424–440, Aug. 2019, doi: 10.1177/0890334419851482.
- [5] A. M. Linares, D. Cartagena, and M. K. Rayens, "Las Dos Cosas Versus Exclusive Breastfeeding: A Culturally and Linguistically Exploratory Intervention Study in Hispanic Mothers Living in Kentucky," *Journal of Pediatric Health Care*, vol. 33, no. 6, pp. e46–e56, Nov. 2019, doi: 10.1016/j.pedhc.2019.07.009.
- [6] J. S. Cauble *et al.*, "A prenatal group based phone counseling intervention to improve breastfeeding rates and complementary feeding: a randomized, controlled pilot and feasibility trial," *BMC Pregnancy and Childbirth*, vol. 21, no. 1, p. 521, Jul. 2021, doi: 10.1186/s12884-021-03976-2.
- [7] Rhode Island Department of Health, "Breastfeeding Strategic Plan 2025," Rhode Island Department of Health, Strategic Plan, 2025. Accessed: Feb. 03, 2026. [Online]. Available: <https://health.ri.gov/sites/g/files/xkgbur1006/files/2025-08/Breastfeeding-Strategic-Plan.pdf>
- [8] Johns Hopkins Howard County Medical Center, "The Benefits of Breastfeeding." Accessed: Mar. 13, 2025. [Online]. Available: <https://www.hopkinsmedicine.org/johns-hopkins-howard-county/services/mothers-and-babies/breastfeeding>
- [9] L. R. M. Center, "6 Ways Lactation and Breastfeeding Consultants Can Help You and Your Baby." Accessed: Mar. 13, 2025. [Online]. Available: <https://www.lanermc.org/community/lane-health-blog/6-ways-lactation-and-breastfeeding-consultants-can-help-you-and-your-baby>
- [10] R. Sideek, "Perceived Organizational/Institutional barriers to breastfeeding in Appalachia among lactation consultants, counselors and providers," University of North Carolina at Chapel Hill - Department of Nutrition, 2020. Accessed: Mar. 13, 2025. [Online]. Available: https://cdr.lib.unc.edu/concern/honors_theses/c247dz34k
- [11] L. S. Aldridge, M. Gober, M. Walker, and G. Strong, "Georgia, USA: A Bellwether in Lactation Care," *J Hum Lact*, vol. 37, no. 3, pp. 539–546, Aug. 2021, doi: 10.1177/08903344211006380.
- [12] J. L. Beauregard, "Racial Disparities in Breastfeeding Initiation and Duration Among U.S. Infants Born in 2015," *MMWR Morb Mortal Wkly Rep*, vol. 68, 2019, doi: 10.15585/mmwr.mm6834a3.
- [13] C. O. McKinney *et al.*, "Racial and Ethnic Differences in Breastfeeding," *Pediatrics*, vol. 138, no. 2, p. e20152388, Aug. 2016, doi: 10.1542/peds.2015-2388.
- [14] S. G. Buxbaum, O. Arigbede, A. Mathis, F. Close, and S. F. Darling-Reed, "Breastfeeding among Hispanic and Black Women: Barriers and Support," *J Biomed Res Environ Sci*, vol. 4, no. 8, pp. 1268–1273, Aug. 2023.
- [15] L. Hunt, G. Thomson, K. Whittaker, and F. Dykes, "Adapting breastfeeding support in areas of socio-economic deprivation: a case study approach," *International Journal for Equity in Health*, vol. 20, no. 1, p. 83, Mar. 2021, doi: 10.1186/s12939-021-01393-7.
- [16] A. L. Patel, T. J. Johnson, and P. P. Meier, "Racial and socioeconomic disparities in breast milk feedings in US neonatal intensive care units," *Pediatr Res*, vol. 89, no. 2, pp. 344–352, 2021, doi: 10.1038/s41390-020-01263-y.
- [17] S. E. Mahoney, S. N. Taylor, and H. P. Forman, "No such thing as a free lunch: The direct marginal costs of breastfeeding," *J Perinatol*, vol. 43, no. 5, pp. 678–682, May 2023, doi: 10.1038/s41372-023-01646-z.

[18] America's Health Rankings, "Explore Children in Poverty in Rhode Island | AHR." Accessed: Mar. 13, 2025. [Online]. Available: https://www.americashealthrankings.org/explore/measures/ChildPoverty/ChildPoverty_Black/RI