

**From:** [Quatia Osorio](#)  
**To:** [S Legislation](#); [Senate Finance](#)  
**Subject:** RE: Support for S2383  
**Date:** Tuesday, May 5, 2026 2:38:36 PM

---

You don't often get email from [journ3i@gmail.com](mailto:journ3i@gmail.com). [Learn why this is important](#)

Thank you for your time and consideration of support for H8175. I have worked effortlessly to continue to build community-based perinatal health care support, education, and providers to alleviate our State's disparities in data. It has come to my attention that some out-of-state, non-Rhode Island serving IBCLC colleagues continue to disperse disparaging information on the professional work ethic standing of our Certified Lactation Counselors, CLC, who have served this community for many decades. When I became a CLC in 2016, it was under the training supported and funded by the Rhode Island Department of Health and the Rhode Island Breastfeeding Task Force, as a selected scholarship recipient. The RI Department of Health, for years, continuously funded, expanded, and elevated CLCs as its workforce alongside the Family Home Visiting and WIC programs. In response to the National Lactation Consultant Alliance statement regarding our qualification, our State has voted unanimously, along with the support of our Director and the Department of Health, to LICENSE based on the qualifications evident Certified Lactation Counselors provided by the Academy of Lactation Policy and Practice, ALPP.

Furthermore, claims that CLCs would require supervision, signature of referral by a licensed healthcare provider, remove autonomy of care, and ensure timely care. A person knows when they need support, and CLCs under the Dept of Health through the Family Home Visiting program have never been under any health care provider to provide this level of care, education, service, or support. Appropriate risk care is referral to high level care provider, surpassing even the IBCLC, as they can not diagnose, prescribe, or provide treatment.

A simple example is that a CLC can make an assessment and state, "It seems that you may be experiencing mastitis. I recommend you follow up with your provider for treatment and care." An IBCLC can make the assessment and state, "You have mastitis. I recommend you follow up with your provider for treatment and care."

The [Academy of Breastfeeding Medicine](#) (ABM) provides evidence-based, peer-reviewed clinical protocols to guide the management of breastfeeding and, while not directly regulating Certified Lactation Counselors (CLCs), they emphasize that skilled, knowledgeable support from professionals (like IBCLCs or CLCs) is crucial for addressing feeding challenges.

### **Key Aspects of ABM Protocols Regarding Lactation**

**Support: Comprehensive Care:** [The ABM Clinical Protocol #2](#) emphasizes that all breastfeeding concerns should be addressed by a lactation consultant, counselor, or knowledgeable health professional before hospital discharge.

The [American College of Obstetrics and Gynecology](#) is in full support of the work and effort of CLCs practicing within their scope. ACOG strongly supports breastfeeding and recommends that obstetrician-gynecologists and care teams provide, or refer to, qualified lactation professionals—including Certified Lactation Counselors (CLCs)—to support patients. CLCs are recognized for their skills in managing normal,

breastfeeding, ***in addition to conducting assessments*** for latch and positioning. "Embedding lactation professionals within the offices of an obstetrician–gynecologist or other obstetric care provider may be feasible with coverage of lactation services included as preventive care under the Affordable Care Act "

In response to this statement made by NCLA, " ***The services described in the bill pertain to an IBCLC not a lactation counselor.*** A lactation counselor educates and supports as shown in Chart 1 below (as published by the Academy of Breastfeeding Medicine) (2).

In review of the [protocol](#) presented in the cited document, IBCLCs are ***not qualified*** as BFLM clinicians, and that is a gross misrepresentation of their services, education, and qualifications to attempt comparative alignment to a board-certified physician. A BFLM clinician recognizes, ***diagnose, and treat conditions*** that impact breastfeeding and lactation across the lifespan. IBCLCs do not diagnose or treat medical conditions. A CLC will never lay such claim or attempt to align themselves inappropriately to that of a BFLM.

Additionally, we currently have two CDC-funded Certified Lactation Counselor initiatives within the Rhode Island Department of Health and the Rhode Island Breastfeeding Taskforce to expand the CLC workforce and to increase CLCs in community hospital and maternal health center settings for families to increase access to lactation services and education. This is an intentional RI Dept of Health alignment with their Breastfeeding Strategic Plan and maternal health agenda. Additionally, pathways to move long-standing CLCs in the community to obtain their IBCLC, which does not require healthcare provider licensure such as RN, CPM, CNM, or Physician, as mentioned in prior communication, to offer private practice partnership with complex cases is under consideration.

Quatia Osorio, Certified Lactation Counselor  
Coalition to Improve Rhode Island Maternal Care  
Independent Lactation Professional w/ Our Journ3i LLC

--



“In times of crisis, the wise build bridges, while the foolish build barriers. We must find a way to look after one another as if we were one single tribe.” ~ Nakia

*The content of this email is confidential and intended for the recipient specified in message only. Do not share any part of this message with any third party, without an acknowledged or written consent of the sender. If you received this message by mistake, please reply to this message and follow with its deletion, so that we can ensure such a mistake does not occur in the future.*