**Template for Written Testimony-Individual**

**Rhode Island General Assembly**

**To:** House Health and Human Services Committee

**From:** **YOUR NAME**

**Date:** **March 13, 2025**

**Re:** House Bill 5861 - Insurance Coverage of Licensed Certified Lactation Counselors

Madam Chair and members of the Committee, thank you for the opportunity to submit my testimony today. Thank you to Representatives Stewart, Fogarty, McGaw, Cruz, and Casimiro for sponsoring this bill.

My name is **YOUR NAME** and I’m writing in support of House Bill 5861.This bill requires insurance coverage of the services of Licensed Certified Lactation Counselors.

**(Here write why insurance coverage for Licensed CLCs’ services will support you/ you and your family. Make it personal, write from the heart- you can share a story of how a licensed CLC helped you succeed and meet your lactation goals, or how not being able to afford services meant you stopped breastfeeding/chestfeeding before you wanted to. If you are a licensed CLC, you can write about how you will be able to support more community members.)**

I urge you to pass House Bill 5861 to require insurance coverage of the services of Licensed Certified Lactation Counselors to improve Rhode Islanders’ access to lactation support and **[PERSONAL REASON YOU SUPPORT THIS BILL]** Thank you for this opportunity to testify.

Instructions to submit written testimony: Email to [HouseHealthandHumanServices@rilegislature.gov](mailto:HouseHealthandHumanServices@rilegislature.gov) \*\* AS A PDF \*\* by 2 hours before the hearing start time on the date of the hearing- earlier is better!