

ELIZABETH BURKE BRYANT

**Testimony in support of H-7882 Lactation Consultant Practice Act
House Committee on Health and Human Services
March 12, 2024**

Chairperson Donovan and members of the Committee,

My name is Elizabeth Burke Bryant and I am a Professor of the Practice of Health Services, Policy, and Practice at the Brown University School of Public Health, based at the Hassenfeld Child Health Innovation Institute. I am providing this testimony in my individual capacity.

I would like to provide my strong support for H-7882 which would update the *Lactation Consultant Act of 2014* to recognize the Certified Lactation Counselor (CLC) and the Advanced Lactation Counselor (ALC) as professional lactation support roles eligible for licensure. Passing this bill would be a critical step forward in addressing the unacceptable disparities in breastfeeding rates by including additional lactation professionals who can provide equitable, comprehensive breastfeeding supports to families. I want to thank Representative Henries for her leadership in sponsoring this important bill, and also thank Representatives Stewart, Felix, Morales, Sanchez, Giraldo, Alzate, Lombardi, Cotter, and Fogarty for co-sponsoring it.

The CLC and ALC track is a common track for doulas, WIC peer counselors, community health workers, and others who wish to provide professional lactation support but who do not have a medical or clinical background. In contrast to the IBCLC certification pathway which requires a nursing or medical background, the majority of CLC's and ALC's practice outside of clinical settings, such as in perinatal health, education and resource centers and in client homes.

According to the *2023 Rhode Island KIDS COUNT Factbook*, breastfeeding is widely recognized as the ideal method of feeding and nurturing infants and is a critical component in achieving optimal infant and child health, growth, and development. In Rhode Island between 2017 and 2021, Black (64%), Hispanic (65%), and American Indian/Alaska Native (62%) infants were less likely to be breastfed than white (77%) and Asian (81%) infants due to structural, cultural and historical barriers faced by People of Color.

Lack of adequate support is one of the leading causes for breastfeeding families to stop breastfeeding before the recommended duration. Given the unacceptable disparities in breastfeeding rates in Rhode Island as noted above, families need stronger systems of support to reach their breastfeeding goals.

Recognizing CLC and ALC as a pathway to professional lactation support will broaden and diversify the pool of available lactation support professionals, and the settings in which families can access this essential support. I urge your favorable review and passage of this important health equity bill. Thank you for the opportunity to provide this testimony.