**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 5858 - Prescriptive Authority for Certified Professional Midwives

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

My name is **YOUR NAME** and I’m writing in support of House Bill 5858. This bill establishes the scope of Certified Professional Midwives’ practice and authority related to prescribing medication for their patients. This will allow CPMs to independently care for their patients and allow the potential of this growing workforce to be fully realized.

**(Here write why establishing the scope of practice CPMs related to prescribing medication for well woman/well body care and out of hospital birth will support you/ you and your family. Make it personal, write from the heart- you can share a story of how you birthed with CPMs and you were able to be prescribed medication (if you lived somewhere where that was an option) or you were not able to be prescribed medication and you had to go to another provider or were unable to access a prescribed medication that would be permitted under this bill, such as medication for hyperemesis gravidarum or smoking cessation, for example. You can talk about the challenges of making an appointment with a primary care provider for medication that a CPM would be able to prescribe and struggling to make another appointment or take more time off of work, or anything that would advocate for supporting CPMs’ being able to prescribe in accordance with their training.)**

I urge you to pass House Bill 5858 to ensure that certified professional midwives can practice to the fullest of their training and ability and prescribe medication for their patients and **[PERSONAL REASON YOU SUPPORT CPM PRESCRIPTIVE AUTHORITY]** 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!