**Template for Written Testimony**

**Rhode Island General Assembly**

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

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

**Date:** **TODAY’S DATE**

**Re:** Support, Senate Bill 479 Requiring Insurance Coverage of Certified Professional Midwives

Madame Chairwoman and members of the Committee, thank you for the opportunity to submit my testimony today. My name is **YOUR NAME** and I’m writing in support of Senate Bill 479. Thank you to Senator Mack for sponsoring and Senators Vargas, Kallman, Murray, Lauria, Acosta, Urso, Valverde, Quezada, DiMario, and Ujifusa for co-sponsoring.

**(Here write why requiring insurance companies to cover CPMs for well woman/well body care and out of hospital birth will support you and your family. Make it personal, write from the heart- you can share a story of how you birthed with CPMs or how you would have liked to, but could not afford it without insurance, etc.)**

I urge you to strongly support the passage of Senate Bill 479 to ensure that all families in Rhode Island have access to insurance coverage of CPMs and **[PERSONAL REASON YOU SUPPORT INSURANCE COVERAGE OF CPMS]** Thank you for this opportunity to testify.

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