

Public Health Committee JOINT FAVORABLE REPORT

Bill No.: HB-5318

Title: AN ACT REQUIRING THE LICENSURE OF LACTATION CONSULTANTS.

Vote Date: 3/22/2024

Vote Action: Joint Favorable Substitute

PH Date: 3/6/2024

File No.: 410

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SPONSORS OF BILL:

The Public Health Committee

REASONS FOR BILL:

This bill creates a licensure program for Lactation Consultants and prohibits unlicensed individuals from using the title, lactation consultant, or practicing lactation consulting for compensation. The intent is to establish a standard of professionalism for providing this valuable service.

Substitute language allows the following for unlicensed individuals:

1. Practicing lactation consulting while acting within their scope of practice.
2. Consulting for federally funded nutrition assistance programs.
3. Consulting by community health workers or lactation consultant students.

In addition, this bill reduces the application fee to \$200 and the renewal fee to \$100 every two years. It also prohibits any new board for lactation consultants from performing regulatory functions under Department of Public Health (DPH). The bill moves the effective date of this legislation to October 1, 2027.

RESPONSE FROM ADMINISTRATION/AGENCY:

Jennifer Leeper, State Representative (132), Connecticut general Assembly (CGA):

Representative Leeper testified that she was shocked to learn that Medicaid reimbursement was not available for lactation services due to the lack of licensure for this service. Given the number of women who receive Medicaid support, this segment of the population is unable to receive this valuable service. According to the Surgeon General of the United States, International Board-Certified Lactation Consultants (IBCLC) are health care professionals who specialize in the management of breast feeding. Rep. Leeper notes that it is well

documented that lactation support and clinical management increase the rates of breast feeding among all groups, particularly women of color and low income.

Manisha Juthani, MD, Commissioner, Department of Public Health (DPH):

Commissioner Juthani noted that DPH had participated in a working group that called for the inclusion of breast feeding and lactation educators or counselors in perinatal health workers groups. The working group also specified that such workers would not use the title, licensed lactation consultant or licensed L.C., unless the person is also licensed. DPH requests that this stipulation be added to the language so as not to obstruct current programs from providing this federally mandated education to mothers.

NATURE AND SOURCES OF SUPPORT:

Anne Brown, FNP, IBCLC:

Ms. Brown believes that licensure of lactation consultants is the first step toward implementing Medicaid reimbursement for this service. The home visit is the standard of care for lactation visits that assist families in establishing the best chance for breast feeding success. Ms. Brown also hopes that subsequent steps would be taken to include certified lactation counselors (CLCs) in this conversation.

Ashley Starr Frechette, CT Coalition Against Domestic Violence (CCADV):

Ms. Starr Frechette believes the provisions of this bill would ensure equitable access to the highest level of lactation care. Currently, IBCLC services are provided to mothers who pay out of pocket or have private insurance due to the licensure requirements of Medicaid. We should be working to reduce the disparities currently experienced in Connecticut.

Connecticut Hospital Association (CHA):

CHA supports the state's intent of ensuring access to safe and professional lactation services. CHA also recognizes the potential obstacles that could be created by licensure mandates and suggests that the state not accidentally limit existing services or professions while continuing its efforts to strive for more diversity, equity, and inclusion.

Others in Support:

Mendi Blue Paca, President and CEO, Fairfield County Community Fund
Jacqueline Rottjer, WIC Nutritionist,
Slyan Zhou

Marsha Walker, President, National Lactation Consult Alliance
Patricia Schnappinger, RN, CLC, Northeast Medical Group
Daileean Hemmings, Maternal Health Program Director, Hartford Healthcare

NATURE AND SOURCES OF OPPOSITION:

Michele Griswold, PhD, MPH, RN, IBCLC, Southern CT State University:

While an advocate for IBCLCs, Dr. Griswold does not believe there is evidence that licensure protects the public from lactation services provided by IBCLCs under the current certification standards. The clinical competencies specified in this bill are currently specified in IBCLC certification. While the bill is designed to improve access to qualified services, it may have the unintended consequence of reducing access for historically disenfranchised populations.

Ellie Mulpeter, Director, Academy for Lactation Policy and Practice (ALPP):

ALPP currently certifies 442 certified lactation consultants (CLCs) who demonstrate the skills, knowledge, and attitude to provide clinical breastfeeding counseling and management support to families who are considering or have questions about breastfeeding. ALPP believes that, by requiring licensure, the effect will be a reduction in access to lactation care options.

MaryElizabeth Merritt, Ph.D., Certified Lactation Consultant (CLC)

Dr. Merritt believes that this bill addresses licensure, and, therefore, Medicaid reimbursement, for IBCLCs. Dr. Merritt points out that there are other certified professionals (CLCs) who provide lactation services and would benefit from licensure, thereby increasing access to lactation options for underserved populations. Dr. Merritt asks that the bill be amended to include CLCs in licensure conversations.

Others in Opposition:

Diana Bump

Beth Brownstein, IBCLC

Mary Mariconda, MA, CCC, SLP

Jennifer Tiroletto, RN, CLC

Erin Tanguay, IBCLC, Amaryllis Lactation Support, LLC

Dr. Sharon Vallone

Reported by: David Rackliffe, Asst. Clerk

Date: April 2, 2024