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KE KIA'ĀINA



CATHY BETTS
DIRECTOR
KA LUNA HO'OKELE

JOSEPH CAMPOS II
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

STATE OF HAWAII
KA MOKU'ĀINA O HAWAI'I
DEPARTMENT OF HUMAN SERVICES
KA 'OIHANA MĀLAMA LAWELAWE KANAKA
Office of the Director
P. O. Box 339
Honolulu, Hawaii 96809-0339

March 16, 2023

TO: The Honorable Senator Joy A. San Buenaventura, Chair
Senate Committee on Health & Human Services

FROM: Cathy Betts, Director

SUBJECT: **SCR 6 /SR 4 – REQUESTING THE DEPARTMENT OF HUMAN SERVICES MED-QUEST DIVISION TO EXPAND THE TYPES OF QUALIFIED PROVIDERS ALLOWED TO PROVIDE LACTATION CONSULTANT SERVICES FOR THE MEDICAID POPULATION IN THE STATE.**

Hearing: March 17, 2023, 1:00 p.m.
Conference Room 225 & Via Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of this resolution and offers comments. DHS defers to the Department of Commerce & Consumer Affairs.

PURPOSE: These resolutions request that DHS Med-QUEST Division (MQD) expand the types of qualified providers allowed to provide lactation consultant services for the Medicaid population in the State; and that MQD QUEST take any steps necessary to obtain necessary approvals, create internal processes, and credential appropriate providers who have obtained International Board of Lactation Consultant Examiners certification; and report to the Legislature on the steps taken and progress made in expanding the types of providers who can provide lactation consultant services no later than twenty days prior to the convening of the Regular Session of 2024.

DHS appreciates the commitment of the Legislature to improve access to maternal and child health services of lactation consultation services and fully supports their expansion as

feasible. However, MQD would respectfully clarify that qualified providers can provide the service currently, although billing for the services may be included as part of a bundled payment code. MQD also recognizes the need for greater clarity regarding who can provide the services, how to bill for them, and in what setting that may also help improve access to and the provision of the services.

Finally, MQD is unable to take one of the requested actions - credentialing appropriate providers who have obtained International Board of Lactation Consultant Examiners certification, as described on page 2, lines 23-38:

“BE IT FURTHER RESOLVED that to expand the types of qualified providers, the Department of Human Services Med-QUEST Division is requested to take any steps necessary to obtain necessary approvals, create internal processes, and credential appropriate providers who have obtained International Board of Lactation Consultant Examiners certification; and...”

MQD cannot credential or enroll a “lactation consultant” since it is not possible to create a provider type of just a “lactation consultant” based solely on a certification and not a provider type by their license. Also, MQD cannot change the requirements regarding providers who can bill for their services. For example, most nursing services are not directly billable by the nurses except for some Advanced Practical Registered Nurses (APRNs) or some services such as private duty nursing. We are unaware of a circumstance that these Medicaid rules can be changed regarding provider enrollment or provider billing. However, MQD can review lactation consultation services, provide clarification and education for coverage and billing for lactation consultation services, and make changes that would expand access to the services when feasible.

Thank you for the opportunity to provide comments on this measure.

March 17, 2023

LATE

The Honorable Joy A. San Buenaventura, Chair
The Honorable Henry J.C. Aquino, Vice Chair
Senate Committee on Health and Human Services

Re: SCR 6/SR 4 – requesting the Department of Human Services Med-QUEST division to expand the types of qualified providers allowed to provide lactation consultant services for the Medicaid population in the state.

Dear Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide testimony in support of SCR 6/SR 4, which is requesting the Department of Human Services Med-QUEST division to expand the types of qualified providers allowed to provide lactation consultant services for the Medicaid population in the state.

We thank the Women’s Caucus for introducing an identical resolution in the House. We also thank DHS Med-QUEST for continuing to care for Hawaii residents and for their shared commitment to strengthening health and well-being in Hawaii. Prioritization of access to maternal health care is critically important for ensuring health and well-being for mothers and future generations. The U.S. Department of Health and Human Service Office of Disease Prevention and Health Promotion notes, “Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can impact future public health challenges for families, communities, and the health care system.”

We urge the legislature to encourage access to lactation consultant services for Hawaii’s Medicaid beneficiaries. The evidence for the benefits of breastfeeding are widely researched and published and it’s important to ensure that all mothers have access to these services, including QUEST members. HMSA’s Pregnancy Support Program currently supports QUEST members in need of lactation consultant services by referring them to various community resources. However, these community resources have limited access. The Affordable Care Act mandates that health insurance plans must provide breastfeeding support, counseling, and equipment for the duration of breastfeeding¹ and states including New York², Georgia³, and Washington, D.C.⁴ are already successfully providing reimbursement to certified health care professionals who are International Board Certified Lactation Consultants (IBCLCs) through Medicaid. Hawaii has an incredible opportunity to increase access and outcomes by expanding the types of qualified providers allowed to provide lactation consultant services for the Medicaid population in the State.

¹ <https://www.healthcare.gov/coverage/breast-feeding-benefits/>

² https://health.ny.gov/community/pregnancy/breastfeeding/medicaid_coverage/lactation_counseling_services.htm

³ <https://dch.georgia.gov/announcement/2022-08-05/dch-enrolling-lactation-consultants-new-provider-type>

⁴ http://www.dcbfc.org/pdfs/Medicaid_Enrollment_and_Reimbursement_for_the_IBCLC_122020.pdf



Thank you for the opportunity to testify in support of SCR 6/SR 4.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dawn Kurisu', is positioned below the word 'Sincerely,'.

Dawn Kurisu
Assistant Vice President
Community and Government Relations

TO: Senator Joy San Buenaventura, Chair, Senator Henry Aquino, Vice Chair and Members of
The Committee on Health and Human Services

FROM: Amber K. E. Granite, Indigenous Breastfeeding Peer Counselor, Co-coordinator of
Hawai'i Indigenous Breastfeeding Collaborative

RE: SUPPORT for SCR 6 Requesting the Department of Human Services Med Quest Division
To Expand Types of Qualified Providers Allowed to Provide Lactation Consultant Services
For the Medicaid Population

DATE: for Friday, March 17, 2023 1pm

Aloha mai kākou,

My name is Amber Granite. I am a mother of 4 children, all of whom I breastfed for different durations of time. I am also an Indigenous Breastfeeding Counselor and the co-coordinator for the Hawai'i Indigenous Breastfeeding Collaborative.

I am strong in SUPPORT of SCR6, with added comments below.

The IBCLC designation is the highest accredited credential and is recognized both nationally and internationally as a health professional who wishes to practice as a Lactation Consultant. IBCLCs have been credentialed since 1985. The process to becoming an IBCLC begins with choosing 1 of 3 designated pathways to accommodate various breastfeeding health professionals and workers. It includes 1,000 clinical practice hours under the direct supervision of an IBCLC or designated health professional, completing specific health science courses such as Biology, Human Anatomy, Infant Growth and Development, etc, and completing at least 90 hours of didactic learning courses in Lactation. Once completed you may apply and sit for the exam.

An IBCLC is an important professional member of the Maternal Infant Health Team, providing a set of skills not possessed by others such as Pediatricians, Nutritionists and other breastfeeding counselors. Also, IBCLCs are trained to provide a comprehensive breastfeeding assessment of both mother and infant to include not only the specific breastfeeding issue but all physical, medical and psychological conditions the couplet may have which are interfering with successful breastfeeding.

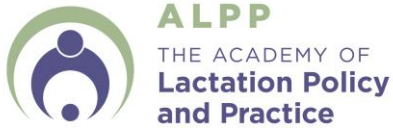
IBC stands for Indigenous Breastfeeding Counselor. It is a designation received through attending a special, native-focused lactation course taught across the US by two Native American women who wrote the curriculum. This training was invited to Hawaii in October of 2019 and was held at the Waimānalo Health Center. It is a 45-hour course and your certification is indefinite. From this training, a fellow IBC and I created the Indigenous Breastfeeding Collaborative, an indigenous space where our IBCs could share what field they were currently serving and feel supported as an indigenous lactation support provider. The IBC training can be

used as a stepping stone toward becoming an IBCLC. I also have a CLC certification, or Certified Lactation Counselor designation. Both of these are similar in being a 45 course over a 5-day intensive class time with the CLC being followed by an exam. There is no required clinical experience however for these courses, as there is for IBCLCs. I currently work at a health center where I am able to support families having breastfeeding challenges and I operate within my scope of practice. It is still important to me to yield when appropriate and refer a family to an IBCLC as I know they have a high level of skills and knowledge when it comes to assessing the mother and baby dyad and their issues.

In the best interest of raising a thriving lāhui and assuring our lactating parents and their children have the highest quality and levels of care, we feel the International Board Certified Lactation Consultant (IBCLC) is the best health professional in our State to support Medicaid families to obtain the highest quality care they need for successful breastfeeding. Therefore we encourage you to have the Department of Human Services, Medquest Division create a process to allow IBCLCs to be reimbursed for their services to our families.

Mahalo nui for your time and attention to this matter.

Please contact me if you have questions or comments. amberwon@hawaii.edu



March 15, 2023

Senator Joy A. San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair
Committee on Health and Human Services
Hawaii State Capitol
415 South Beretania Street
Honolulu, Hawaii 96813

RE: SR 4 / SCR 6 - REQUESTING THE DEPARTMENT OF HUMAN SERVICES MED-QUEST DIVISION TO EXPAND THE TYPES OF QUALIFIED PROVIDERS ALLOWED TO PROVIDE LACTATION CONSULTANT SERVICES FOR THE MEDICAID POPULATION IN THE STATE.

Dear Senator San Buenaventura and Senator Aquino,

My name is Ellie Mulpeter and I am the Director of the Academy of Lactation Policy and Practice (ALPP), a division of the Healthy Children Project, Inc. ALPP operates the Certified Lactation Counselor® (CLC®) certification program. I am testifying today to express our concerns with Senate Resolutions 4 and 6.

The Resolutions request the Med-Quest Division expand the types of qualified providers allowed to provide lactation support for the Medicaid population of Hawaii. The Resolutions limit the providers to be included in the expanded coverage to individuals who possess certification as International Board-Certified Lactation Consultants (IBCLCs). While ALPP applauds this effort to increase access to lactation care in Hawaii, we request that the Resolutions be amended to also request that the Division expand coverage to include CLCs.

Last week, we made a similar request in testimony before the House Committee on Human Services with respect to H.R. 6 and H.C.7. , and the Committee voted to include CLCs as a type of counselor to be included as a qualified provider.

CLCs are qualified to provide lactation care and services. The CLC certification program “identifies a professional in lactation counseling who has demonstrated the necessary skills, knowledge, and attitudes to provide clinical breastfeeding counseling and management support to families who are thinking about breastfeeding or who have questions or problems during the course of breastfeeding/lactation”.¹ CLCs play an important role in providing lactation care and services in Hawaii. As of today, there are 161 CLCs certified by ALPP providing vital lactation care and services in Hawaii.²

There is a consensus that breastfeeding provides significant benefits to mothers and babies. There is a further consensus that breastfeeding rates are lower than optimal. Currently, 84.1% of women initiate breastfeeding, but many don’t continue for as long or as exclusively as they’d hoped. In fact, by 6 months postpartum, only 58.3% were breastfeeding, and at 1 year postpartum, only 35.3% were breastfeeding.³

Knowledgeable and competent lactation support - provided by qualified lactation support providers such as IBCLCs and CLCs - is needed to increase rates of breastfeeding. It is well known that having access to qualified lactation care - regardless of the credential the provider holds - increases breastfeeding rates. Breastfeeding support interventions using *both* IBCLCs and CLCs result in an increase in the number of women initiating breastfeeding, improved any breastfeeding rates, and improved exclusive breastfeeding rates.⁴ The Centers for Disease Control and Prevention (CDC) and the United States Breastfeeding Committee (USBC) recognize the IBCLC and CLC credentials as qualified lactation care professionals.⁵⁻⁶

ALPP believes that expectant and breastfeeding families are best served when lactation care options are expanded, rather than restricted. To increase access to care, ALPP supports reimbursement for all qualified providers of lactation care and services based on certification by an accredited agency. Both the CLC and IBCLC certification programs are accredited by nationally recognized accreditation agencies. The CLC

¹ Academy of Lactation Policy and Practice. *Certifications*. Available at: <https://www.alpp.org/certifications/certifications-clc>

² Academy of Lactation Policy and Practice. CLCs by State. Available by request.

³ Centers for Disease Control & Prevention, Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion. National Immunization Surveys 2018-2019, among children born in 2017. (2019). Available at: <https://www.cdc.gov/breastfeeding/data/facts.html>.

⁴ Patel S, Patel S. The Effectiveness of Lactation Consultants and Lactation Counselors on Breastfeeding Outcomes. *Journal of Human Lactation*. 2016;32(3): 530-541.

⁵ Centers for Disease Control & Prevention, Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion (2016). 2016 Breastfeeding Report Card. Retrieved from www.cdc.gov/breastfeeding/data/reportcard.htm

⁶ United States Breastfeeding Committee. “Lactation Support Provider Training Directory.” Retrieved from: <http://www.usbreastfeeding.org/page/trainingdirectory>

certification program is accredited by the American National Standards Institute (ANSI), while the IBCLC certification program is accredited by the National Commission for Certifying Agencies (NCCA). Expanding Medicaid coverage to include both IBCLCs and CLCs is consistent with the *Model Policy Payer Coverage of Breastfeeding Support and Counseling Services* (“*Model Policy*”) issued by the United States Breastfeeding Committee (“USBC”) and the National Breastfeeding Center (“NBfc”). The *Model Policy* was developed to identify lactation care providers eligible for reimbursement under the Affordable Care Act. The *Model Policy* recommends that “approved lactation care providers” be eligible for reimbursement and defines “approved lactation care providers” to include:

those who ... have individual certification awarded by an independently-accredited program that measures assessment of predetermined standards for knowledge, skills, or competencies in a health-related profession, substantially equal to those articulated by the National Commission for Certifying Agencies (NCCA), the Institute for Credentialing Excellence (ICE), and American National Standards Institute (ANSI).⁷

Under this definition, both CLCs and IBCLCs would be eligible for reimbursement as approved lactation care providers.

Expanding Medicaid coverage is also consistent with lactation legislation adopted in other states. For example, the New Mexico Lactation Care Provider Act⁸ (the “New Mexico Act”) provides for voluntary licensure for both IBCLCs and CLCs. The New Mexico Act provides for licensure of a “licensed lactation care provider”⁹ and conditions licensure on possession of an “approved certification.”¹⁰ The definition of an approved certification is substantially similar to the definition of “approved lactation care providers” in the *Model Policy* that requires accreditation by a “nationally or internationally recognized accrediting agency that is approved by the board [board of nursing].”¹¹ The regulations implementing the New Mexico Act recognize CLC and IBCLC certifications as approved certifications.¹²

Similarly, legislation was adopted in New York that provided for reimbursement based on certification as CLCs and IBCLCs.¹³ Bills providing for Medicaid

⁷ *Id.* *Model Policy* at 8, n8.

⁸ New Mexico Statutes, Chapter 61, §§ 36-3-1 to 6.

⁹ *Id.* at § 61-36-4A (“An individual shall not use the title “licensed lactation care provider” unless that individual is a licensee.”)

¹⁰ *Id.* at § 61-36-4B (3).

¹¹ *Id.* at § 61-36-2B. In addition, the definition requires continuing education.

¹² New Mexico Administrative Code, §16.12.11.9 A (1) and (2).

¹³ *Id.* at § 61-36-2B.

reimbursement based on certification approved by a nationally recognized accreditation body is currently pending in Kentucky and Massachusetts.

We request that you consider expanding the scope of providers to include CLCs. Doing so will increase access to care and provide Hawaii families with options to choose the lactation care and services most appropriate to their circumstances.

We appreciate your consideration of our concerns and would welcome the opportunity to work with the Committee on this important legislation. Thank you for your time.

Sincerely,

Ellie Mulpeter, MPH, CLC
Director, Academy of Lactation Policy and Practice
PO Box 2170
South Dennis, MA 02660



TO: Senator Joy San Buenaventura, Chair, Senator Henry Aquino, Vice Chair and Members of
The Committee on Health and Human Services

FROM: Breastfeeding Hawai'i Coalition

RE: Comments only for SCR 6 Requesting the Department of Human Services Med Quest
Division To Expand Types of Qualified Providers Allowed to Provide Lactation Consultant
Services For the Medicaid Population

DATE: for Friday, March 17, 2023 1pm

Aloha mai kākou,

Breastfeeding Hawaii is the State Breastfeeding Coalition, and the affiliate to the United States Breastfeeding Committee. As some of Hawai'i's breastfeeding experts, we seek to share our knowledge within the community in order to support our nursing families who nourish their keiki with human milk.

Our mission is to protect, promote, and support breastfeeding through advocacy, education, and collaboration throughout the Hawai'i pae'āina (our islands).

The IBCLC designation is the highest accredited credential and is recognized both nationally and internationally as a health professional who wishes to practice as a Lactation Consultant. IBCLCs have been credentialed since 1985. The process to becoming an IBCLC begins with choosing 1 of 3 designated pathways to accommodate various breastfeeding health professionals and workers. It includes 1,000 clinical practice hours under the direct supervision of an IBCLC or designated health professional, completing specific health science courses such as Biology, Human Anatomy, Infant Growth and Development, etc, and completing at least 90 hours of didactic learning courses in Lactation. Once completed you may apply and sit for the exam. An IBCLC is an important professional member of the Maternal Infant Health Team, providing a set of skills not possessed by others such as Pediatricians, Nutritionists and other breastfeeding counselors. Also, IBCLCs are trained to provide a comprehensive breastfeeding assessment of both mother and infant to include, not only the specific breastfeeding issue but all physical, medical and psychological conditions the couplet may have which are interfering with successful breastfeeding.



There are other lactation/breastfeeding providers and workers in our community who often use their training as a stepping stone to eventually become an IBCLC. One such provider is a CLC (Certified Lactation Consultant) who must complete 5 days of training and pass an exam. CLCs focus on mostly education and support of non complicated breastfeeding issues. There are also CLSs (Certified Lactation Specialists) who also take a 5 day course , and get a certificate. These courses and those who complete them are a value-added resource to our communities yet cannot be considered an equivalent to an IBCLC and their level of training and skills.

In the best interest of raising a thriving lāhui and assuring our lactating parents and their children have the highest quality and levels of care, we feel the International Board Certified Lactation Consultant (IBCLC) is the best health professional in our State to support Medicaid families to obtain the highest quality care they need for successful breastfeeding.

Mahalo nui for your time and attention to this matter.

Please contact us if you have any questions: breastfeedinghawaiicoalition@gmail.com

Breastfeeding Hawai'i Board

TO: Senator Joy San Buenaventura, Chair, Senator Henry Aquino, Vice Chair and Members of
The Committee on Health and Human Services

FROM: Krista Olson, IBCLC, MC-MCH, representing Hawai'i Maternal Infant Health Collaborative *and* LATCH (Lactation Access Transforming Communities in Hawai'i, a joint project of Early Childhood Action Strategy & Breastfeeding Hawai'i)

RE: SUPPORT for SR4/SCR 6 Requesting the Department of Human Services Med Quest Division To Expand Types of Qualified Providers Allowed to Provide Lactation Consultant Services For the Medicaid Population

DATE: Friday, March 17, 2023 1pm

Good Afternoon.

My name is Krista Olson, I practice clinically as an IBCLC (International Board Certified Lactation Consultant), and also work as maternal child health advocate and researcher. I am submitting testimony on behalf of two organizations I represent. I lead LATCH, a three-year project aimed at elevating community voice in discussions with insurers to address critical gaps in lactation care. I am also co-lead for the Hawai'i Maternal Infant Health Collaborative (HMIHC), and for HMIHC's Statewide Breastfeeding Workgroup. Our organizations SUPPORT SC4/SCR6.

As a peer-reviewed author publishing and presenting on disparities in breast/chestfeeding health outcomes and barriers to lactation care in the Hawaiian Islands, I can testify that increasing access to insurance coverage for lactation care is critical for families enrolled in Medicaid. We see significant outcome and access disparities for families with QUEST Integration/Medicaid coverage in Hawai'i, and particularly for those living on neighbor islands. Racial and ethnic disparities in breastfeeding outcomes also persist throughout the state.

Identifying a pathway to coverage for a continuum of breastfeeding support and clinical lactation care is imperative to improve social determinants of health for all families in our islands, but especially so for those enrolled in QUEST Integration/Medicaid coverage. Currently, we have identified no more than five providers statewide who are Board-Certified in lactation care and qualify as Medicaid reimbursable providers (as either MD or APRN). With the proposed expansion to potentially include nearly 100 IBCLCs practicing throughout the islands, the proposed resolution could expand access to care exponentially.

We recognize that DHS, insurers, and maternal infant health providers and advocates must collaborate to identify a pathway that addresses eligibility for Medicaid coverage of care, and also best utilizes the continuum of clinicians and allied health care providers who bring various skill levels to increase breastfeeding duration and exclusivity throughout the state.

We wish to raise a concern about the proposed addition of the CLC (Certified Lactation Counselor) addition to resolution language, prompted by amendments to HCR 6/HCR 7. In other states, we have seen this proposed addition create confusion and potentially obstruct access to an appropriate continuum of lactation care, and can provide further details as requested.

LATCH has spent the past year convening conversations with providers and breast/chestfeeding parents from across the islands to elevate community voice in identifying an equitable pathway to closing gaps in coverage for lactation care. From our community listening sessions, we have identified the need for a continuum of no- and low-cost community-based support that leverages the skills of a variety of service providers:

Education and support for initiation, duration and assistance with basic questions seems well received from Peer Counselors, Community Health Workers, Home Visitors, and others often recognized as "lay" or community-based health promoters. This care may be integrated into care coordination or initiatives with health plans to address SDOH.

For families needing basic assistance with common but uncomplicated breastfeeding challenges, there are a variety of mid-level providers trained and certified in breastfeeding education and/or support, and these include Indigenous Breastfeeding Counselors (IBC), Certified Lactation Counselors (CLCs), Certified Breastfeeding Educator (CBE) or Certified Breastfeeding Specialist (CBS). The range of providers can be confusing, but what most of these designations have in common is completion of a 45 hour curriculum that is an initial building block on the Board-Certification pathway for clinical lactation consultants. Each of these private designations brings its own approach to certification and organizational accreditation. (In our observation of the process in other states, at least one particular organization, the Healthy Children Project, has a history of aggressively promoting their particular version of CLC certification in other states pursuing pathways to lactation reimbursement, often resulting in confusion and disruption of good faith efforts toward increasing access.)

For families experiencing breastfeeding challenges that have clinical impact on maternal or infant health or are associated with comorbidities that complicate the course of lactation, the International Board-Certified Lactation Consultant (IBCLC) represents the gold standard in clinical care for lactation challenges. For most IBCLCs, the path to certification takes two to five years, primarily because of the clinical experience requirement. (As an exception, L&D floor nurses with high patient volume can move more quickly through the clinical hours.)

Given the proposed changes to the House companion Resolution, it seems worthwhile to provide more details on the role of the IBCLC vs. CLC and other mid-level breastfeeding support providers.

We wish to I want to summarize findings from a 2019 research article in the Journal of Human Lactation, identifying key differences between the IBCLC (International Board Certified Lactation

Consultant) and the CLC (Certified Lactation Counselor) and their related credentialing bodies-- International Board of Lactation Consultant Examiners (IBLCE, certifies IBCLCs) and Academy of Lactation Policy and Practice/Healthy Children Project (ALPP/HCP, certifies CLCs).

Differences in eligibility criteria for exam:

IBCLC--90 hours education in human lactation and breastfeeding, 1000 lactation-specific clinical hours of experience, or 300 to 500 directly supervised clinical lactation hours, additionally requires 14 specific health sciences education courses for all candidates

CLC--45 to 52 hour training course

Key differences in Credential Bodies:

IBCLC--IBLCE Credentialing criteria independent of specific educational programs, volunteer elected Board, based on job skill analysis of 6,373 providers and developed and conducted by an independent agency, independent published psychometric analysis and reliability

CLC--ALPP/HCP offers educational programs aimed at meeting their own credentialing criteria, salaried board with unspecified selection process, two directors are the president's children (2019), internal job skill analysis of 16 providers, psychometrics and reliability not reported

Both providers play a role in the continuum of breastfeeding support and clinical lactation care. There are marked differences in the training, preparation, and strength and independence of credentialing processes. Our organizations caution against linking the IBCLC and CLC credential in anyway as this measure moves forward.

As this Resolution moves forward, we would emphasize that legislation should not exclude others from providing breastfeeding support and education, but should focus on creating a clear pathway to reimbursement for IBCLCs through MQD.

To close with a practice-based example illustrating the place of advanced clinical lactation care in the health system, I will share a recent example from nursing family with complex clinical issues.

In terms of required skills for the profession, here's a useful example from my clinical practice this week: parent with Type 1 Diabetes, Thyroid Disease and Perinatal Mood Disorder who is nursing two infants, and needs some complex coordination with her primary care physician and endocrinologist to anticipate adjusting insulin levels as milk output increases for the second infant, while also anticipating/accounting for potential sudden drops in milk supply with variability in thyroid levels postpartum. As an IBCLC with the required health care coursework experience for certification, my main job is to manage and support milk supply, and I am the one on the care team who can estimate milk output and caloric cost. At the same time, it's also important that I understand how to read labs, chart and coordinate care with specialists, and have strong behavioral health-informed patient education skills. Most of that just cannot come from a 50 hour training. n.

Thank you for the opportunity to provide my testimony. Please contact me if you have questions or comments. krista@ecashawaii.org

TO: Senator Joy San Buenaventura, Chair, Senator Henry Aquino, Vice Chair and Members of The Committee on Health and Human Services

FROM: Kehau Kealoha RN, IBCLC

RE: SUPPORT for SCR 6 Requesting the Department of Human Services Med Quest Division To Expand Types of Qualified Providers Allowed to Provide Lactation Consultant Services For the Medicaid Population

DATE: Friday, March 17, 2023 1 pm

Aloha,

My name is Kehau Kealoha and I've been a Registered Nurse in the State of Hawaii for 30 years. In 2001, I received my certification as a Certified Lactation Counselor (CLC). In 2008, I received my certification as an International Board Certified Lactation Consultant (IBCLC). In 2018, I left the hospital setting to pursue a lactation private practice as an IBCLC.

There is a **clear difference between the Certified Lactation Counselor (CLC) certification vs: International Board Certified Lactation Consultant certification.** First I'd like to say that the CLC course was a great starting point in setting a foundation of general lactation knowledge. However, it was just that, a 40 hour course. If you passed the written exam after the course, you were granted your certification as CLC.

In order to **qualify as a candidate to sit at the International Board of Lactation Consultant Examiners exam**, a candidate must first meet its' rigorous criteria. For more information visit <https://ibclce.org/step-1-prepare-for-ibclc-certification/> . I am here to testify of the importance of having the clinical skills and experience necessary to ensuring families and communities receive safe, quality care.

I stand in SUPPORT of SCR6.

As a Registered Nurse and IBCLC, I am currently an in-network provider with Kaiser Permanente, Aloha Care and United Health Care. Majority of referrals I receive include consultation for problem based issues, such as, prematurity, poor weight gain, low milk supply, mastitis, painful nipples, etc. I provide the necessary evaluation and management of issues and generate a report back to the referring physician.

Lactation care goes beyond general education and extends to a specialized area of health care. Most physicians are not trained to manage complex lactation cases and depend on a collaborative approach with an International Board Certified Lactation Consultant.

I appreciate this opportunity to share my testimony. Feel free to contact me should you have any questions or comments at kehaukealohaibclc@gmail.com or mothersmilk.co

TO: Senator Joy San Buenaventura, Chair, Senator Henry Aquino, Vice Chair and Members of
The Committee on Health and Human Services

FROM: Patricia Bilyk, RN, MPH, MSN, Retired IBCLC

RE: SUPPORT for SCR 6 Requesting the Department of Human Services Med Quest Division
To Expand Types of Qualified Providers Allowed to Provide Lactation Consultant Services
For the Medicaid Population

DATE: Friday, March 17, 2023 1pm

Good Afternoon.

I am Patricia Bilyk. I've practiced as a Registered Nurse in the State for the last 51 years. I also was an IBCLC (International Board Certified Lactation Consultant) from 1989-2019, now retired.

I stand in SUPPORT of SCR6.

The IBCLC designation is the highest accredited credential in the World for a health professional who wishes to practice as a Lactation Consultant. IBCLC's have been credentialed since 1985. The process to become an IBCLC is quite rigorous and there are 3 designated pathways to accommodate various breastfeeding health professionals and workers. It includes 1000 strict clinical practice hours under the direct supervision of an IBCLC, completing specific health science courses such as Biology, Human Anatomy, Infant Growth and Development, etc, and completing 90 hours of didactic learning courses in Lactation. Then one is able to take the credentialing exam.

An IBCLC is an important professional member of the Maternal Infant Health Team, providing a set of skills not possessed by others such as Pediatricians, Nutritionists and other breastfeeding counselors. Also, IBCLCs are trained to provide a comprehensive breastfeeding assessment of both mother and infant to include not only the specific breastfeeding issue but all physical, medical and psychological conditions the couplet may have which are interfering with successful breastfeeding.

There are other lactation/breastfeeding providers and workers in our community who often use their training as a stepping stone to eventually become an IBCLC. One such provider is a CLC (Certified Lactation Consultant) who must complete 5 days of training and pass an exam. CLCs focus on mostly education and support of non complicated breastfeeding issues. There are also CLSs (Certified Lactation Specialists) who also take a 5 day course , and get a certificate. Another level is the CLE (Certified Lactation Educator) who after a 20 hour course takes an exam online and provides basic breastfeeding education to parents. Also there are IBCs (Indigenous Breastfeeding Counselors) who gain their education via Indigenous Trainings and hands-on practicums with Indigenous Elders. Last are the WIC (Women Infant and Children) Peer Counselors who are WIC staff who participate in Peer Counselor courses and are further trained by experienced staff in WIC Clinics.

I feel the International Board Certified Lactation Consultant (IBCLC) is the best health professional in our State to help Medicaid mothers and infants to obtain the excellent care they need for successful breastfeeding . Therefore I encourage you to have the Department of Human Services, Medquest Division create a process to allow IBCLCs to be reimbursed for their excellent services to our families.

Thank you for the opportunity to provide my testimony. Please contact me if you have questions or comments. patbilyk@gmail.com