

Georgia Occupational Regulation Review Council

House Bill 363: Georgia Lactation Consultant Practice Act

LC 33 5015

A Review of the Proposed Legislation

December 2013

Table of Contents

EXECUTIVE SUMMARY 2
INTRODUCTION 3
DESCRIPTION OF PROPOSED LEGISLATION 4
PRESENT PRACTICES 6
PRESENT REQUIREMENTS AND VOLUNTARY EFFORTS 9
OTHER STATES' PROGRAMS 12
FINDINGS 12
RECOMMENDATION 17

- APPENDIX A Summary of House Bill 363
- APPENDIX B Copy of House Bill 363
- APPENDIX C Lactation Support Provider Comparison

EXECUTIVE SUMMARY

As provided in O.C.G.A. 43-1A, the Georgia Occupational Regulation Review Council reviews all bills proposing licensure of a profession or business referred to it by the chairperson of the legislative committee of reference. Accordingly, the Council, at the request of the Chairperson of the House Health and Human Services Committee has reviewed House Bill 363 (LC 33 5015), which proposes to license lactation consultants.

During the course of the study, most information was primarily obtained from the applicant group (Healthy Mothers, Healthy Babies Coalition of Georgia, Inc.), the Department of Community Health, the Department of Public Health, the International Lactation Consultant Association, and other interested parties.

Based on information reviewed and developed by the Council, the Council does not recommend passage of House Bill 363 (LC 33 5015), which proposes to license lactation consultants, because it does not meet all of the criteria set forth in O.C.G.A. 43-1A-6.

INTRODUCTION

House Bill 363 proposes to regulate lactation consultants in Georgia. House Bill 363 provides for the licensing of lactation consultants by the Secretary of State's Office.

Membership of the Georgia Occupational Regulation Review Council (GORRC) is shown in Exhibit 1.

| Exhibit 1 Georgia Occupational Regulation Review Council Membership | |
|--|--|
| <p style="text-align: center;">Standing Members</p> <p>Trip Addison, Chairperson Shawn Conroy Lauren M. Curry Russell Crutchfield Tim Fleming Christopher Sanders Joan Schoubert Ashley E. Short</p> | <p style="text-align: center;">Representing</p> <p>Office of Planning and Budget Office of Consumer Protection Department of Natural Resources Department of Public Health Office of Secretary of State Department of Revenue Department of Accounting Department of Agriculture</p> |
| <p style="text-align: center;">Legislative Appointees</p> <p>Representative Sharon Cooper Senator Renee Unterman</p> | <p style="text-align: center;">Representing</p> <p>Georgia House of Representatives Georgia Senate</p> |

In reviewing the bill, GORRC solicited input from as many interested parties as possible. A questionnaire was sent to the applicant group, Healthy Mothers Healthy Babies Coalition of Georgia, Inc., requesting background information that would support the need for regulation of lactation consultants. The Council also contacted a number of interested groups and other state agencies, including:

- The legislators authoring the bill
- Georgia Department of Public Health
- Georgia Department of Community Health
- Georgia Secretary of State's Office
- Governor's Office of Consumer Protection
- Georgia Composite Medical Board
- Georgia Chapter- American Academy of Pediatrics
- Grady Memorial Hospital

- Georgia Nurses Association
- Medical Association of Georgia
- Women, Infants, and Children (WIC) – State Office
- International Lactation Consultant Association
- Georgia Association of Health Plans
- The Academy of Lactation Policy and Practice
- Reaching Our Sisters Everywhere (ROSE)

In addition to interviews and requests for information from the organizations listed above, GORRC staff observed the work of lactation consultants in the neonatal intensive care unit, the maternity ward, and the outpatient clinics at Grady Memorial Hospital.

Representatives from all interested parties were given the opportunity to present information to the Council, either by oral presentation and/or through written material. Meeting invitations were sent via email to the applicant group as well as any other potentially interested parties.

DESCRIPTION OF PROPOSED LEGISLATION

House Bill 363 proposes to license individuals that practice lactation consultation. A lactation consultant is someone who provides holistic, evidence-based breastfeeding support, care, and education for women and their families. The bill proposes to amend the current statute regarding professions governed by the *Office of the Secretary of State* to provide for the licensing of lactation consultants.

As a result of the proposed changes, *lactation consultants* would be licensed to provide, but not limited to, the following services:

- Lactation assessment through the systematic collection of subjective and objective data
- Analysis of data and creation of a plan of care
- Implementation of a lactation care plan with demonstration and instruction to parents and communication to the primary health care provider
- Evaluation of outcomes
- Provision of lactation education to parents and health care providers; and
- The recommendation and use of assistive devices.

The proposed regulation would allow licensure for individuals meeting the following requirements:

- Licensed lactation consultants must:
 - Be at least 18 years of age
 - Complete the application and submit all fees
 - Meet the international education and clinical standards established for International Board Certified Lactation Consultants (IBCLCs) by the International Board of Lactation Consultant Examiners (IBCLE) or other national testing service as approved by the board
 - Provide proof of successful completion of the IBCLE examination or other examination as approved by the board, and
 - Have satisfactory results from a fingerprint record check report conducted by the Georgia Crime Information Center and the Federal Bureau of Investigation, as described by the board.
- Examinations to determine competence shall be administered to qualified applicants at least once each calendar year. The examinations may be administered by a national testing service. The board shall prescribe or develop examinations which may include an examination given by the International Board of Lactation Consultant Examiners or any other examination approved by two-thirds' vote of the board.
- The board may waive the examination requirement for applicants who are licensed in another state, political territory, or jurisdiction acceptable to the board if the requirements of that license are substantially equivalent to those here in Georgia, or that are certified by and in good standing with the IBCLE.
- Renewal of the lactation consultant license shall take place every two years. Renewal requirements include continuing education courses determined by the board.

A brief summary of House Bill 363 and a copy of House Bill 363 are included in Appendices A and B, respectively.

PRESENT PRACTICES

A lactation consultant is someone who provides holistic, evidence-based breastfeeding support, care, and education for women and their families. International Board Certified Lactation Consultants (IBCLC) are the only lactation consultants who are trained to perform “clinical care,” in addition to breastfeeding education and promotion. IBCLC’s work in several settings, including hospitals, physician practices, public health departments, and corporations. A lactation consultant provides specialized knowledge and training in breastfeeding and human lactation. A lactation consultant is responsible for counseling mothers and families on initiation, exclusivity, and duration of breastfeeding, to assist amidst any difficulties or high-risk situations, as well as providing staff and clinical education on the science of lactation and clinical management of breastfeeding. Lactation consultants are found in both the inpatient setting, upon delivery of a baby, as well as in the outpatient setting, as a consultant. Although lactation consultants are not required to be directly supervised by a physician, they are ethically required to report to the mother’s and/or baby’s Primary Care Provider.

A lactation consultant serves several roles:

- Professional
- Clinical expert
- Collaborator
- Educator
- Facilitator
- Investigator
- Policy consultant
- Advocate
- Promoter

As a consultant in the outpatient setting, lactation consultants’ responsibilities include:

- Review of complaint
- Maternal medical history
- Infant medical history
- History of lactation issues
- Physical assessment of infant
- Physical assessment of mother
- Observation of latch and feeding
- Pre and post feed weight checks
- Assessment of issues and instruction of plan and techniques
- Anticipatory guidance and counseling
- Follow up
- Charting, and
- Reporting to infant’s primary care physician.

Lactation consultants are typically responsible for providing breastfeeding education and support to expecting and new mothers. Lactation consultants also are primarily responsible for aiding mothers with any breastfeeding complications, in order to prevent premature cessation of breastfeeding.

An observation of lactation consultants at Grady Memorial Hospital, whose maternity ward delivers about 2,900 babies per year, of which 75-80% are Medicaid paid, revealed the level of responsibility deemed to these professionals in a hospital setting. Lactation consultants in the hospital are primarily responsible for providing breastfeeding education to the expecting mothers, as well as assisting in breastfeeding after birth. Also, lactation consultants are staffed in outpatient offices in the hospital to aid in breastfeeding help or with any complications.

Lactation consultants work in several settings including hospitals, physician offices, private practices, businesses, and federal, state, and local health departments. They can also work in community resource settings or as individual professionals. Because there is no state law regulating the practices of these professionals, education and training are not legally or explicitly required by State law. The IBCLC has a voluntary certification process known as the IBCLC that ensures certified professionals have the necessary skills and experience to practice. Similarly, the Academy of Lactation Policy and Practice offers a voluntary certificate called the Certified Lactation Counselor (CLC) which ensures competency of the lactation consultant. It does, however, remain legal to practice clinical lactation consultation in Georgia, without a minimum standard set for education, training, or experience.

The Potential For Harm

Physical Harm

According to Healthy Mothers Healthy Babies, the potential for harm to patients is significant. Lactation consultants are responsible for the health and well-being of breastfeeding mothers as well as babies, and are the most qualified and trained, and therefore typically primarily responsible should any complications with breastfeeding arise. Human breast milk is important for human development, nutrition, and a healthy immune system and gastrointestinal tract. Breastfeeding has proven to reduce the risk of several childhood diseases and health conditions including sudden infant death syndrome, upper and lower respiratory infection, gastrointestinal infection, ear infections, atopic dermatitis, asthma, gluten intolerance, and Diabetes Type 1 and Type 2. Studies indicate that breastfeeding also reduces the risk of several diseases in mothers, including Diabetes, metabolic syndrome, ovarian cancer, coronary artery disease, and breast cancer. Having access to a lactation consultant can aid in initiation and duration of breastfeeding. If the mother prematurely terminates breastfeeding, she puts herself and her baby at risk of several complications including:

- For the mother:
 - Painful breast engorgement
 - Plugged milk ducts
 - Mastitis
 - Breast abscess
 - Nipple trauma
 - Bacterial and/or candida infections
 - Postpartum depression
 - Early weaning

- For the baby:
 - Reaction to cow's milk or soy based formulas
 - Failure to thrive
 - Child abuse
 - Death
 - Higher disease risks as infants, children, and adults

Financial Harm

There are no data available within Georgia that can accurately report the scope of public harm caused by the uneducated or inexperienced practice of lactation consultation. There is, however, evidence to show that having access to proper lactation support increases the initiation of breastfeeding, and not only prevents the diseases and health conditions noted above, but also reduces cost to families, insurers, and the state. As displayed in several studies in other states across the nation, several entities across the healthcare spectrum including WIC programs, primary care settings, Neonatal Intensive Care Units (NICU), and hospitals have attested to the improvement in either initiation or increased duration of breastfeeding due to the presence of an IBCLC on staff. In Georgia, about 70% of mother's initiate breastfeeding successfully, but only 13% of Georgia's infants are still being exclusively breastfed at six months. In Georgia, an exclusively breastfed WIC infant saves Medicaid and WIC \$160 per month in the first six months of life.

Complaints

Because the lactation consultant profession is not formally regulated by any means, there are no formal processes for complaints. The Better Business Bureau, Office of Consumer Protection, and Department of Insurance were all unable to provide complaints associated with lactation consultants as it is not something that is tracked. The Medicaid division of the Department of Community Health also indicated that it did not have any complaint data regarding the lack of availability of IBCLCs for lactation

consultant services, but that it has received inquiries from advocate groups regarding the availability of lactation consultant services.

Issues Identified

Currently, there is no regulation regarding the use of the title “lactation consultant” or the practice of the profession. There are several courses offered by different educational bodies that teach lactation specific education. The most notable issue that House Bill 363 identifies is the question of distinguishing the different certifications that lactation consultants obtain, and defining their respective scopes of practice, in order to license one group and not another. House Bill 363 states that with the passage of this legislation, “no person without a license as a lactation consultant issued pursuant to this chapter shall use the title ‘lactation consultant,’ ‘lactation specialist,’ breastfeeding consultant,’ or ‘breastfeeding specialist,’ or practice lactation care and services.”

The bill does not affect or prevent the following groups, exempt from this chapter, from engaging in the practice of lactation care and services where incidental to the practice of their profession, so long as they do not use the aforementioned titles: physicians, nurses, physician assistants, dietitians, WIC peer counselors, doulas, childbirth educators, students, interns, federal, state, and local government employees, and volunteers. Only those lactation consultants holding an IBCLC certification, unless otherwise approved by the Board, are eligible to apply for licensure, however. The most common lactation consultant certifications are described on pages 10-11.

PRESENT REQUIREMENTS AND VOLUNTARY EFFORTS

State Law

There currently exists no state law regarding the practice of lactation consultants. Lactation consultants work regularly with other regulated health care professionals such as physicians (pediatricians, gynecologists, and obstetricians), physician-assistants, nurses, and dietitians. The *Composite State Board of Medical Examiners* licenses physicians, physician’s assistants, and nurses.

The Medical Board investigates complaints and disciplines those who violate *The Medical Practice Act* or other laws governing the professional behavior of its licensees. Ultimately, the mission of the *Composite State Board of Medical Examiners* is to protect the health of Georgians through the proper licensing of physicians and certain members of the healing arts. Although lactation consultants typically work with healthcare professionals licensed by the Composite State Board of Medical Examiners, however, the proposed legislation would grant the Georgia Lactation Consultant Licensing Board under the Secretary of State’s Office the jurisdiction of licensing lactation consultants.

Voluntary

Certification with the International Board of Lactation Consultant Examiners

As mentioned before, lactation consultants can voluntarily complete a certification program administered by the International Board of Lactation Consultant Examiners. This process (and renewal process) is a professional certification process given by an independent credentialing body designed to ensure that the certified professionals meet the qualifications and minimum standards set by associations governing all members of the lactation consulting team. The process of certification includes an educational requirement consisting of eight college courses and six continuing education courses, a specified accumulation of clinical experience hours, and a written examination to determine competency. The comprehensive examinations cover anatomy, physiology, endocrinology, nutrition, biochemistry, immunology and infectious disease, pathology, pharmacology and toxicology, psychology, sociology, and anthropology, as well as growth parameters and developmental milestones, interpretation of research, ethical and legal issues, breastfeeding equipment and technology, techniques, and public health. The test includes a modified practical exam component. Before sitting for certification examination, individuals must show proof of completion of educational requirements and clinical experience.

Training and Experience

There are currently 335 active IBCLCs practicing in the state of Georgia, according to the International Board of Lactation Consultant Examiners. There are about 22,000 IBCLCs practicing in 81 countries, including 13,292 IBCLCs in the United States. IBCLC education requirements include:

- 90 hours of lactation specific education, completed within 5 years of application for licensure AND meet one of the following requirements:
 - A) Be a registered/licensed/recognized health professional in their country
OR
 - B) Have completed both of the following educational requirements:
 - Eight general education health sciences courses of one semester, or equivalent, in length. The eight higher education subjects are: biology, human anatomy, human physiology, infant and child growth and development, nutrition, psychology or counseling or communication skills, introduction to research, sociology or cultural sensitivity or cultural anthropology
 - Six additional continuing education subjects and basic life support e.g. CPR): medical documentation, medical terminology, occupational safety and security for health professionals, professional ethics for health professionals (e.g. Code of Ethics), universal safety precautions and infection control.

The amount of lactation specific clinical hours required is dependent on the applicants other qualifications, but ranges from 500-1,000 hours.

Certified Lactation Counselor

The *Healthy Children's Center for Breastfeeding Program* has educated, and its partner the *Academy of Lactation Policy and Practice (ALPP)* has certified over 13,000 Certified Lactation Counselors (CLCs) in the United States. Both the Healthy Children's Project as well as the ALPP are non-profit organizations. The Healthy Children's Project is the nation's leader in lactation education. The Lactation Counselor Training Course is a week-long course consisting of 45 hours of coursework, which is then followed by an examination administered by the ALPP at the completion of the course. CLC certificates are awarded to those who successfully complete the course and pass the examination. The CLC certificate assures the consumer that the person is competent and trained to provide human lactation support and breastfeeding consultation.

A CLC is a member of the health care team who can provide knowledge and counseling about optimal and sub-optimal breastfeeding. CLCs work in several settings, including hospital maternity units and neonatal intensive care units, outpatient lactation clinics, WIC programs, physician and midwife offices, visiting nurse programs, local, county, and state maternal and child public health programs, and in private practices. WIC programs as well as hospitals have stated that they find it beneficial to have both IBCLCs as well as CLCs on staff because they serve different purposes. There are currently 826 CLCs practicing in Georgia.

WIC Peer Counselors

The Women, Infants, and Children (WIC) Program provides a resource for pregnant and breastfeeding mothers in the WIC program known as WIC Peer Counselors. A WIC peer counselor is a mother who has successfully breastfed her child, and falls into WIC's target population of low-income women. These mothers undergo 20 hours of training through WIC to provide mother-to-mother support in a group setting and one-to-one counseling through telephone calls or visits in the home, clinic, or hospital. WIC has seen their peer counselors as a valuable resource, as WIC clients seem to feel more comfortable with their peer counselors than other health professionals. The peer counselors not only provide education and support, but also serve as role models for current WIC clients.

Other Certification/Counseling Programs

Although these three are the most prominent in healthcare practice, there are several other professionals that consider themselves lactation support providers. These providers include lactation specialists, breastfeeding specialists, lactation educator counselors, certified breastfeeding counselors, and breastfeeding educators. Each of these titles is associated with certain training and skills, but because there is no regulation of the occupation, it is difficult to determine competency and experience of these professionals. A comparison of all the different types of lactation support providers along with their respective training and experience is provided in Appendix C.

OTHER STATES' PROGRAMS

Although no states currently license lactation consultants, some states have chosen to regulate the profession in some fashion. In Louisiana, IBCLCs are “registered” with the State pursuant to statutory law. Oklahoma and New York both permit Medicaid to reimburse IBCLCs if they hold another health profession license (i.e. physician, nurse, dietitian, etc.) Legislation similar to House Bill 363 has been introduced in Massachusetts and Pennsylvania, but neither bill was passed.

FINDINGS

The Georgia Occupational Regulation Review Council is required by O.C.G.A. 43-1A-6 to apply the following criteria when evaluating whether a profession or business should be regulated:

- Whether the unregulated practice of an occupation may harm or endanger the health, safety, and welfare of citizens of the state and whether the potential for harm is recognizable and not remote;
- Whether the practice of an occupation requires specialized skill or training, and whether the public needs and will benefit by assurances of initial and continuing occupational ability;
- Whether the citizens of this state are or may be effectively protected by other means;
- Whether the overall cost effectiveness and economic impact would be positive for citizens of the state; and
- Whether there are currently means other than state regulation to protect the interest of the state.

House Bill 363, presented to the Council for review, proposes to regulate lactation consultants. In this review, the Council has assessed, based on the criteria set forth above, whether or not lactation consultation should be regulated. Findings from this review are presented below.

While There is a Potential Risk of Harm to the Safety and Health of Georgia's Citizens Due to the Unregulated Practice of Lactation Consultants, No Substantive Evidence Of Harm Was Identified.

Because the health of the mother as well as the baby is markedly improved with breastfeeding, and can be jeopardized by the inability to or premature cessation of breastfeeding, the lactation consultant role in facilitating optimal health holds high importance. The practice of lactation consultation by untrained and inadequately educated individuals could cause harm to members of the general public receiving the services of a lactation consultant. Licensure would assure the consumer that the person delivering services is a credible professional with specific knowledge, training, and competency as approved by the state, however, this assurance is also provided through current voluntary certifications.

In most healthcare settings, including hospitals, outpatient offices, and WIC clinics, IBCLCs are typically regarded as the most qualified and trained to treat clinically high-risk populations, due to their extensive coursework and clinical experience. Because they do not hold a health professional license, however, they are unable to treat the Medicaid population, due to the fact that Medicaid only allows licensed providers in their network, unless they have a supervising physician or other health professional holding a license that is able to bill for their combined services. The Medicaid population potentially being unable to access services of an IBCLC that does not hold another healthcare professional license poses a risk of potential harm.

It is important to note, however, that because the general population seeking lactation consultation does not fall in the clinically high-risk category, and is instead seeking general breastfeeding education and assistance, the CLC is equally as qualified to provide care and services as an IBCLC in several settings including hospitals and clinics. If this legislation prohibited CLCs from providing services, the citizens may be at a greater risk of harm because the majority of lactation consultant providers would no longer be able to provide care.

Lactation Consultants need Specialized Training; the Public Currently Benefits from Assurances that Practicing Lactation Consultants are Qualified.

IBCLCs have the more rigorous and comprehensive requirements for obtaining certification. The eight courses that applicants are required to have completed are biology, human anatomy, human physiology, infant and child growth and development, nutrition, psychology or counseling or communication skills, introduction to research, and sociology or cultural sensitivity or cultural anthropology. Six additional continuing education subjects as well as Basic Life Support (ex. CPR) are also required, which include medical documentation, medical terminology, occupational safety and security for health professionals, professional ethics for health professionals, and universal safety precautions and infection control. IBCLCs also require 90 hours of lactation

specific education, which is the most coursework hours required by any certification. Lastly, before sitting for the IBCLC examination, the certification requires that the applicant completes a specified number of clinical experience hours, dependent upon other qualifications, ranging from 300 to 1,000 hours.

Similar to the Board Examination for physicians, physician assistants, and nurses, the IBCLC certification examination is issued by an independent credentialing body not affiliated with any of the educators who provide the coursework. Because the issuers of the examination are not in any way affiliated with the organization, the certification holds more value in distinguishing qualified individuals.

Citizens of the State have a Means of Protection Available to them, but Regulation Would Provide Nominal Additional Protections.

Currently, WIC offers their client population access to lactation services and community options for women seeking help with breastfeeding that is of no cost to the mother. Community resources such as support groups, breastfeeding coalitions, and clinics provide this population additional access to lactation consulting services. The WIC income eligibility requirement is the same as the Medicaid income eligibility requirement, which is at or below 185 percent of the U.S. Poverty Guidelines. Having health insurance through Medicaid is not a requirement for WIC qualification. Because Medicaid does not offer a lactation specific benefit, it recommends its policy holders seeking lactation support to apply to the WIC program.

Additionally, IBCLCs that hold a healthcare provider license are able to serve the Medicaid population, as well as the insured population, and are able to bill for their services. Currently it is known that some IBCLCs hold a healthcare professional license either because they are physicians, nurses, physician assistants, or dieticians, but no data exists as to the exact number. Individuals with a license are able to bill insurance for their services because they have a provider number.

Currently, if an IBCLC does not have a license, their services must be covered out of pocket and may be sent to the insurance provider for reimbursement, but this is not guaranteed. The only insurance company that automatically reimburses for IBCLC services, regardless of whether or not the provider holds a healthcare professional license, is Aetna. As this relates to Medicaid, if IBCLCs obtained licensure through passage of this bill, they would not automatically be able to directly bill Medicaid. Georgia Medicaid would also have to recognize IBCLCs as an eligible provider of services.

The Overall Cost Effectiveness and Economic Impact of Licensing Lactation Consultants on the Citizens of the State Cannot be Determined.

Currently, CLCs are employed in most of the same environments that IBCLCs

are employed in because they offer many of the same services and provide comparable competencies. CLCs are less costly to employers, however, because the cost of their course and exam, as well as their hourly rate, is less than that of an IBCLC. The cost of a CLC course is \$480 and the application and exam fee is \$120 totaling \$600. The cost of an IBCLC course is \$1,095 and the application and exam fee is \$760 totaling \$1,855. The salary of an IBCLC is also typically \$5,000-\$10,000 more per year.

A standard 80 minute office visit (CPT code 99245 E/M) currently reimburses at \$180.61. Hypothetically, if all of the mothers of the 69,638 live born infants covered by Medicaid were referred to a licensed IBCLC for one 80 minute lactation consultant visit, the cost would be \$12.58 million. It can be assumed that not all mothers will utilize this service, and it can also be assumed that a portion of mothers will require more than one consultation. This would cause a potential shift in increased cost to the state if these mothers would otherwise seek care through the WIC program which is entirely federally funded by the United States Department of Agriculture. An estimate of cost savings due to prevented health conditions, illness, or disease, for these services cannot be determined.

It is possible that any licensure that requires paying fees, educational requirements, clinical experience, and/or the passage of an examination will limit the number of individuals that can provide these services. Currently, there are 335 lactation consultants currently practicing in Georgia who are eligible to apply for licensure. Because several of these individuals already hold another health professional license, the impact of licensure will likely have minimal economic impact. It is possible that increasing the number of providers who are able to treat patients through insurance will decrease the cost to insurance of the health conditions associated with lack of access to treatment. It is not possible, however, to determine the effect on the cost of services.

There Are Means Other than State Occupational Regulation Currently to Protect the Interests of the State.

Effective August 1, 2012, the Affordable Care Act (ACA) requires insurers to cover “breastfeeding support, supplies, and counseling” during prenatal and postpartum periods. Insurance providers consider IBCLCs as non-licensed approved lactation care providers, meaning that although they do not hold a license through the State, their services are approved for reimbursement. Generally speaking, the ACA is applicable to insurance that is subject to state mandate, specifically individual, small group, and a portion of large group insurance, meaning that the state currently regulates this issue through the State’s Insurance Commissioner. Although the Affordable Care Act does not provide detail as to the requirements for coverage, it is the Commissioner’s responsibility to interpret and assure compliance with the law. This law is not

applicable to those insurance providers that are federally regulated, specifically ERISA and the majority of large group insurance providers.

Medicaid is also required to cover pregnancy-related services, which include prenatal care, delivery, and postpartum care, as well as family planning services. Although Medicaid does not offer a lactation benefit specifically, the definition of “pregnancy-related services” is broad enough to encompass lactation services as it is required to cover an extended postpartum period of at least 60 days following the termination of pregnancy. Billing codes submitted by approved care providers that are applicable to these pregnancy-related services are accepted to be reimbursed by Medicaid. Each state may choose the amount and scope of coverage it provides for lactation services reimbursable as pregnancy-related services because it is not specifically mentioned in the Medicaid statute or Federal Medicaid regulations.

In addition to pregnancy-related services, certain Georgia hospitals have taken initiative to increase the Medicaid population’s access to lactation support services, by implementing Centering Programs and pursuing “Baby-Friendly” hospital designations. Centering Programs provide breastfeeding and prenatal education for mothers-to-be in a group setting. The Centers for Medicare and Medicaid Services’ (CMS) has provided grant funding to expand Centering Programs to accommodate additional participants in certain hospitals. The Baby-Friendly Hospital Initiative is a global program that encourages and recognizes hospitals and birthing centers that offer an optimal level of care for infant feeding and mother/baby bonding. There is no financial incentive for obtaining this designation, as it is solely meant to elevate the standard of care in regards to breastfeeding support. The Baby-Friendly Hospital Initiative is a non-licensing breastfeeding support model, which seeks to increase the percentage of live births occurring in facilities that provide the recommended care for lactating mother and their babies. There are currently seven hospitals in Georgia actively pursuing Baby-Friendly designation.

RECOMMENDATION

The Council does not recommend passage of House Bill 363 (LC 33 5015), which proposes to license lactation consultants, because it does not meet all of the criteria set forth in O.C.G.A. 43-1A-6. Based on information reviewed and developed by the Council, the Council recognizes the potential benefit of licensing lactation consultants to the citizens of Georgia, but House Bill 363 (LC 33 5015) would not improve access to care for the majority of breastfeeding mothers. The recommendation was reflected in a unanimous vote by the Council members.

APPENDIX A

| Section | Key Points |
|-----------|--|
| 43-22A-1 | This chapter is also known as the 'Georgia Laction Consultant Practice Act' |
| 43-22A-2 | The General Assembly acknowledges the skill and competency that lactation consultation requires. |
| | The purpose of this legislation is to protect the health, safety, and welfare of the citizens of Georgia. |
| 43-22A-3 | Definitions |
| | Scope of practice of lactation consultants |
| 43-22A-4 | Creation and distinction of Georgia Lactation Consultant Licensing Board members |
| 43-22A-5 | Requirements of board members |
| 43-22A-6 | Board members election of officers |
| 43-22A-7 | Power and authority of the Board |
| | Granting & enforcing requirements for licensure |
| | Implement disciplinary process |
| | Establish continuing education requirements |
| 43-22A-8 | Instances of licensure granted without examination |
| 43-22A-9 | Required qualifications of applicant |
| 43-22A-10 | The board may require that all applications be made under oath |
| 43-22A-11 | The board will notify applicant after review of application |
| 43-22A-12 | Examinations prescribed and approved by two-thirds' vote by the Board to determine competence shall be administered at least once per calendar year |
| 43-22A-13 | A license issued by the Board is the property of the Board and must be surrendered on demand |
| | Licensee shall display license, and inform Board of address change |
| | License shall be renewed biennially |
| 43-22A-14 | The board may refuse to grant or renew a license, or impose a fine not to exceed \$500.00 for each violation of a law, rule, or regulation relating to the profession |
| 43-22A-15 | On and after 12 months following the effective date of this chapter, no person without a license as a lactation consultant pursuant to this chapter may use the title 'lactation consultant,' 'lactation specialist,' 'breastfeeding consultant,' or 'breastfeeding specialist', or practice lactation care and services, except for those exempt under 43-22A-17. |
| 43-22A-16 | Proceedings under this chapter shall be governed by Chapter 13 of Title 50, the 'Georgia Administrative Procedure Act.' |
| 43-22A-17 | Persons exempt from this chapter: |
| | Persons licensed to practice dentistry, medicine, osteopathy, chiropractic, nursing, physician assistant, or dietetics from engaging in the practice of lactation care, but may not use the title 'lactation consultant,' 'lactation specialist,' 'breastfeeding consultant,' or 'breastfeeding specialist'. |
| | Doulas and prenatal and childbirth educators performing nonclinical education functions, and may not use the title 'lactation consultant,' 'lactation specialist,' 'breastfeeding consultant,' or 'breastfeeding specialist'. |
| | Students, interns, or persons preparing for the lactation consultant license under the supervision of a licensed lactation consultant. |
| | Employees of the United States government performing their duties within the recognized confines of a federal installation |
| | Employees of a department, agency, or division of state, county, or local government performing lactation consultant services, including WIC peer counselors. |
| | Volunteers not receiving any form of compensation providing lactation care and services. A nonresident IBCLC from practicing lactation care and services in this state for five days without licensure or up to 30 days with licensure from another state. |

**APPENDIX B HOUSE BILL 363 (LC 33 5015): GEORGIA LACTATION
CONSULTANT PRACTICE ACT**

House Bill 363

By: Representatives Cooper of the 43rd, Knight of the 130th, and Clark of the 101st

A BILL TO BE ENTITLED
AN ACT

1 To amend Title 43 of the Official Code of Georgia Annotated, relating to professions and
2 businesses, so as to require licensure of lactation consultants; to provide for definitions; to
3 provide for establishment of the Georgia Lactation Consultant Licensing Board; to provide
4 for appointment, powers, and membership; to provide for licensure application and
5 qualifications; to provide for license renewal; to provide for disciplinary actions; to provide
6 for applicability of the Georgia Administrative Procedure Act; to provide for exemptions
7 from licensure; to provide for related matters; to repeal conflicting laws; and for other
8 purposes.

9 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

10 style="text-align:center">**SECTION 1.**

11 Title 43 of the Official Code of Georgia Annotated, relating to professions and businesses,
12 is amended by adding a new chapter to read as follows:

13 style="text-align:center">"CHAPTER 22A

14 43-22A-1.

15 This chapter shall be known and may be cited as the 'Georgia Lactation Consultant Practice
16 Act.'

17 43-22A-2.

18 The General Assembly acknowledges that the application of specific knowledge and skill
19 relating to breastfeeding is important to the health of mothers and babies, and
20 acknowledges further that the rendering of sound lactation care and services in hospitals,
21 physician practices, private homes, and other settings requires trained and competent
22 professionals. It is declared, therefore, to be the purpose of this chapter to protect the

23 health, safety, and welfare of the public by providing for the licensure and regulation of the
 24 activities of persons engaged in lactation care and services.

25 43-22A-3.

26 As used in this chapter, the term:

27 (1) 'Applicant' means any person seeking a license under this chapter.

28 (2) 'Board' means the Georgia Lactation Consultant Licensing Board established
 29 pursuant to this chapter.

30 (3) 'International Board Certified Lactation Consultant (IBCLC)' means an individual
 31 who holds current certification from the International Board of Lactation Consultant
 32 Examiners (IBLCE) after demonstrating the appropriate education, knowledge, and
 33 experience necessary for independent clinical practice.

34 (4) 'International Board of Lactation Consultant Examiners (IBLCE)' means the
 35 international organization that certifies IBCLCs and is independently accredited by the
 36 National Commission of Certifying Agencies.

37 (5) 'Lactation care and services' means the clinical application of scientific principles and
 38 a multidisciplinary body of evidence for the evaluation, problem identification, treatment,
 39 education, and consultation to provide lactation care and services to childbearing
 40 families. Lactation care and services includes but is not limited to:

41 (A) Lactation assessment through the systematic collection of subjective and objective
 42 data;

43 (B) Analysis of data and creation of a plan of care;

44 (C) Implementation of a lactation care plan with demonstration and instruction to
 45 parents and communication to the primary health care provider;

46 (D) Evaluation of outcomes;

47 (E) Provision of lactation education to parents and health care providers; and

48 (F) The recommendation and use of assistive devices.

49 (6) 'Lactation consultant' means a person duly licensed under this chapter to practice
 50 lactation care and services.

51 (7) 'Practice' means rendering or offering to render any lactation care and services to any
 52 individual, family, or group of individuals.

53 43-22A-4.

54 (a) There is created the Georgia Lactation Consultant Licensing Board. The board shall
 55 consist of five members as follows:

56 (1) Four members shall be lactation consultants; and

57 (2) One member shall represent the public at large.

58 (b) The members shall be appointed by the Governor with confirmation by the Senate.
59 Any person appointed to the board when the Senate is not in session may serve on the
60 board without Senate confirmation until the Senate acts on that appointment. No member
61 shall serve on the board for more than two consecutive terms. Any vacancy shall be filled
62 by the Governor subject to confirmation of the Senate.

63 (c) All members of the board shall be reimbursed as provided for in subsection (f) of Code
64 Section 43-1-2.

65 (d) All members of the board shall take the constitutional oath of office.

66 43-22A-5.

67 (a) The members of the board referenced in paragraph (1) of subsection (a) of Code
68 Section 43-22A-4 shall:

69 (1) Be citizens of the United States and residents of this state;

70 (2) Have engaged in the practice of lactation care and services for at least one year; and

71 (3) Be licensed under this chapter.

72 (b) The member of the board referenced in paragraph (2) of subsection (a) of Code Section
73 43-22A-4 shall be a citizen of the United States and resident of this state and shall have no
74 connection whatsoever with lactation practice.

75 (c) The Governor may remove members of the board, after notice and opportunity for
76 hearing, for incompetence, neglect of duty, unprofessional conduct, conviction of any
77 felony, failure to meet the qualifications of this chapter, or committing any act prohibited
78 by this chapter.

79 43-22A-6.

80 The board shall meet annually and shall elect from its members a chairperson, vice
81 chairperson, and any other officers as deemed necessary who shall hold office according
82 to the rules adopted by the board. In addition to its annual meeting, the board may hold
83 additional meetings each year as provided by the rules adopted by the board.

84 43-22A-7.

85 (a) The board shall perform such duties and possess and exercise such powers relative to
86 the protection of the public health and the control and regulation of lactation consultants
87 as this chapter prescribes and confers upon it.

88 (b) The board shall have the power and authority to:

89 (1) Enforce the provisions of this chapter, and it shall be granted all of the necessary
90 duties, powers, and authority to carry out this responsibility;

- 91 (2) Draft, adopt, amend, repeal, and enforce such rules as it deems necessary for the
 92 administration and enforcement of this chapter in the protection of public health, safety,
 93 and welfare;
- 94 (3) License duly qualified applicants by examination or reinstatement;
- 95 (4) Implement the disciplinary process;
- 96 (5) Enforce qualifications for licensure;
- 97 (6) Set standards for competency of licensees continuing in or returning to practice;
- 98 (7) Issue orders when a license is surrendered to the board while a complaint,
 99 investigation, or disciplinary action against such license is pending;
- 100 (8) Adopt, revise, and enforce rules regarding the advertising by licensees including, but
 101 not limited to, rules to prohibit false, misleading, or deceptive practices;
- 102 (9) Adopt, publish in print or electronically, and enforce a code of ethics;
- 103 (10) Establish examination and licensing fees;
- 104 (11) Request and receive the assistance of state educational institutions or other state
 105 agencies;
- 106 (12) Prepare information of consumer interest describing the regulatory functions of the
 107 board and describing the procedures by which consumer complaints are filed with and
 108 resolved by the board;
- 109 (13) Establish continuing education requirements; and
- 110 (14) Adopt a seal which shall be affixed only in such manner as prescribed by the board.

111 43-22A-8.

112 The board may grant, upon application and payment of proper fees, a license without
 113 examination to a person who, at the time of application, either:

- 114 (1) Holds a valid license as a licensed lactation consultant issued by another state,
 115 political territory, or jurisdiction acceptable to the board if, in the board's opinion, the
 116 requirements for that license are substantially equal to or greater than the requirements
 117 of this chapter; or
- 118 (2) Presents evidence satisfactory to the board that the applicant is an IBCLC in good
 119 standing with the IBLCE, or its successor organization.

120 43-22A-9.

121 Each applicant for a license as a lactation consultant shall be at least 18 years of age, shall
 122 have submitted a completed application upon a form and in such manner as the board
 123 prescribes, accompanied by applicable fees, and shall be in compliance with the following
 124 requirements:

- 125 (1) Meeting the international education and clinical standards established for IBCLCs
 126 by the IBLCE or other national testing service as approved by the board;
 127 (2) Providing proof of successful completion of the IBLCE examination or other
 128 examination as approved by the board;
 129 (3) Having satisfactory results from a fingerprint record check report conducted by the
 130 Georgia Crime Information Center and the Federal Bureau of Investigation, as
 131 determined by the board. Application for a license under this Code section shall constitute
 132 express consent and authorization for the board to perform a criminal background check.
 133 Each applicant who submits an application to the board for licensure by examination
 134 agrees to provide the board with any and all information necessary to run a criminal
 135 background check, including, but not limited to, classifiable sets of fingerprints. The
 136 applicant shall be responsible for all fees associated with the performance of such
 137 background check; and
 138 (4) Completion of such other requirements as may be prescribed by the board.

139 43-22A-10.

140 The board may require that all applications be made under oath.

141 43-22A-11.

142 After evaluation of an application and other evidence submitted, the board shall notify each
 143 applicant that the application and evidence submitted are satisfactory and accepted or
 144 unsatisfactory and rejected. If rejected, the notice shall state the reasons for the rejection.

145 43-22A-12.

146 Examinations to determine competence shall be administered to qualified applicants at least
 147 once each calendar year. The examinations may be administered by a national testing
 148 service. The board shall prescribe or develop the examinations which may include an
 149 examination given by the International Board of Lactation Consultant Examiners or any
 150 other examination approved by two-thirds' vote of the board.

151 43-22A-13.

- 152 (a) A license issued by the board is the property of the board and must be surrendered on
 153 demand.
 154 (b) The licensee shall display the license certificate in an appropriate and public manner.
 155 (c) The licensee shall inform the board of any change of address.

156 (d) The license shall be renewed biennially if the licensee is not in violation of this chapter
 157 at the time of application for renewal and if the applicant fulfills current requirements of
 158 continuing education as established by the board.

159 (e) Each person licensed under this chapter is responsible for renewing his or her license
 160 before the expiration date.

161 (f) Under procedures and conditions established by the board, a licensee may request that
 162 his or her license be declared inactive. The licensee may apply for active status at any time
 163 and upon meeting the conditions set by the board shall be declared active.

164 43-22A-14.

165 The board may refuse to grant or renew a license to an applicant; administer a public or
 166 private reprimand, but a private reprimand shall not be disclosed to any person except the
 167 licensee; suspend any licensee for a definite period or for an indefinite period in connection
 168 with any condition which may be attached to the restoration of such license; limit or restrict
 169 any licensee as the board deems necessary for the protection of the public; revoke any
 170 license; condition the penalty upon, or withhold formal disposition pending, the applicant's
 171 or licensee's submission to such care, counseling, or treatment as the board may direct; or
 172 impose a fine not to exceed \$500.00 for each violation of a law, rule, or regulation relating
 173 to the profession regulated by this chapter upon a finding by a majority of the entire board
 174 that the licensee or applicant has:

175 (1) Failed to demonstrate the qualifications or standards for a license contained in this
 176 Code section or under the laws, rules, or regulations under which licensure is sought or
 177 held; it shall be incumbent upon the applicant to demonstrate to the satisfaction of the
 178 board that such applicant meets all the requirements for the issuance of a license, and, if
 179 the board is not satisfied as to the applicant's qualifications, it may deny a license without
 180 a prior hearing; provided, however, that the applicant shall be allowed to appear before
 181 the board if he or she so desires;

182 (2) Knowingly made misleading, deceptive, untrue, or fraudulent representations in the
 183 practice of a business or profession licensed under this title or on any document
 184 connected therewith; practiced fraud or deceit or intentionally made a false statement in
 185 obtaining a license to practice the licensed business or profession; or made a false
 186 statement or deceptive registration with the board;

187 (3) Been convicted of any felony or of any crime involving moral turpitude in the courts
 188 of this state or any other state, territory, or country or in the courts of the United States;
 189 as used in this paragraph and paragraph (4) of this Code section, the term 'felony' shall
 190 include any offense which, if committed in this state, would be deemed a felony, without
 191 regard to its designation elsewhere; and, as used in this paragraph, the term 'conviction'

192 shall include a finding or verdict of guilty or a plea of guilty, regardless of whether an
193 appeal of the conviction has been sought;

194 (4) Been arrested, charged, and sentenced for the commission of any felony, or any crime
195 involving moral turpitude, where:

196 (A) A plea of nolo contendere was entered to the charge;

197 (B) First offender treatment without adjudication of guilt pursuant to the charge was
198 granted; or

199 (C) An adjudication or sentence was otherwise withheld or not entered on the charge.

200 The plea of nolo contendere or the order entered pursuant to the provisions of Article 3
201 of Chapter 8 of Title 42, relating to probation of first offenders, or other first offender
202 treatment shall be conclusive evidence of arrest and sentencing for such crime;

203 (5) Had his or her license to practice a business or profession licensed under this title
204 revoked, suspended, or annulled by any lawful licensing authority other than the board;
205 had other disciplinary action taken against him or her by any such lawful licensing
206 authority other than the board; was denied a license by any such lawful licensing
207 authority other than the board, pursuant to disciplinary proceedings; or was refused the
208 renewal of a license by any such lawful licensing authority other than the board, pursuant
209 to disciplinary proceedings;

210 (6) Engaged in any unprofessional, immoral, unethical, deceptive, or deleterious conduct
211 or practice harmful to the public that materially affects the fitness of the licensee or
212 applicant to practice a business or profession licensed under this title, or is of a nature
213 likely to jeopardize the interest of the public; such conduct or practice need not have
214 resulted in actual injury to any person or be directly related to the practice of the licensed
215 business or profession but shows that the licensee or applicant has committed any act or
216 omission which is indicative of bad moral character or untrustworthiness. Unprofessional
217 conduct shall also include any departure from, or the failure to conform to, the minimal
218 standards of acceptable and prevailing practice of the business or profession licensed
219 under this title;

220 (7) Knowingly performed any act which in any way aids, assists, procures, advises, or
221 encourages any unlicensed person or any licensee whose license has been suspended or
222 revoked by a professional licensing board to practice a business or profession licensed
223 under this title or to practice outside the scope of any disciplinary limitation placed upon
224 the licensee by the board;

225 (8) Violated a statute, law, or any rule or regulation of this state, any other state, the
226 professional licensing board regulating the business or profession licensed under this title,
227 the United States, or any other lawful authority, without regard to whether the violation
228 is criminally punishable, when such statute, law, or rule or regulation relates to or in part

229 regulates the practice of a business or profession licensed under this title and when the
 230 licensee or applicant knows or should know that such action violates such statute, law,
 231 or rule or regulation; or violated a lawful order of the board previously entered by the
 232 board in a disciplinary hearing, consent decree, or license reinstatement;

233 (9) Been adjudged mentally incompetent by a court of competent jurisdiction within or
 234 outside of this state; any such adjudication shall automatically suspend the license of any
 235 such person and shall prevent the reissuance or renewal of any license so suspended for
 236 so long as the adjudication of incompetence is in effect; or

237 (10) Displayed an inability to practice a business or profession licensed under this title
 238 with reasonable skill and safety to the public or has become unable to practice the
 239 licensed business or profession with reasonable skill and safety to the public by reason
 240 of illness or the use of alcohol, drugs, narcotics, chemicals, or any other type of material.

241 43-22A-15.

242 (a) On and after 12 months following the effective date of this chapter, no person without
 243 a license as a lactation consultant issued pursuant to this chapter shall use the title 'lactation
 244 consultant,' 'lactation specialist,' 'breastfeeding consultant,' or 'breastfeeding specialist' or
 245 practice lactation care and services, provided that this chapter shall not prohibit any
 246 practice of lactation care and services that is exempt pursuant to the provisions set forth in
 247 Code Section 43-22A-17.

248 (b) Any person violating the provisions of subsection (a) of this Code section shall be
 249 guilty of a misdemeanor.

250 43-22A-16.

251 Proceedings under this chapter shall be governed by Chapter 13 of Title 50, the 'Georgia
 252 Administrative Procedure Act.'

253 43-22A-17.

254 Nothing in this chapter shall be construed to affect or prevent:

255 (1) Persons licensed to practice the professions of dentistry, medicine, osteopathy,
 256 chiropractic, nursing, physician assistant, or dietetics from engaging in the practice of
 257 lactation care and services when incidental to the practice of their profession, except such
 258 persons shall not use the title 'lactation consultant,' 'lactation specialist,' 'breastfeeding
 259 consultant,' or 'breastfeeding specialist':

260 (2) Doulas and prenatal and childbirth educators from performing nonclinical education
 261 functions consistent with the accepted standards of their respective occupations, except
 262 such persons shall not use the title 'lactation consultant,' 'lactation specialist,'

263 'breastfeeding consultant,' or 'breastfeeding specialist,' or designate themselves by any
 264 other term or title which implies that such person has the clinical skills and abilities
 265 associated with licensure as a lactation consultant;

266 (3) The practice of lactation care and services by students, interns, or persons preparing
 267 for the practice of lactation care and services under the qualified supervision of a licensed
 268 lactation consultant or any licensed professional listed in paragraph (1) of this Code
 269 section;

270 (4) Employees of the United States government or any bureau, division, or agency
 271 thereof while in the discharge of the employee's official duties so long as such employees
 272 are performing their duties within the recognized confines of a federal installation
 273 regardless of whether jurisdiction is solely federal or concurrent;

274 (5) Employees of a department, agency, or division of state, county, or local government
 275 from engaging in the practice of lactation care and services within the discharge of
 276 official duties, including, but not limited to, peer counselors working within the Special
 277 Supplemental Nutrition Program for Women, Infants, and Children;

278 (6) Individual volunteers providing lactation care and services provided:

279 (A) Such persons shall not use the title 'lactation consultant,' 'lactation specialist,'
 280 'breastfeeding consultant,' or 'breastfeeding specialist,' or state that they are licensed to
 281 practice lactation care or designate themselves by any other term or title which implies
 282 that such persons have the clinical skills and abilities associated with licensure;

283 (B) Their volunteer service is performed without fee or other form of compensation,
 284 monetary or otherwise, from the individuals or groups served; and

285 (C) The individual volunteer receives no form of compensation, monetary or
 286 otherwise, except for administrative expenses such as mileage; and

287 (7) A nonresident IBCLC from practicing lactation care and services in this state for five
 288 days without licensure or up to 30 days with licensure from another state if the
 289 requirements for licensure in such other state are substantially equal to the requirements
 290 contained in this chapter."

291 **SECTION 2.**

292 All laws and parts of laws in conflict with this Act are repealed.

APPENDIX C

| TITLE | TRAINING TIME | SKILLS |
|--|-----------------------------------|--|
| International Board Certified Lactation Consultant | Several years | <ul style="list-style-type: none"> • 90 hours lactation specific education, • 8 college level health science courses, • 6 health related continuing education courses, • 500-1000 clinical practice hours • Pass a criterion-reference exam <p>The International Board Certified Lactation Consultant possesses the necessary skills, knowledge, and clinical training to provide quality breastfeeding assistance to babies and mothers. IBCLCs specialize in the clinical management of breastfeeding which includes: preventive health care, patient education, nutrition counseling, and therapeutic treatment.</p> |
| Lactation Specialist Breastfeeding Specialist | 20 hours | Designed for aspiring lactation consultants or nurses, physicians, midwives, dieticians, breastfeeding assistants or others desirous of improving their knowledge base and skills in working with the breastfeeding dyad. This program is a stepping stone to the IBCLC credential. ¹ |
| Community Breastfeeding Educator | 20 hours | A course for community workers in maternal child health; curriculum focuses on providing services to pregnant women to encourage the initiation and continuation of breastfeeding. ¹ |
| Certified Lactation Counselor | 45 hours | Breastfeeding management course. Prepares participants for professional work helping mothers and babies: this program teaches participants how to gain insight into clients' problems, with a strong focus on counseling skills. ¹ The course concludes with a test |
| Early Lactation Care Specialist / Doula Breastfeeding Training | 10 nursing CEU's | Basic knowledge, practical tips, assessment skills, helpful techniques essential for lactation support. ¹ |
| Baby Friendly Curriculum | 20 hours | Used by hospitals to strengthen the knowledge and skills of their staff towards successful implementation of the Ten Steps to Successful Breastfeeding ¹ |
| WIC Peer Counselor | 16-26 hours, Varies by state | Must have successfully breastfed their infant. This course teaches the participant how to provide encouragement, information, and support to other WIC mothers. ¹ |
| Lactation Educator Counselor | 45 hours | A course for front line staff such as postpartum nurses, labor and delivery nurses, or WIC personnel to obtain consistent, appropriate information for basic patient education. ² |
| Lamaze Breastfeeding Support Specialist | 15 hours | Designed to strengthen the participants' ability to provide breastfeeding mothers with support, build confidence, assist with problem solving, and enhance skills. ³ |
| Certified Breastfeeding Counselor | 10-14 months, Provide 30 hours of | A self-evaluation program, the candidate writes one reflective practice paper and does case studies, reads and reviews 5 books, submits one survey on breastfeeding support available |

¹ Lactation Education Consultants. Retrieved from the World Wide Web January 4, 2012
http://www.lactationeducationconsultants.com/course_clsc.html

² Lactation Education at UC San Diego. Retrieved from the World Wide Web January 4, 2012 <http://breastfeeding-education.com/bfhils/>

³ Lamaze International. Retrieved from the World Wide Web January 4, 2012
<http://www.lamaze.org/Events/SpecialtyWorkshops/BreastfeedingWorkshops/tabid/492/Default.aspx>

APPENDIX C

| | | |
|--|---|---|
| | support | in the community, completes an open book online test (multiple choice) to cover physiology & anatomy ⁴ |
| Breastfeeding Educator | 1010 hours | Qualified to teach, support, and educate the public on breastfeeding and related issues and policies. Workbook activities, required reading materials, attends eight breastfeeding meetings, writes a research paper, submits a class presentation ⁵ |
| Certified Lactation Educator | 20 hours total, some have 8 hours clinical | This course teaches the participant how to teach, support, and educate the public on breastfeeding and related issues. Complete course training, attend support group meetings, observe consultation or videos, review research studies and other requirements, includes a test. ⁶ |
| La Leche League Peer Counselor (volunteer) | 18-20 hours | Have successfully breastfed their infants for 6 months, the Program developed to provide support systems within targeted communities that will provide ongoing access to breastfeeding information and support. ⁷ |
| La Leche League Leader (volunteer) | Approximately 1 year of self-study training | An experienced breastfeeding mother, familiar with research and current findings dealing with breastfeeding, who offers practical information and encouragement to nursing mothers through monthly meetings and one-to-one help. ⁸ |

⁴ Childbirth International. Retrieved from the World Wide Web January 4, 2012
<http://www.childbirthinternational.com/lactation/main.htm>

⁵ Birth Arts International. Retrieved from the World Wide Web January 4, 2012
<http://www.birtharts.com/beced.htm>

⁶ Childbirth and Postpartum Professional Association. Retrieved from the World Wide Web January 4, 2012
<http://www.cappa.net/get-certified.php?lactation-educator>

⁷ La Leche League International. Retrieved from the World Wide Web January 4, 2012
<http://www.llli.org/llleaderweb/lv/lvaugsep99p92.html>

⁸ La Leche League International. Retrieved from the World Wide Web January 4, 2012
<http://www.lalecheleague.org/lad/talll/faq.html#howlong>