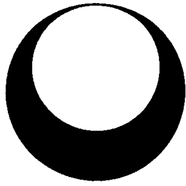

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Written Testimony to the House Health Committee Regarding HB 2503/2504

I am Sarah Longwell, an International Board Certified Lactation Consultant (IBCLC) in private practice, and the Lactation Consultation Program Coordinator at BIrthingway College in Portland, Oregon. Our program provides a direct entry path toward the lactation profession; in other words, our students can become LCs without first becoming nurses or other health care providers. Birthingway's Lactation Program is LEARCC approved and CAAHEP accredited; our graduates are qualified to sit for the IBLCE exam and become IBCLCs.

As a practicing lactation consultant, I support the intent and concept of licensing for IBCLCs. However, I do have serious concerns about the specifics of these bills as written.

1. I'm concerned that both bills have too broad a scope by including practitioners other than lactation consultants, and that this will be very confusing to families seeking help. Only IBCLCs have met both theoretical education and clinical hands-on training requirements, and the International Board of Lactation Consultant Examiners (IBLCE) ensures that certificants meet ongoing continuing education requirements as well as recertification every five years and reexamination every ten years.

   A very broad spectrum of organizations offering training and certifications in various aspects of lactation support exists, accompanied by equally broad requirements to maintain those certifications. It will best protect the public interest if the bill deals only with licensure of lactation consultants, and if lactation educators and other members of the breastfeeding support spectrum, including Certified Lactation Counselors (CLCs), remain unlicensed. For context, please refer to the United States Lactation Consultant Association (USLCA) statement paper, *Fact vs Fiction: The IBCLC and CLC*.

2. The IBCLC credential confers the right for certificants to refer to themselves professionally as lactation consultants on an international basis. HB 2503 and HB 2504 revoke that right from lactation consultants in Oregon. The language in a bill concerning lactation consultants where the primary qualification is a current IBCLC credential should relate to protections surrounding use of the term "licensed lactation consultant" only.

3. It is a major concern that the bill does not provide for a Board composed of volunteer members (ie, uncompensated except for reimbursement of related travel expenses), a majority of whom are IBCLCs and licensed lactation consultants under the statute. The Oregon Health Licensing Office does not have expertise in providing care or setting scope and standards of practice for lactation consultants, as evidenced by the numerous boards already existing under HLO's administration. The proposed bill gives HLO total discretion in overseeing LC licensees. It would not be appropriate for lactation consultants to be the only licensed healthcare professionals in Oregon without a professional Board.

   At a minimum, a Board should be established to: set standards, determine continuing education topics, oversee complaints for unprofessional conduct or negligence, and provide input and advice to HLO as it administers the statute. Such a Board should be composed with a majority of members being lactation consultants, along with members of the public and related professionals such as midwives, nurses, and physicians.

4. These bills do not necessarily accomplish the goal of increasing insurance coverage and expanded access to lactation consultation services, especially for in-home visits by private practice lactation consultants. Insurance providers can and do establish a variety of hurdles which must be overcome in order for coverage to occur, despite existing mandates under the Affordable Care Act which specify coverage at no copay for lactation support services. Hospitals and clinics are most often able to achieve reimbursement by billing for lactation services as incidental to primary or specialist care. Licensure is not likely to affect this billing practice at all, and will do nothing to guarantee improved reimbursement rates for private practice lactation consultants billing individually.

5. I am concerned that access to lactation consultation services will be reduced due to the additional, potentially high, licensing fees that would result from this statute. Estimates of $500 per year or more were suggested in the Stakeholder meeting of February 3, 2017.

   In addition, stated estimates of $150 to $500 per year rely on the assumption that all 400 current IBCLCs in Oregon become licensed and pay fees equally. Many IBCLCs also practice under other professional licenses, as IBLCE's primary pathway to certification for lactation consultants is through current practice in one of several approved healthcare fields or peer counseling organizations. If all IBCLCs who are nurses, midwives, dietitians, etc are exempted from licensing requirements and fees, the current tiny pool of licensure candidates left to foot the bill will result in prohibitively high costs and another barrier to marketplace entry for lactation consultants, especially those from diverse backgrounds. This will further restrict access to competent lactation consultants outside of major hospital systems. The burden of accessing specific continuing education and paying licensure fees must apply to all licensees equally.

6. Language, definitions, and provisions in the bill need to be constructed thoughtfully and with broad Stakeholder input and approval. As written, the licensure effort represents a threat to the important work of many community and volunteer organizations providing invaluable resources to infants and their families across the State of Oregon. Any licensure effort that is advanced in Oregon needs to be in line with efforts in other states, to ensure consistency in scope of practice and standards, as well as lay the groundwork for efforts towards increasing insurance coverage and reimbursements for many applications of lactation care.

   Only with broad input from Oregon consumers and lactation professionals will we achieve legislation that serves the greater need for accessibility and competent care. While input from a few distantly related organizations has been solicited, numerous lactation specific organizations and groups have yet to be approached. At a minimum, I urge the Committee to seek input from the following, non-comprehensive list of stakeholders:

   US Lactation Consultant Association
   Breastfeeding Coalition of Oregon
   Oregon-Washington Lactation Association (OWLA)
   La Leche League of Oregon
   Southern Oregon Lactation Association
   East Oregon Breastfeeding Coalition
   Nursing Mothers Counsel of Oregon
   Oregon Inter-Tribal Breastfeeding Coalition
   Latina Breastfeeding Coalition
   African American Breastfeeding Coalition of Oregon
   Asian Pacific Islander Breastfeeding Coalition
   Various County Breastfeeding Coalitions
   Marion, Benton, Lane, Josephine, Jackson, Malheur, Umatilla, Hood River, Jefferson, Deschutes, and others emerging across Oregon
   The International Center for Traditional Childbearing (ICTC)
   Equi Institute
   Black Parent Initiative

These Bills are not ready to move forward without significant input from additional stakeholders and changes to the existing provisions. I look forward to seeing the many impacted parties work together to achieve the ultimate goal of ensuring broad and equitable access to high quality and affordable lactation care and services for Oregon babies and their families.

Respectfully submitted,

Sarah Longwell, IBCLC