

**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Wednesday, March 6, 2024**

HB 5318, An Act Requiring The Licensure Of Lactation Consultants

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **HB 5318, An Act Requiring The Licensure Of Lactation Consultants**.

CHA supports the concept of HB 5318, including supporting the state's interest in ensuring patients in Connecticut have access to safe and professional lactation consulting services provided by the right professionals. Below, CHA suggests several important language changes to the raised bill to ensure a comprehensive and equitable approach to the new licensure category.

When creating a new licensure scope of practice the following are essential to success: (1) be forward looking, (2) do not accidentally limit existing services or professions, and (3) continue to strive for more robust diversity, equity, and inclusion in healthcare professions and in the delivery of care.

To achieve these three essential components, CHA offers the following revisions to the bill.

Section 1

- Change the definition of lactation consultant as proposed below to allow for better diversity in the profession and ensure the state is capturing the right certifying entities.

(1) "Lactation consultant" means either (A) a person who holds and maintains certification in good standing as an international board certified lactation consultant with the International Board of Lactation Consultant Examiners or (B) a person who has met the accrediting, certifying or educational requirements of an organization as designated by the Department of Public Health;

The bill allows licensure reciprocity with other states (see lines 55-62), which CHA supports as part of the overall need to increase workforce and remove barriers to diversity. As other states may designate acceptable certifying bodies not included in the current language, Connecticut may not want to limit its recognition to only the International Board of Lactation Consultant Examiners.

- Change the definition of lactation consulting to avoid conflict with other professions.
 - (2) "Lactation consulting" means clinical application of scientific principles and a multidisciplinary body of evidence for evaluation, problem identification, treatment, education and consultation to families regarding the course of lactation and lactation related feeding. The department shall adopt regulations to clarify the scope of practice for lactation consultants with the purpose of allowing the full scope of practice specific to lactation consultants consistent with their training, education and certifications in a manner that promotes patient safety and access to care.
- Delete all of lines 12-26, inclusive. The list of functions in lines 12-26 will necessarily be underinclusive and overinclusive over time; overinclusive because other professionals perform these functions (e.g., chart in the medical record, or analyze data) and underinclusive because the scope will change as the profession matures. The scope elements are better suited for regulation, which will allow for natural flexibility for updates made from time to time, for example, by the Scope of Practice for International Board Certified Lactation Consultant (IBCLC) Certificates or other designated organization.

While CHA appreciates that there are multiple feeding modalities in the scope of lactation consulting, the use of the term "feeding" in the bill without being tied to something more (such as lactation-related feeding) is too broad and fails to distinguish lactation-related issues from everyday medical functions of other professionals. Consider that "feeding" by its plain language includes neonatal parenteral nutrition, specialized formula preparation and administration by pharmacists, NG tube feeding and other nutrition and feeding modalities and factors that are within the expertise of other healthcare professionals, including pharmacists.

Section 2

- Strike Section 2 in its entirety and substitute the following language:
 - (a) No person may practice lactation consulting unless licensed or permitted pursuant to this act.
 - (b) No person may hold themselves out as a "licensed lactation consultant" unless such person is licensed pursuant to this act.
 - (c) Construction of chapter. Nothing in this section shall be construed as prohibiting the activities of: (1) a person licensed, certified or registered in this state under any other law or by any agency of this state from engaging in the profession or occupation for which such person is licensed, certified or registered provided such person does not hold themselves out as being a licensed lactation consultant; (2) a

person employed by the government of the United States; (3) a person employed by or a volunteer for the Special Supplemental Nutrition Program for Women, Infants

and Children, (the WIC Program) including but not limited to a peer counselor; (4) an employee or volunteer of a licensed hospital, community health center, or birth center who has been trained by a lactation consultant to provide support or peer counseling services to birthing persons; (5) a student enrolled in an accredited academic program and is acting under the appropriate supervision of a licensed lactation consultant, physician or other health care provider or pharmacist.

It is important to recognize that infant “feeding” and patient advice on lactation is not the sole purview of a lactation consultant. The proposed revised language is necessary to avoid any question that other professionals (e.g., a physician, advance practice registered nurse, physician assistant, or pharmacist) are legally allowed to practice their own profession and treat their own patients. Other licensed professionals should not need to demonstrate that their training is equivalent to that of a lactation consultant. It is axiomatic that “feeding” infants is a topic that spans many professions. In fact, outside of breastfeeding and chestfeeding, it is likely that lactation consultants have insufficient training or education to perform professional tasks that, for example, dietician-nutritionists, pediatricians, and pharmacists perform.

The language also protects in-place programs and services that benefit patients and families, such as peer counseling through WIC.

The proposed revised language further clarifies that supervised students in various areas of study would not violate the law during training.

CHA notes that even with the additional clarifications in the suggested revised Section 2, the law likely will ban activities that legally occur now such as peer groups, agencies, municipalities, church groups, and other support services to new parents if that support or peer counseling would overlap with the lactation consultant’s scope of practice. We urge the Committee to consider whether any other exemptions are needed to equitably support all communities and constituencies. In the alternative, perhaps the Department of Public Health (DPH) can assess if there are other types of professionals that should be added to the exclusion lists so that all patients have access to services from providers of their choice.

Section 3

- All references to the International Board of Lactation Consultant Examiners (IBLCE) should be revised to reflect that IBLCE is not the only potential certifying body, as discussed above in Section 1. Entry into a licensed profession should follow basic diversity, equity, and inclusion principles, which in this case necessitates a pathway to recognizing other certifying bodies.

CHA would be happy to work with the Committee on HB 5318 to ensure the bill achieves its goals in a way that supports diversity and equity in the workforce, while ensuring patient safety and access across the care continuum.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.