UTAH DEPARTMENT OF COMMERCE
Office of Professional Licensure Review

Sunrise Review

# Lactation Consultants

**October 2024**

*Prepared in response to an inquiry submitted by*
*Representative Rosemary Lesser (10th House District)*

## Summary

*Sunrise Request*

This report has been prepared in response to Representative Rosemary Lesser's request for the Office of Professional Licensure Review (OPLR) to conduct a sunrise review of lactation consultant licensure based on IBCLC (International Board Certified Lactation Consultant) certification. This review assesses consumer harm, market access, and reimbursement issues. Currently, there is no state regulation of lactation consultants, and lactation consultation activities are not scope-protected in Utah.

*Key Findings*

**Harm:** OPLR could not identify probable instances of severe or permanent harm from services provided by lactation consultants and could not distinguish the potential for increased consumer harm between an IBCLC versus a non-IBCLC certified consultant in any rigorous way.

**Access:** In Utah, the market for lactation consultants appears roughly in balance, with sufficient competent practitioners to meet demand (particularly IBCLC-certified practitioners). Inpatient and outpatient telehealth support is broadening the scope of lactation consultant access across Utah's rural hospitals.

**Reimbursement:** In Utah, reimbursement for lactation support is taking place and is tied mainly to RN licensure. The benefits of lactation consultation warrant serious consideration of expanding reimbursement for non-RN, stand-alone credentials like the IBCLC. State voluntary certification could signal quality providers to insurers and consumers while not restricting the scope of practice for non-IBCLC-certified lactation consultants to continue to practice.

*Recommendations*

- OPLR recommends against creating a mandatory license for IBCLC-certified lactation consultants because licensure may restrict access.
- State voluntary certification should be considered only if and when insurers choose to reimburse lactation consultants and only if insurance payors require state certification.
- OPLR recommends focusing on reimbursement with public and private insurance payors and creating an IBCLC certificate training program at a community or state college to expand access.

## Context

This report has been prepared in response to Representative Rosemary Lesser's request for the Office of Professional Licensure Review (OPLR) to conduct a sunrise review of lactation consultant licensure based on IBCLC (International Board Certified Lactation Consultant) certification. The IBCLC is a private industry certification issued by the International Board of Lactation Consultant Examiners (IBLCE).[1] Currently, there is no state regulation of lactation consultants, and the activities of lactation consultation are not scope-protected in Utah. OPLR conducted this systematic review to assess consumer harm, market access, and reimbursement issues related to lactation consultants and to determine whether occupational regulation is appropriate.

Because this sunrise request proposed that lactation consultant licensure be based on IBCLC certification, this review considers differences between certified and non-certified lactation consultants on consumer harm, access, and reimbursement dimensions. While OPLR found compelling evidence of the benefits of breastfeeding and specifically of lactation consultants, OPLR is not qualified to nor tasked with making recommendations for reimbursement of particular providers by insurance payors, public or private.

*Overview of Breastfeeding and Lactation Consultants*

Breastfeeding has well-established health benefits, including reduced infection and illness in infants, as well as an increase in overall nutrition, growth, and cognitive development.[2] [3] (See appendix 1.1.). In 2011, the U.S. Surgeon General extended a call to action to support breastfeeding.[4]

Lactation consultants are health professionals who specialize in breastfeeding support in pre- and postpartum care.[5] Breastfeeding support has been shown to increase the number of women initiating breastfeeding and to improve the maintenance and duration of breastfeeding.[6,7] (See appendix 1.2.) Registered nurses or dieticians with additional private lactation consultant certification typically provide inpatient lactation support. Privately certified lactation consultants also practice in outpatient clinics or private practices.

Historically, Utah has averaged higher breastfeeding rates than many other states. As of 2022, 91.4% of infants born in Utah in 2019 were breastfed, 8% higher than the national average of 83.2%.[8] As of 2024, 23 hospitals are designated Breastfeeding Friendly Facilities by the Utah Department of Health (UDOH).[9] (See appendix 1.3.)

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[1] IBLCE, 2017
[2] Ibid.
[3] Britton et al., 2007
[4] Office of the Surgeon General (US), 2011
[5] Cleveland Clinic, 2021
[6] Ibid.
[7] McFadden et al., 2017
[8] Centers for Disease Control and Prevention, 2022
[9] Utah Department of Health and Human Services (DHHS)

*Current Landscape of Industry Certifications and State Regulation*

Nationally, the two most common lactation certifications are the International Board Certified Lactation Consultant (IBCLC) and the Certified Lactation Counselor (CLC). IBCLC is considered to be more rigorous. (See appendix Table 1.)

Four U.S. states have enacted laws regulating lactation consultants. Of the four states, three (New Mexico, Oregon, and Rhode Island) issue voluntary state certifications to individuals with IBCLC or CLC certifications. Georgia is the only state to pass a mandatory licensure law for IBCLC-certified consultants, which was overturned after litigation brought by a local breastfeeding advocacy nonprofit.[10] (See appendix 1.5.)

**Findings: Consumer Harm**

To better understand whether services provided by non-IBCLC-certified lactation consultants pose any additional risk of harm to consumers, OPLR 1) gathered qualitative data directly from stakeholders and 2) reviewed rigorous studies of patient outcomes for IBCLC-certified lactation consultants.

OPLR could not identify probable or frequent instances of severe or permanent harm from services provided by lactation consultants; even temporary or low severity harm appears infrequent. (See appendix 2.1.) OPLR interviewed eight lactation consultant experts, including one director overseeing lactation teams for Intermountain facilities and one lactation manager at the University of Utah hospital. These experts asserted that while they have observed temporary hospitalization of infants for 'failure to thrive' due to ill-informed lactation advice from family and friends, this issue is infrequent and not permanent.[11] Harm from ill-informed advice can lead mothers to continue with suboptimal breastfeeding even when additional interventions (like bottle feeding or rehydration) are needed, resulting in dehydration or jaundice.[12] One expert asserted the breastfeeding advice given to one of her clients by a community consultant "wasn't necessarily wrong and could have helped, but it wasn't enough."[13]

OPLR was also unable to distinguish the potential for consumer harm between an IBCLC and a non-IBCLC certified consultant in any rigorous way. While OPLR found anecdotal evidence of inaccurate advice from non-IBCLC certified consultants, harm was always termed temporary, and we believe such occurrences are rare.[14] There is a lack of rigorous academic studies distinguishing the harm between IBCLC and non-IBCLC certified consultants. (See appendix 2.2.)

[10] Brumback, 2023
[11] OPLR Interview Series
[12] OPLR Interview Series
[13] OPLR Interview Series
[14] OPLR Interview Series

**Findings: Access**

In Utah, the market for lactation consultants appears roughly in balance, with sufficient competent practitioners to meet demand (particularly IBCLC-certified practitioners). The supply of IBCLC-certified consultants is currently able to meet the demand for inpatient care with about 200 certified consultants in the state. Some facilities will even pay for their RNs to become IBCLC certified.[15] In most hospitals, the only consultants hired to provide inpatient lactation care are IBCLC-certified, largely due to the expectation of high-quality care. Most lactation care teams hire RNs or registered dieticians holding an IBCLC certification, while some may hire non-RN, IBCLC-certified consultants. (See appendix 3.1.)

The significant barrier to access lies in rural hospitals that employ fewer IBCLC-certified consultants. According to the Utah PRAMS (Pregnancy Risk Assessment Monitoring System) survey, rural respondents were 7% less likely to receive breastfeeding support from a lactation specialist during pre- or postnatal care than urban respondents. (See appendix Table 2.) However, urban and rural respondents are nearly equal in receiving some type of lactation support from a doctor, nurse, midwife, or doula. Access to general breastfeeding support is essentially the same across rural and urban populations, aside from lactation specialists' support.

Virtual consultations are expanding access for rural communities in Utah. Inpatient telehealth support is broadening the scope of access across Utah's rural hospitals. Additionally, Intermountain's ConnectCare, a virtual consultation network for outpatient care, provides IBCLC-certified lactation consultant services to anyone regardless of location and is currently reimbursed by 15 private insurance plans.[16] (See appendix 3.3.) However, most Managed Care Medicaid plans do not cover virtual consultations, impeding virtual access for low-income communities. Expanding Medicaid coverage could help expand lactation support to Utah's underserved populations.

**Findings: Reimbursement**

Section 2713 of the Affordable Care Act requires expanded Medicaid plans and private insurers to cover the cost of lactation counseling during pregnancy and the postpartum period.[17] Nationally, health plans most commonly reimburse for lactation support via another license type held by consultants (such as RN).[18] (See appendix 4.1.) Medicaid expansion states, such as Utah, are required to cover lactation consultation services for expansion beneficiaries.[19]

In Utah, reimbursement for lactation support does take place and is mainly tied to RN licensure. Many (if not all) insurance payors include lactation support as part of the global maternity

[15] OPLR Interview Series
[16] OPLR Interview Series
[17] HRSA, 2022
[18] Centers for Medicare and Medicaid Services, 2015
[19] Expansion beneficiaries are those whose annual income is up to 138% of the federal poverty level. (Medicaid Expansion, DHHS)

payment for inpatient care in hospitals and do not reimburse separately for lactation support.[20] Several private and Medicaid Managed Care plans offer reimbursement in outpatient services based on providers' RN (and sometimes registered dietician) licensure. Coverage for lactation visits (especially outpatient) is inconsistent and can vary drastically across plans–particularly private plans.[21] Medicaid fee-for-service plans only reimburse private/home visits in outpatient settings when administered by a qualified nursing provider.[22] (See appendix 4.1.)

Efforts are underway to expand coverage for privatized lactation support offered in outpatient care. There is at least one firm working with national and regional insurance providers to connect families with insurance-eligible IBCLC-certified consultants. (See appendix 4.1). At least 39 IBCLC-certified lactation consultants in Utah operate independently and are reimbursed by insurance coverage through The Lactation Network (TLN).[23] Some consultants are licensed as RNs, and some are not, illustrating that licensure is not a necessary precursor to reimbursement–they can occur independently.

The main impediment to lactation support in Utah is reimbursement rather than licensure. In circumstances outside healthcare, mandatory licensure, protecting both title and scope of practice, can help ensure minimum consumer safety but also typically leads to a decrease in access as licensure increases barriers to entry. Licensure has more complex effects in a healthcare setting because licensure can also act as a precursor to reimbursement and thereby increase access. Licensure outlines the standards of practice and training requirements for a medical provider type (e.g., RN), which can aid insurance plans in choosing whether to reimburse.[24] However, licensure can also have little to no impact on reimbursement, as state licensure cannot compel insurers to reimburse–licensure and reimbursement decisions are distinct decisions made by distinct institutions. State voluntary certification, only protecting occupation title, can help signal quality care to insurers while not restricting the scope of practice of non-IBCLC-certified lactation consultants.

While outside the scope of occupational licensure and thus OPLR's mandate, the benefits of lactation consultation warrant serious consideration of reimbursement. Medicaid coverage of lactation services is shown to be cost-effective, and reimbursing lactation services can offer significant cost savings for state Medicaid plans.[25] Expanding Medicaid coverage for outpatient services (both Managed Care and fee-for-service plans) could be beneficial to support low-income populations who are often burdened with lower breastfeeding rates and higher rates of chronic disease.[26] Medicaid coverage for virtual consultations could similarly expand the benefits to rural and multilingual communities in the state. These findings related to reimbursement are, as stated above, beyond the scope of OPLR's mandate and are included here only to aid others who may be grappling with the reimbursement question.

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[20] OPLR Interview Series
[21] OPLR Interview Series
[22] Medicaid: Utah Department of Health and Human Services
[23] OPLR Interview Series
[24] Ibid.
[25] Wouk, et al., 2017
[26] Ibid.

**Recommendation**

We find that the risk of consumer harm is insufficient to warrant mandatory licensure of IBCLC-certified consultants. One of the key objectives of OPLR's review was to identify the risk of harm to consumers from unlicensed or non-IBCLC-certified consultants. We have been unable to distinguish between the potential for consumer harm from IBCLC versus non-IBCLC certified lactation consultants in any rigorous way.[27]

OPLR recommends against creating a mandatory license for IBCLC-certified lactation consultants because licensure may restrict access (especially for underserved populations), as a high-quality private certification already exists to signal competence, and because there appears to be no need for state discipline and enforcement to deter significant consumer harm. State voluntary certification can signal the quality of the IBCLC certification to consumers while not restricting the practice of non-IBCLC-certified lactation consultants in the state. While state voluntary certification can be helpful for reimbursement, we are not qualified to make reimbursement decisions on behalf of insurance payors. Voluntary certification should be considered only if and when insurers choose to reimburse for lactation consultants and only if insurance payors require state certification.

Mandatory licensure may actually impede consumers from accessing lactation support. The majority of IBCLC-certified lactation consultants practicing in hospitals are licensed RNs. However, across the lactation teams at Intermountain facilities in the state, only 50% of providers are IBCLC-certified. The creation of a new mandatory license based on IBCLC certification would leave the other 50% of providers unable to practice lactation support.[28] A decrease in lactation team members could overburden the current IBCLC-certified team members and reduce access to care, as lactation care teams always refer to an IBCLC-certified consultant for more difficult cases.[29] Under the current status quo, the presence of IBCLC consultants (particularly those who also hold an RN licensure) is in balance to meet the demand for in-person and virtual consults.

Underserved populations may paradoxically have less access to quality lactation counseling if mandatory licensure is enacted. The requirements of the IBCLC exam and training hours present barriers of cost and time for many community providers working with underserved populations or in rural communities.[30] (See appendix 5.1.) State licensure will likely be ineffective in broadening access for patients from underserved populations.

The existence of a rigorous, high-quality private certification (the IBCLC), combined with other healthcare licenses (e.g., RN, RD), largely negates the need for state licensure of lactation consultants. One lactation manager shared, "The certificate speaks for itself," noting the

[27] See section on Findings: Consumer Harm
[28] OPLR Interview Series
[29] OPLR Interview Series
[30] OPLR Interview Series

confidence of many practitioners that an IBCLC-certified consultant will offer quality care.[31] Licensure would be redundant in indicating the high-quality care of the IBCLC certification.

Beyond signaling training, competence, and quality in the marketplace, mandatory licensure gives the state police power to remove a license or sanction unprofessional conduct. However, there is insufficient evidence of harm to require the added enforcement of state licensure. As harm from lactation consultants is infrequent, of low severity, and temporary in nature, enforcement against individual practitioners by the state is unnecessary due to existing stringent oversight, accreditation, and audits of healthcare providers, teams, and facilities.

State voluntary certification could be useful if insurers need state assurance to move forward with reimbursement. Voluntary certification through the State can signal competence and quality, bolstering insurers' credentialing processes without the impediments to access related to mandatory licensure.

**Alternative Options to Expand Access**

As alternatives to licensure or other occupational regulation, OPLR has identified other potential solutions to increase access to lactation support for Utahns:

1. **Work directly on reimbursement as the current primary barrier to access.** Some states have expanded coverage for lactation services under the state's Medicaid program to include IBCLC and CLC-certified consultants without the requirement of licensure.[32] (See appendix 5.2.)

2. **Create an IBCLC certificate training program at a community or state college and contract with major healthcare systems to provide required clinical hours for the IBCLC exam.** If the objective is to create more access to high-quality lactation support, streamlining the training of more lactation consultants may be more advantageous than licensure. Currently, community providers who want to pursue the IBCLC certification face the barrier of obtaining required clinical hours in a hospital setting.[33] Community colleges in other states have established IBCLC-accredited certificate training programs to remove the cost barrier and partner with healthcare systems to provide clinical hours for first-generation college students working to become IBCLC-certified. (See appendix 5.2).

[31] OPLR Interview Series
[32] Division of TennCare, 2024
[33] OPLR Interview Series

# Appendix

## Contents

# 1. Context

### 1.1 Benefits of Breastfeeding

Recent studies show that nearly 1,000 deaths among infants could be prevented yearly if 90% of families breastfed exclusively for six months due to a decrease in pediatric diseases.[34] Breastfeeding has also been shown to impact maternal health, such as reducing the risk of ovarian and breast cancer.[35] Beyond physical health benefits, breastfeeding has been shown to offer psychological benefits for mothers in bonding more closely with their babies, as well as economic benefits in reducing healthcare costs from better infant health.[36]

### 1.2 Benefits of Lactation Consultants

Lactation consultation and breastfeeding support has been shown to increase the duration and exclusivity of breastfeeding.[37] Breastfeeding initiation and maintenance benefit from the skills of an experienced individual, and higher breastfeeding rates are associated with the prevalence of certified lactation consultants in an infant's county of residence.[38, 39, 40] Findings show the use of certified lactation consultants in pre and postpartum care can effectively address early postpartum barriers to breastfeeding.[41] Lactation consultations from those with professional skills have also been shown to increase the duration of breastfeeding amongst low-income populations.[42]

### 1.3 Breastfeeding Support in Utah

From 2000-2020, the Utah rate of breastfeeding for infants at six months exceeded the national rate.[43] To further breastfeeding efforts in the state, the Utah Department of Health (UDOH) created the 'Stepping up for Utah Babies' program to recognize hospitals that provide clear breastfeeding support for all patients.[44]

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[34] Bartick and Reinhold, 2010
[35] Office of the Surgeon General (US), 2011
[36] Office of the Surgeon General (US), 2011
[37] McFadden et al., 2017
[38] Patel, 2015
[39] Wouk, et al., 2017
[40] Thurman and Allen, 2008
[41] Teich et al., 2014
[42] Brent et al., 1995
[43] Office of Maternal and Child Health, 2023
[44] Utah Department of Health and Human Services (DHHS)

### 1.4 Current Landscape of Industry Certification

| Table 1. Industry Certifications | | | |
|---|---|---|---|
| **Certification Type** | **Accrediting Body** | **Requirements** | **Count of Active Certificants** |
| IBCLC | International Board of Lactation Consultant Examiners (IBLCE) | 14 health science courses; 95 hours of lactation education; 500-1000 clinical hours; IBCLC examination[45] | ~20,000 IBCLCs in the U.S. and territories (Feb. 2024)[46] |
| CLC | Academy of Lactation Policy and Practice (ALPP) | 95 hours of training; three college credits; CLC exam[47] | ~23,000 CLCs in the U.S. and territories (July 2024)[48] |

### 1.5 State Regulation

For our purposes, we use 'licensure' to mean protecting the scope of practice and title of an occupation. Voluntary certification protects the title of an occupation (e.g., 'state-certified lactation consultant') and not the scope of practice. New Mexico allows both IBCLC and CLC-certified consultants to apply for voluntary certification, whereas in Oregon, only IBCLC-certified consultants can apply. Rhode Island is currently reviewing revised legislation to allow CLC and ALC (Advanced Lactation Counselor), in addition to IBCLC-certified, to apply for voluntary certification.[49,50]

Georgia is the only state to pass a mandatory licensure law for IBCLC-certified consultants, which was overturned after litigation brought by Reaching Our Sisters Everywhere (ROSE), a local advocacy nonprofit providing breastfeeding support to families of color.[51] Mary Jackson, founder of ROSE, challenged the mandatory licensing. The court ruled the state lacked sufficient interest in restricting the profession to only IBCLC-certified consultants and violated the due process rights of certain lactation providers.[52,53]

[45] IBCLC Commission, 2023
[46] IBLCE Statistical Report, 2024
[47] ALPP, 2021
[48] ALPP Statistical Report, 2024
[49] Lactation Consultant Practice Act of 2014
[50] LegiScan, 2024
[51] Brumback, 2023
[52] Georgia Secretary of State
[53] Wilson, 2023

# 2. Findings: Consumer Harm

### 2.1 Overview of Harm

In hospital settings, temporary pathological and physiological harm can take place if mothers are not led to start pumping in the appropriate amount of time for a preemie infant.[54] One lactation manager stated her belief that lactation consultants offer a lower-risk service than other medical professionals.[55]

### 2.2 Harm from Non-IBCLC Certified Consultants

In most hospitals in Utah, the only type of lactation certification hired for inpatient care is IBCLC, largely due to the rigorous nature and expectation of high-quality care. Some rigorous sources mentioned the potentially damaging input from non-certified breastfeeding supporters and the subsequent impact of helping mothers navigate inconsistent advice.[56]

# 3. Findings: Access

### 3.1 Lactation Consultants in Utah

As of January 2024, Utah has 202 IBCLC-certified lactation consultants and 100 CLC-certified lactation consultants as of July 2023.[57,58] As part of our interview series, we verified that the University of Utah Hospital, Lakeview Hospital, and Intermountain Healthcare facilities only hire IBCLC-certified consultants.[59] Across all Intermountain facilities in the state, there are 100 lactation team members, 50% of whom are IBCLC-certified and more working towards their certification.[60]

### 3.2 Access by Location and Demographics

The Utah PRAMS survey was administered to new mothers from 2017-2022 with a total of 8,424 responses. Each month, a sample of 200 mothers is randomly selected from Utah birth certificates with an average response rate of 50%.[61, 62] Across demographics in the state, Asians (non-Hispanic) reported the highest engagement with a breastfeeding or lactation specialist at 74%, while Black (non-Hispanic) reported the lowest at 65%. (See Appendix Table 3.).

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[54] OPLR Interview Series
[55] OPLR Interview Series
[56] Chesnel et al., 2022
[57] IBLCE Statistical Report, 2024
[58] ALPP Statistical Report, 2024
[59] OPLR Interview Series
[60] OPLR Interview Series
[61] Utah Department of Health and Human Services (DHHS)
[62] OPLR Interview Series

| Table 2. Utah PRAMS Survey 2017-2022 | | |
|---|---|---|
| **Question 53: Before or after your new baby was born, did you receive information about breastfeeding from any of the following sources?** | | |
| **Source** | **Urban (Yes %)** | **Rural (Yes %)** |
| My doctor | 62.5 | 60.8 |
| A nurse, midwife, or doula | 63.8 | 62.3 |
| A breastfeeding or lactation specialist | 72.1 | 64.5 |
| My baby's doctor or health care provider | 58.1 | 55.2 |
| A breastfeeding support group | 13.4 | 12.4 |
| A breastfeeding hotline or toll-free number | 5.9 | 4.9 |
| Family or friends | 64.6 | 59.3 |

Source: Utah Department of Health and Human Services

| Table 3. Utah PRAMS Survey 2017-2022 | | | | | | |
|---|---|---|---|---|---|---|
| **Question 53: Before or after your new baby was born, did you receive information about breastfeeding from any of the following sources?** | | | | | | |
| **Source** | **White (NH) Yes %** | **Black (NH) Yes %** | **Hispanic Yes %** | **Asian (NH) Yes %** | **AI/AK (NH) Yes %** | **NH/OPI (NH) Yes %** |
| My doctor | 59.6 | 75.9 | 68.0 | 73.1 | 71.6 | 76.7 |
| A nurse, midwife, or doula | 63.6 | 59.1 | 61.0 | 69.2 | 70.8 | 58.3 |
| A breastfeeding or lactation specialist | 70.0 | 65.3 | 70.8 | 74.4 | 66.8 | 69.1 |
| My baby's doctor or health care provider | 55.1 | 58.3 | 64.7 | 69.7 | 70.8 | 65.1 |
| A breastfeeding support group | 10.8 | 32.6 | 20.5 | 21.7 | 15.1 | 25.6 |
| A breastfeeding hotline or toll-free number | 4.1 | 12.6 | 11.3 | 7.2 | * | * |
| Family or friends | 64.7 | 50.8 | 57.6 | 64.9 | 50.5 | 69.4 |

*=Suppressed due to small sample size NH=Non-Hispanic; AI/AK=American Indian / Alaska Native; NH/OPI=Native Hawaiian or Other Pacific Islander

Source: Utah Department of Health and Human Services

### 3.3 Virtual Consultations

Intermountain's telehealth services provide support for eight rural hospitals and five smaller Intermountain hospitals.[63] Inpatient support for these locations is provided virtually by IBCLC-certified consultants located at a larger facility. ConnectCare provides support for outpatient services. From one practitioner, we learned that 63 patients used ConnectCare between January 2024 and March 2024.[64] The IBCLC consultants supporting ConnectCare are not overwhelmed by requests, and virtual consults can address barriers to access in rural and underserved populations through Medicaid coverage.

The 15 insurance plans currently offering coverage for Intermountain's ConnectCare: AETNA Utah (Commercial Plans), Anthem Nevada, ELAP/Springtide, Network Care, Healthcare Partners- Nevada, Management Training Corp, Molina Utah (Marketplace, Medicaid & CHIP), MotivHealth, Prodigy, Samera Health, SelectHealth (Commercial and Individual Plans), Tricare/TriWest, Wise, Global Excel, and Medcare International, Inc.[65]

## 4. Findings: Reimbursement

### 4.1 Reimbursement and Coverage

In 2014, the Center for Medicare and Medicaid Services (CMS) specified Medicaid fee-for-service plans could elect to cover preventative services provided by non-licensed providers if recommended by a licensed provider (such as an MD, PA, or RN).[66]

Qualified nursing providers include RNs, Certified Midwives, and Nurse Practitioners. Variation exists in whether services are billable as separate services or part of global maternity care payments, as well as the location of services (in hospital, outpatient visits, or home visits).

The Lactation Network (TLN) is one firm working with national and regional insurance providers to connect families with IBCLC-certified consultants in outpatient care across all 50 states.[67] TLN's network includes over 3,000 IBCLC-certified consultants who practice privately and join at no cost. TLN focuses on educating the insurance market on lactation support and is currently working with regional providers to expand coverage for more clients in Utah.[68]

## 5. Recommendation

### 5.1 Access for Underserved Populations

One practitioner offering maternity and lactation support to immigrant populations asserted how the barriers of cost, time, and clinical hours impede her from pursuing the IBCLC certification.[69]

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[63] OPLR Interview Series
[64] OPLR Interview Series
[65] OPLR Interview Series
[66] Centers for Medicare and Medicaid Services, 2013
[67] The Lactation Network
[68] OPLR Interview Series
[69] OPLR Interview Series

Those seeking IBCLC certification in rural communities often face a similar barrier to completing clinical hours when not working in a hospital facility.[70]

### 5.2 Alternative Options

In Tennessee, IBCLC-certified consultants can be billed with a Medicaid ID and services provided by a CLC-certified consultant can be billed by a contracted, in-network medical provider. Current medical providers with a CLC or IBCLC certification can add a new taxonomy code to their current Medicaid ID for reimbursement.[71] The expansion of Medicaid provider groups, and particularly electing to cover preventive services by non-licensed providers, will broaden access to lactation support in outpatient care.[72]

Metropolitan State University of Denver (MSU Denver) established an IBCLC lactation consultant certificate program to meet diverse community needs. The one-year program is open to undergraduate or graduate students and consists of required academic coursework as well as a clinical lactation internship in a local facility to meet the required clinical hours for the IBCLC exam.[73] Expanding access to a rigorous, high-level certificate with demonstrated low evidence of harm, such as the IBCLC, will increase the state's high quality of lactation care more broadly.

[70] OPLR Interview Series
[71] Division of TennCare, 2024
[72] Centers for Medicare and Medicaid Services, 2013
[73] Metropolitan State University of Denver

# 6. Stakeholder Outreach

| Table 4. Stakeholder Engagement Summary | |
|---|---|
| **Utah State Government** | |
| **Utah House of Representatives** | **Rep. Rosemary Lesser** |
| **Department of Health and Human Services** | **Megan Tippetts,** Health Promotion Coordinator-Maternal and Infant Health Program<br>**Rachel Bowman,** Utah WIC Program Nutrition Coordinator<br>**Danielle Uribe,** PRAMS Data Manager<br>**Lauren Lang,** Medical Policy Analyst |
| **Industry Stakeholders** | |
| **LBERG, LLC** | **Ellen Lechtenberg,** IBCLC Lactation Consultant |
| **Lakeview Hospital** | **Cresta Matern,** Director of Women's Services |
| **University of Utah Hospital** | **Elizabeth Kirts,** Lactation Manager |
| **Intermountain Health** | **Jodie Jamison,** OB/Neo Clinical Ops Director, Desert Region<br>**Orem Lactation Clinic** |
| **La Leche League of Salt Lake City** | **Kacie Thompson-Fuller,** Director |
| **Holy Cross Ministries** | **Carlos Flores,** Health Outreach Program Manager<br>**Yeniffer Guerrero,** Promotora/Community Health Worker |
| **The Lactation Network** | **Jackie Lundin,** Strategic Partnerships SVP<br>**Emily Kolmer,** Commercial Solutions Consultant Director<br>**Dr. Kate McLean,** Chief Medical Officer<br>**Amy Provonchee,** Chief Commercial Officer |
| **Subject Matter Experts and Other States** | |
| **The Network for Public Health Law** | **Sara Rogers,** Public Health Policy Analyst |
| **Georgia** | **Merrilee Gober,** NLCA Board Member |
| **Rhode Island Department of Health** | **Deborah Garneau,** Maternal and Child Health Director |
| **Metropolitan State University of Denver** | **Dr. Jennifer Bolton,** Lactation Program Director |

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