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December 8, 2011

NY Medicaid Redesign Team
Attention:
Michael Dowling, Co-chair
Dennis Rivera, Co-chair
Basic Benefit Review Workgroup
Health Disparities Workgroup
Workforce Flexibility / Scope of Practice Workgroup

***Via Electronic Mail***

**Re: New York State Medicaid Redesign Team Recommendations to Cover International Board Certified Lactation Consultant Services as a Separately Billable Service Together with Breastfeeding Education and Ancillary Breast Pumps in Redesigning its Medicaid State Plan**

Dear Medicaid Redesign Team Members:

The United States Lactation Consultant Association (USLCA) is a non-profit organization established to advocate for improved access to lactation care in the United States. The USLCA appreciates this opportunity to comment regarding New York's Medicaid Redesign Team (MRT) Recommendations.

The USLCA recognizes that New York's MRT is dedicated to restructuring New York's Medicaid program to achieve measurable improvement in health outcomes and sustainable cost control. We want to commend several of the MRT Work Groups for including breastfeeding support in their recommendations.[1] We are also writing to urge the MRT to ensure that its recommendations are based on a complete understanding of the qualifications offered by International Board Certified Lactation Consultant (IBCLC) credential and the lactation services that IBCLCs offer, that such recommendations provide adequate compensation for such services, and that New York consider recognizing IBCLCs as Medicaid providers in their own right. We also want to take this opportunity to recommend that New York extend coverage for ancillary breast pumps necessary to fully reap the benefits of these services.

Our comments focus on the Basic Benefit Work Group Recommendation titled "Breastfeeding Support"; the Health Disparities Work Group recommendation titled "Enhance Services to Promote Maternal and Child Health"; and the goals of the Workforce Flexibility and Change of Scope of Practice Work Group. We also provide an additional recommendation regarding the coverage of services ancillary to breastfeeding support services, which has not yet been addressed by any of the work groups.

## I. Basic Benefit Work Group Recommendation: "Breastfeeding Support"

The Basic Benefit Workgroup has recommended that the New York Medicaid program provide coverage for "Breastfeeding Support." Our comments address the USLCA's strong support for this proposal. We also discuss an error in the Work Group's description of the financial impact, and our concern regarding the "Concerns with Recommendation" identified by the Work Group.



[1] Specifically, the Basic Benefit Review and Health Disparities workgroups have included such recommendations.

## A. Proposal

The USLCA strongly supports the Basic Benefit Work Group's recommendation to expand coverage for "Breastfeeding Support." While the breastfeeding support benefit category will already be required under the mandatory Early Periodic Screening, Diagnosis and Treatment (EPSDT) benefit beginning in 2013, and will also likely be required of Medicaid benchmark benefits beginning in 2014, we strongly urge New York to adopt this recommendation across its Medicaid program. In adopting this benefit category, we also urge New York to adopt the Basic Benefit Work Group's proposal to "[p]rovide Medicaid reimbursement for International Board Certified Lactation Consultant (IBCLC) services for eligible pregnant women."

The Patient Protection and Affordable Care Act (PPACA)[2] enacted on March 23, 2010, made several substantial changes to the Medicaid program, including an indirect revision of the EPSDT benefit. Specifically, PPACA amended section 1902(a) of the Social Security Act to permit state Medicaid programs, beginning in 2013, to provide coverage for "other diagnostic, screening, and rehabilitative services, including . . . any clinical preventive services that are assigned a grade of A or B by the United States Preventive Services Task Force [(USPSTF)]."[3] While this is an optional benefit category for Medicaid-eligible adults, according to CMS policy, state Medicaid programs are required to cover under their EPSDT benefit "any service which [they] are permitted to cover under Medicaid that is necessary to treat or ameliorate a defect, physical and mental illness, or a condition identified by a screen . . . regardless of whether the service or item is included in [the state's] Medicaid state plan."[4] Thus, beginning in 2013, states will be required to cover clinical preventive services with a grade of "A" or "B" from the USPSTF when rendered to children under the EPSDT benefit, provided that such services are necessary to treat or ameliorate a condition identified by a screen, including lactation consultant services.[5]

As noted by the Basic Benefit Work Group in its recommendation, in October 2008, the U.S. Preventive Services Task Force (USPSTF) gave a recommendation of "B" for primary care preventions to promote breastfeeding, including pre- and postnatal breastfeeding education, formal breastfeeding evaluations undertaken by trained caregivers in the hospital and in out-patient care settings, followed by interventions to correct problems, as needed.[6] In light of this recommendation, beginning in 2013, states will be required to provide primary care preventions to promote breastfeeding under their EPSDT benefit category, including lactation consultant services.

In addition, effective in 2014, individuals receiving coverage through Medicaid "benchmark plans," must have coverage provided for the "essential health benefits."[7] These "essential health benefits" are defined by PPACA to include "preventive and wellness services."[8] While the term "preventive and wellness services" is not defined by the statute, we note that the Institute of Medicine (IOM) recently issued guidelines with respect to preventive services for women for purposes of the "essential health benefits." These recommendations, which have been endorsed by the U.S. Department of Health and Human Services, recommend coverage for "lactation counseling and equipment to help women who choose to breastfeed do so successfully."[9] Thus, Medicaid benchmark plans will likely be required to cover this benefit beginning in 2014.

While the provision of breastfeeding support services to other Medicaid eligibility groups may not be required under federal law, the USCLA urges New York to provide such coverage under the optional benefit category for "other diagnostic, screening, and rehabilitative services, including . . . any clinical preventive services that are assigned a grade of A or B by the United States Preventive Services Task Force."[10]

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2 Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010 (HCERA), Pub. L. No. 111-152.

3 PPACA § 4106, 42 U.S.C. § 1396a(a)(13).

4 Centers for Medicare & Medicaid Services, State Medicaid Manual, § 5110.

5 It is our understanding that states already have the option of providing clinical preventive services recommended by the U.S. Preventive Services Task Force, including lactation consultant services, under their EPSDT benefit and that the changes made by PPACA merely serve to make the provision of these services mandatory.

6 US Preventive Services Task Force, Primary Care Preventions to Promote Breastfeeding, http://www.uspreventiveservicestaskforce.org/uspstf/uspsbrfd.htm.

7 PPACA § 2001(c), 42 U.S.C. § 1396u-7(b)(5).

8 PPACA § 1302(b)(1)(I).

9 Institute of Medicine, Clinical Preventive Services for Women: Closing the Gaps (July 2011), *available at* http://www.iom.edu/Reports/2011/Clinical-Preventive-Services-for-Women-Closing-the-Gaps.aspx.

10 PPACA § 4106, 42 U.S.C. § 1396a(a)(13).

Moreover, in adopting breastfeeding support as a Medicaid benefit category, we urge New York to adopt the Basic Benefit Work Group's proposal to "[p]rovide Medicaid reimbursement for International Board Certified Lactation Consultant (IBCLC) services for eligible pregnant women."

According to the U.S. Surgeon General, "International Board Certified Lactation Consultants (IBCLCs) are the only health care professionals certified in lactation care. They have specific clinical expertise and training in the clinical management of complex problems with lactation."[11] The Surgeon General's Call to Action to Support Breastfeeding, released in January of this year, which included breastfeeding support as an important prevention strategy, also recommended insurance coverage for International Board Certified Lactation Consultant services in its list of proposed actions, including coverage under state Medicaid programs.[12] Moreover, the benefits of IBCLC services have been specifically documented in the Medicaid context—Medicaid mothers who experience contact with IBCLC certified lactation consultants in the hospital have been shown to be more than four times more likely to breastfeed at discharge.[13]

**B. Financial Impact**

According to the Basic Benefit Work Group's "Breastfeeding Support" recommendation:

The NYS DOH Office of Public Health estimates that cost savings realized from breastfeeding are approximately $532 per infant per year due to lower incidences of treatment for otitis media, gastroenteritis, and necrotizing enterocolitis. Medicaid lactation counseling costs are estimated at $240 per birth (based on 115,311 Medicaid births annually at an average of three visits with an IBCLC- current private pay rates range from $50 to $110/hour).

> New York State currently has 627 International Board Certified Lactation Consultants (IBCLCs). Of these, 70% also hold a NYS professional license (i.e., 394 RN, 3 RNC, 35 NP, 7 LPN, and 11 CNM). In addition, there are 1,900 Certified Lactation Consultants (CLCs) in New York. To assure access to this service, consideration may need to be given to approving trained registered nurses that are not certified, perhaps at a lower rate than that paid to IBCLCs. (emphasis added).

The USLCA would like to point out that the term "Certified Lactation Consultants (CLCs)" is not accurate. The CLC certification is a Certified Lactation Counselor, not a Consultant. Furthermore, these individuals—like the numerous other lactation provider certification types do not provide the same level of service as an IBCLC.

An entry-level IBCLC will meet a significantly advanced set of requirements, including all of the following:

(a) prerequisite college-level education in 14 subjects in the health sciences,
(b) 90 hours of education specifically about human lactation and breastfeeding,
(c) 500-1000 hours of clinical practice in providing care to breastfeeding families (depending on the "pathway" used to sit the initial certification exam),
(d) successful completion of the IBCLC exam, administered annually by the independently accredited IBLCE.

In addition, IBCLCs must re-certify every five years (by exam or 75+ hours of continuing education); at each tenth year the recertification must be by exam. While IBCLCs might specialize in different practice areas (i.e. IBCLC working in a neonatal intensive care unit; IBCLC providing education and support to teen mothers at a government clinic; IBCLCs working with mothers at high risk for lactation problems due to medical history), all IBCLCs remain generalized experts in breastfeeding and human lactation.

Whether for preventive or palliative health care, IBCLCs use a problem-solving approach to provide evidence-based information to pregnant and breastfeeding women, and make appropriate referrals to other members of the health care team, so families can make fully-informed decisions about lactation-related healthcare. An IBCLC consultation will last approximately 1 -2 hours and include all of the following components:

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[11] U.S. Department of Health and Human Services. The Surgeon General's Call to Action to Support Breastfeeding. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2011. (emphasis added).

[12] U.S. Department of Health and Human Services. The Surgeon General's Call to Action to Support Breastfeeding. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2011.

[13] BC Castrucci et al. A comparison of breastfeeding rates in an urban birth cohort. Journal of Public Health Management. 2006;12:578-585.

- maternal history
- infant history
- birth history
- feeding history
- family / social history
- maternal exam
- infant exam
- feeding observation
- mother / infant assessment
- mother / infant care plan.

Additionally, we have included our Scope of Practice and Clinical Competencies as Appendices 1 and 2 to this comment letter.

**C. Concerns with Recommendations**

The Basic Benefit Work Group recommendation identified certain concerns with its breastfeeding support recommendation. In particular, that:

> Care will need to be taken to ensure there is no duplication of effort and careful integration with Medicaid and other state/federal funded programs. For example, the WIC program is charged with the responsibility of providing nutrition and lactation counseling to all participants. Similarly, local county health departments that provide postpartum home visits do offer assistance with lactation counseling.

We would like to note that IBCLC services do not duplicate services provided by WIC counselors or local health departments. While some mothers and babies will benefit from services of providers with lesser qualifications than the IBCLC, others will not. Francis-Clegg and Francis analyzed the in-patient job responsibilities of lactation consultants and identified some lactation services which could be effectively performed by bedside nurses *if* they received excellent lactation support training. It was determined that 71% of the required tasks still needed to be performed by the IBCLC.[14] Other current data suggest even up to 92%[15] of women have problems breastfeeding that require individualized lactation services such as that of IBCLCs.

Although Medicaid providers often refer their patients to WIC peer counselors for lactation support, these peer counselors receive only approximately 26 hours of initial training followed by six (6) to eight (8) hours of annual training to provide basic breastfeeding support. As such, WIC Peer Counselors do not have the skills and qualifications, nor is their scope of practice applicable, to address the more complex situations that lie within the IBCLCs scope of practice. Similarly, most health departments and WIC offices do not provide the level of lactation services normally carried out by an IBCLC, but rather basic counseling from other types of certified individuals. Thus services provided by WIC and local health departments are not sufficient to address complex breastfeeding problems that impact duration of breastfeeding, and, without IBCLCs, a significant population of mothers would not have access to the level of lactation care that they need to successfully breastfeed their infant.

**II. Health Disparities Work Group recommendation: "Enhance Services to Promote Maternal and Child Health"**

The Health Disparities Workgroup has issued a recommendation that New York Medicaid program "Enhance Services to Promote Maternal and Child Health." The following comments address the USLCA's strong support for this proposal, correct an error in the Work Group's financial impact, make some suggestions regarding the Work Group's description of the benefits of the recommendation, and request clarification regarding a statement in the "Concerns with Recommendation" identified by the Work Group.

**A. Proposal**

[14] S Clegg., "Justification for the Lactation Consultant Role," (In Press). *Clinical Lactation*
[15] Chantry, Carolyn, MD. Personal communication of pre-publication research results. July 2011

The USLCA would like to commend the Health Disparities Workgroup for its recommendation that New York State "[e]xpand Medicaid coverage to include breastfeeding education and lactation counseling during pregnancy and in the postpartum period and provide financial incentives to hospitals to provide breastfeeding support" in order to improve maternal and child health in the state, particularly among ethnic and racial minorities. Specifically, the Work Group recommends that New York:

> [p]**rovide Medicaid coverage for breastfeeding education and lactation counseling** during pregnancy and in the postpartum period and provide financial incentives to hospitals that provide breastfeeding support (as recommended by the World Health Organization; i.e. have been certified by "Baby Friendly USA, Inc.").

We note that increasing the rate of breastfeeding is a cost-effective public health strategy to reduce health care costs associated with infant and childhood illnesses and achieve better health outcomes later in life. Breastfed babies have been found to have fewer episodes of acute respiratory illnesses, ear infections and stomach viruses, as well as reduced incidence of Sudden Infant Death Syndrome, and a decreased risk of asthma later in life. Breastfeeding also benefits mothers by reducing postpartum bleeding and anemia, and decreasing the risk for breast and ovarian cancers, diabetes and cardiovascular diseases. In recognition of the well-documented, scientific evidence of the benefits of breastfeeding, the Surgeon General recently issued a Call to Action to Support Breastfeeding, describing in detail how people and organizations can contribute to the health of mothers and their children in a profound and lasting way.

Most major health organizations and government health agencies recommend exclusive breastfeeding for six months postpartum, followed by continued breastfeeding with complimentary foods for one year and beyond.[16] However, current breastfeeding rates fall far below these recommendations, particularly for low-income and minority mothers—the population targeted by this particular proposal.[17] The Medicaid program can have a direct and positive impact on this population by covering and promoting lactation consultant services, which in turn will lead to better rates of breastfeeding and lower healthcare costs.[18]

**B. Financial Impact**

According to the Health Disparities Work Group's estimate of the financial impact of this recommendation,

> **Breastfeeding Education and Lactation Counseling.** Increasing breastfeeding rates can reduce the prevalence of various illnesses and health conditions which will in turn lower health care costs. A recent academic article estimated that if 90% of US families complied with medical recommendations to breastfeed exclusively for 6 months, the health care savings would be $13 billion per year nationally, and save over 900 deaths per year, almost all exclusively infants. Babies exclusively breastfed in the hospital are 40% more likely to be continue breastfeeding at 6-8 weeks. Assuming that each counseling visit costs $20, and an average of 3 visits per infant, the proposal would cost $60 per birth. There were ~250,000 births in New York in 2009. Coverage for all births would cost $15 million. Savings would be derived in the long term by increasing the rate of exclusively breastfeed infants, improved health and reduced health care costs. Assuming a savings of $475 per infant who is breastfed, a 15% increase in breastfeeding rate would amount to a net savings of $2.8 million savings in health care costs. (emphasis added) (citations omitted).

The USLCA remarks that there is disagreement between the assumption that each counseling visit costs $20 and the cost estimates provided by the Basic Benefit Review Work Group Reimbursement for the 1-2 hour consultation provided by an IBCLC is more accurately provided in the Basic Benefit Review Work Group Report. While counseling visits or group classes that involve only education, rather than a1-2 hour consultation, may involve costs closer to $20, in many cases, such services would not be sufficient to improve breastfeeding rates. Thus, the

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16 *See, e.g., id.*; American Public Health Association. American Public Health Association Policy Statement 200714. A Call to Action on Breastfeeding: A Fundamental Public Health Issue. Washington, DC: American Public Health Association; 2007. Accessed May 2010 from http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1360.; Centers for Disease Control and Prevention. Breastfeeding. 2010. Accessed May 2010 from http://www.cdc.gov/breastfeeding/.

17 M.M. McDowell, J. Kennedy-Stephenson, and Breastfeeding in the United States: Findings from the National Health and Nutrition Examination Survey, 1999-2006, NCHS Policy Brief No. 5 (April 2008), *available at*: http://www.cdc.gov/nchs/data/databriefs/db05.htm.

18 *See* Kaiser Family Foundation, Medicaid Coverage of Perinatal Services: Results of a National Survey (2009), *available at* http://www.kff.org/womenshealth/upload/Medicaid-Coverage-of-Perinatal-Services-Results-of-a-National-Survey-Report.pdf.

USLCA urges New York to adopt the reimbursement rate identified by the Basic Benefit Review Work Group to reimburse the 1-2 hour consultation provided by IBCLCs.

**C. Benefits of Recommendations**

In its descriptions of the benefits of its recommendations, the Health Disparities Work Group recommends that:

> Medicaid reimbursement for breastfeeding support services conducted by a specially trained lactation counselor. Analogous to coverage currently authorized for diabetes education and asthma counseling, this service conducted by a specially trained lactation counselor would be billed to Medicaid under the license of a professional (MD, DO, NP, PA, NMW, RD, RN, other) in New York State. Coverage of breastfeeding support and counseling will be required by insurance exchanges by January 1, 2013.

While we generally agree with this recommendation, the USLCA urges New York to clarify that lactation counselors include IBCLCs provision of comprehensive lactation services which are well beyond basic education about breastfeeding, and to develop a strategy to enable lactation counselors to bill Medicaid in their own right in New York State.

> First, the USLCA urges New York to clarify that lactation counselors should include IBCLCs. As noted above, the U.S. Surgeon General has stated that International Board Certified Lactation Consultants (IBCLCs) are the only health care professionals certified in lactation care. They have specific clinical expertise and training in the clinical management of complex problems with lactation. Better access to the care provided by IBCLCs can be achieved by accepting them as core members of the health care team and creating opportunities to prepare and train more IBCLCs from racial and ethnic minority groups that are currently not well represented in this profession.

The Surgeon General further recommended that health plans " [i]nclud[e] standard coverage for IBCLCs as 'covered providers' when they perform services within the scope of their certification would ensure that mothers and children have access to these services through insurance maternity benefits." Notably, the Surgeon General recognized that "[f]ederally funded health benefit programs, such as Medicaid, the Children's Health Insurance Programs, Tricare, and the Federal Employee Health Benefit program, could serve as models for such a standard benefit package."

Second, the USLCA urges New York to work towards devising a strategy to allow lactation counselors to bill Medicaid in their own right. In terms of how lactation consultants would be reimbursed, the Surgeon General noted that:

> One option for reimbursement would be to place certified lactation consultants within the category of "nursing service related providers," and specifying the nature of care they provide would allow for reimbursement of IBCLCs without requiring that they are also registered nurses. Alternatively, developing state licensure of lactation consultants could help to achieve the same purpose.

The USCLA has successfully applied to the National Uniform Claim Committee and obtained National Provider Identifiers (NPI) for IBCLCs. The IBCLC has the option of two taxonomy codes to bill for services. Code 174N00000X Listed under the **Individual, Other Service Providers Type,** the **Lactation Consultant, Non-RN Classification,** was added in January 2011 defined as, "An individual trained to provide breastfeeding assistance services to both mothers and infants. Lactation Consultants are not required to be nurses and are trained through specific courses of education. The Lactation Consultant may have additional certification through a national or international organization." Additionally a pre-existing code, the RN-Lactation Consultant Code is considered a Level III Area of Specialization and is listed under the categories of: Nursing Service Providers → Registered nurses →Lactation Consultant. The numerical index for the code is: **163WL0100X.** There is no definition given for the code.

The USLCA believes that adopting one or both of these strategies would allow IBCLCs to reach a greater number of beneficiaries at a lower cost. To the extent that IBCLCs bill Medicaid under the number of a physician or other practitioner, their services would likely receive a higher reimbursement rate and thus cost the Medicaid program

more. Furthermore, there are lactation consultants who do not practice in association with another medical provider in New York State. Some of these providers service underserved populations, such as women in rural areas. Thus, prohibiting these consultants from billing Medicaid would eliminate access to breastfeeding support services to many women most in need. We urge New York to consider these alternatives as it considers the recommendations of the Workforce Flexibility and Change of Scope of Practice Work Group, described in section III, below.

### D. Concerns with Recommendation

The Health Disparities Work Group identifies the following concern with its recommendation:

> Overall the recommendations suggest significant system changes to enhance initial and ongoing Medicaid coverage to promote maternal and child health. Specific concerns include a limited number of CLC health care professionals to support breastfeeding recommendations. Time will be needed to institute statewide training and certification . . .

The USLCA believes that the Work Group did not mean to utilize the abbreviation CLC. As described in section I.B, above, this acronym refers to a "certified lactation counselor." Instead, we would like to clarify that the Work Group meant to reference IBCLCs, the provider type referred to in the Surgeon General's Call to Action, described above.

## III. Workforce Flexibility / Scope of Practice Workgroup

According to its goals, the "Workforce Flexibility / Scope of Practice Workgroup will develop a multi-year strategy to redefine and develop the workforce, to ensure that the comprehensive health care needs of New York's population are met in the future." This proposed strategy will include redefining the roles of certain types of providers and aligning training and certification requirements with workforce development goals. The objective will be to formulate consensus recommendations and identify areas in statute, regulation and policy that would require changes in order to implement them. As part of this strategy, the Work Group will establish an Advisory Committee to the Office of the Professions of the State Education Department to "recommend time-limited health workforce demonstrations to test the effectiveness of new approaches to the provision of health service delivery" and to "recommend an evaluation . . . of any change to law, regulation, or to rules that result in enhancements to health workforce flexibility."

We believe that these recommendations are relevant to provision of IBCLC service for breastfeeding infants and mothers. IBCLCs are not licensed in any of the United States; however, as you may know, we hold an International certification granted by the International Board of Lactation Consultant Examiners (IBLCE). Under federal law, Medicaid providers must be recognized under state law (i.e., licensed by the state). This means that, unless New York recognizes IBCLCs through licensure or some other means, IBCLCs generally cannot be Medicaid providers solely on the basis of their status as IBCLCs (although they can bill for their services through another provider).[19] Therefore, New York may want to use this opportunity to recognize IBCLCs under its state licensure laws in order to enable them to bill Medicaid directly for the reasons described in section II.C, above.

## IV. Additional Recommendation Regarding Coverage for Ancillary Services

[19] New York could allow IBCLCs to bill Medicaid directly pursuant to a section 1115 waiver, which provides the Secretary of Health and Human Services broad authority to authorize experimental, pilot, or demonstration projects likely to assist in promoting the objectives of the Medicaid statute, including the ability to waive many, otherwise applicable federal laws. However, obtaining a section 1115 waiver is a burdensome process for both the state and federal government and only lasts for a period of five years.

Finally, while not addressed by any of the MRT Work Groups, the USLCA urges New York to extend Medicaid coverage for ancillary breast pump equipment. Medical experts have recommended that, to increase mothers' ability to continue breastfeeding for at least 12 months, states should fully cover the cost of safe, effective manual and electric breast pumps for infants or post-partum women on Medicaid.[20] We note that most mothers insured by Medicaid must return to work early in the first year of the infant's life and that returning to work often leads new mothers to stop breastfeeding reducing the benefits to the mother (e.g., cancer prevention) and to the infant (e.g., immunity and pediatric obesity).[21] The provision of breast pumps to these mothers and infants will facilitate their ability to fully reap the benefits of IBCLC services rendered under the Medicaid state plan. We note that the provision of these items is not only consistent with the recommendations of the USPSTF and IOM, described above, but also recommendations issued by the New York State Department of Health.[22]

## V. Conclusion

In conclusion, in re-defining its benefits package under the Medicaid State Plan, the USLCA commends several of the MRT Work Groups for recommending Medicaid coverage of lactation counseling services and urges New York to both recognize IBCLCs as providers of these services and ensure that IBCLCs are adequately compensated for the in-depth lactation support that they provide. We also urge New York to consider opportunities to allow IBCLCs to bill Medicaid directly and to extend coverage for ancillary breast pumps necessary to fully reap the benefits of these services.

We appreciate your consideration of our comments and look forward to working with the state of New York moving forward to ensure that the state is able to reap the full public health and economic benefits associated with integrating these items and services into its
Medicaid Redesign. We have enclosed two informative documents for your reference as you take into consideration our recommendations. Please do not hesitate to contact Judith L. Gutowski at 724-331-6607 if we can be of any assistance.

Sincerely,

Marsha Walker, RN, IBCLC
Director of Public Policy
781-893-3553

Attachments

1. IBCLC Scope of Practice
1. IBCLC Clinical Competencies

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[20] J Haughton, D Gregorio, R Pérez-Escamilla. Factors associated with breastfeeding duration among Connecticut Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) participants. J Hum Lact. 2010 Aug;26(3):266-73.

[21] W Rojjanasrirat, VD Sousa. Perceptions of breastfeeding and planned return to work or school among low-income pregnant women in the USA. J Clin Nurs. 2010 Jul;19(13-14):2014-22.

[22] New York State Department of Health, Best Practices for Breastfeeding obtained from the World Wide Web December 8, 2011. http://www.health.ny.gov/community/pregnancy/breastfeeding/best_practices.htm

# Scope of Practice for International Board Certified Lactation Consultants (IBCLCs)

*IBCLCs have the duty to uphold the standards of the IBCLC profession by:*

• working within the framework defined by the IBLCE Code of Ethics, the Clinical Competencies for IBCLC Practice, and the International Lactation Consultant Association (ILCA) Standards of Practice for IBCLCs
• integrating knowledge and evidence when providing care for breastfeeding families from the disciplines defined in the IBLCE Exam Blueprint
• working within the legal framework of the respective geopolitical regions or settings
• maintaining knowledge and skills through regular continuing education

*IBCLCs have the duty to protect, promote and support breastfeeding by:*

• educating women, families, health professionals and the community about breastfeeding and human lactation
• facilitating the development of policies which protect, promote and support breastfeeding
• acting as an advocate for breastfeeding as the child-feeding norm
• providing holistic, evidence-based breastfeeding support and care, from preconception to weaning, for women and their families
• using principles of adult education when teaching clients, health care providers and others in the community
• complying with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions

*IBCLCs have the duty to provide competent services for mothers and families by:*

• performing comprehensive maternal, child and feeding assessments related to lactation
• developing and implementing an individualized feeding plan in consultation with the mother
• providing evidence-based information regarding a mother's use, during lactation, of medications (over-the-counter and prescription), alcohol, tobacco and street drugs, and their potential impact on milk production and child safety
• providing evidence-based information regarding complementary therapies during lactation and their impact on a mother's milk production and the effect on her child
• integrating cultural, psychosocial and nutritional aspects of breastfeeding
• providing support and encouragement to enable mothers to successfully meet their breastfeeding goals
• using effective counseling skills when interacting with clients and other health care providers
• using the principles of family-centered care while maintaining a collaborative, supportive relationship with clients

*IBCLCs have the duty to report truthfully and fully to the mother and/or infant's primary health care provider and to the health care system by:*

• recording all relevant information concerning care provided and, where appropriate, retaining records for the time specified by the local jurisdiction

*IBCLCs have the duty to preserve client confidence by:*

• respecting the privacy, dignity and confidentiality of mothers and families

*IBCLCs have the duty to act with reasonable diligence by:*

• assisting families with decisions regarding the feeding of children by providing information that is evidence-based and free of conflict of interest
• providing follow-up services as required
• making necessary referrals to other health care providers and community support resources when necessary
• functioning and contributing as a member of the health care team to deliver coordinated services to women and families

• working collaboratively and interdependently with other members of the health care team

• reporting to IBLCE if they have been found guilty of any offence under the criminal code of their country or jurisdiction in which they work or is sanctioned by another profession

• reporting to IBLCE any other IBCLC who is functioning outside this Scope of Practice

# Clinical Competencies for IBCLC Practice

***COMMUNICATION AND COUNSELING SKILLS***

In all interactions with mothers, families, health care professionals and peers, the student will demonstrate effective communication skills to maintain collaborative and supportive relationships.

The student will:

• Identify factors that might affect communication (i.e., age, cultural/language differences, deafness, blindness, mental ability, etc.)

• Demonstrate appropriate body language (i.e., position in relation to the other person, comfortable eye contact, appropriate tone of voice for the setting, etc.)

• Demonstrate knowledge of and sensitivity to cultural differences

• Elicit information using effective counseling techniques (i.e., asking open-ended questions, summarizing the discussion, and providing emotional support)

• Make appropriate referrals to other health care professionals and community resources

The student will provide individualized breastfeeding care with an emphasis on the mother's ability to make informed decisions.

The student will:

• Assess mother's psychological state and provide information appropriate to her situation

• Include those family members or friends the mother identifies as significant to her

• Obtain the mother's permission for providing care to her or her baby

• Ascertain mother's knowledge about and goals for breastfeeding

• Use adult education principles to provide instruction to the mother that will meet her needs

• Select appropriate written information and other teaching aides

***HISTORY TAKING AND ASSESSMENT SKILLS***

The student will be able to:

• Obtain a pertinent history

• Perform a breast evaluation related to lactation

• Develop a breastfeeding risk assessment

• Assess and evaluate the infant relative to his ability to breastfeed

• Assess effective milk transfer

***DOCUMENTATION AND COMMUNICATION SKILLS WITH HEALTH PROFESSIONALS***

The student will:

• Communicate effectively with other members of the health care team, using written documents appropriate to the geopolitical region, facility and culture in which the student is being trained, such as: consent forms, care plans, charting forms/clinical notes, pathways/care maps, and feeding assessment forms

• Use appropriate resources for research to provide information to the health care team on conditions, modalities, and medications that affect breastfeeding and lactation

• Write referrals and follow-up documentation/ letters to referring and/or primary health care providers that illustrate the student's ability to identify:

• The mother's concerns or problems, planned interventions, evaluation of outcomes and follow-up

• Situations in which immediate verbal communication with the health care provider is necessary, such as serious illness in the infant, child, or mother

• Report instances of child abuse or neglect to specific agencies as mandated or appropriate

***SKILLS FOR FIRST TWO HOURS AFTER BIRTH***

The student will:

• Identify events that occurred during the labor and birth process that may negatively impact breastfeeding

• Identify and discourage practices that may interfere with

• Promote continuous skin-to-skin contact of the term newborn and mother through the first feeding
• Assist the mother and family to identify newborn feeding cues
• Help the mother and infant to find a comfortable position for latching-on/attachment during the initial feeding after birth
• Identify correct latch-on (attachment)
• Reinforce to mother and family the importance of:

Keeping the mother and baby together
Feeding the baby on cue - but at least 8 times in each 24 hour period

***POSTPARTUM SKILLS***

Prior to discharge from care, the student will observe a feeding and effectively instruct the mother about:
• Assessment of adequate milk intake by the baby
• Normal infant sucking patterns
• How milk is produced and supply maintained, including discussion of growth/appetite spurts
• Normal newborn behavior, including why, when and how to wake a sleepy newborn
• Avoidance of early use of a pacifier and bottle nipple
• Importance of exclusive breast milk feeds and possible consequences of mixed feedings with cow milk or soy
• Prevention and treatment of sore nipples
• Prevention and treatment of engorgement
• SIDS prevention behaviors
• Family planning methods and their relationship to breastfeeding
• Education regarding drugs (such as nicotine, alcohol, caffeine and illicit drugs) and folk remedies (such as herbal teas)
• Plans for follow-up care for breastfeeding questions, infant's medical and mother's postpartum examinations
• Community resources for assistance with breastfeeding

***PROBLEM-SOLVING SKILLS***

The student will be able to:
• Identify problems
• Assess contributing factors and etiology
• Develop an appropriate breastfeeding plan of care in concert with the mother
• Assist the mother to implement the plan
• Evaluate effectiveness of the plan

***SKILLS FOR MATERNAL BREASTFEEDING CHALLENGES***

The student will be able to assist mothers with the following challenges:
• Cesarean birth
• Flat/inverted nipples
• Yeast infections of breast, nipple, areola, and milk ducts
• Continuation of breastfeeding when mother is separated from her baby

Milk expression techniques
Maintaining milk production
Collection, storage and transportation of milk

• Cultural beliefs that are not evidence-based and may interfere with breastfeeding, (i.e., discarding colostrum, rigidly scheduled feedings, necessity of formula after every breastfeeding, etc.)
• Medical conditions that impact breastfeeding
• Adolescent mother

Strategies for returning to school
Maintaining milk production

• Nipple pain and damage
• Engorgement
• Plugged duct or blocked nipple pore
• Mastitis
• Breast surgery/trauma
• Overproduction of milk
• Postpartum psychological issues including transient sadness ("baby blues") and postpartum depression

Appropriate referrals
Medications compatible with breastfeeding

• Insufficient milk supply, differentiating between perceived and real
• Weaning issues

Safe formula preparation and feeding techniques
Care of breasts

***SKILLS FOR INFANT BREASTFEEDING CHALLENGES***

The student will be able to assist mothers who have infants with the following challenges:
• Traumatic birth
• 35-38 weeks gestation
• Small for gestational age (SGA) or large for gestational age (LGA)
• Multiples/plural births

- Preterm birth, including the benefits of kangaroo care
- High risk for hypoglycemia
- Sleepy infant
- Excessive weight loss, slow/poor weight gain
- Hyperbilirubinemia (jaundice)
- Ankyloglossia (short frenulum)
- Yeast infection
- Colic/fussiness
- Gastric reflux
- Lactose overload
- Food intolerances
- Neurodevelopmental problems
- Teething and biting
- Nursing strike/early baby led weaning
- Toddler nursing
- Nursing through pregnancy
- Tandem nursing

***MANAGEMENT SKILLS***

The student will demonstrate the ability to:

• Perform a comprehensive breastfeeding assessment

• Assess milk transfer with:

AC/PC weights, using an electronic digital scale
Use of balance scale for daily weights

• Calculate an infant's caloric and volume requirements

• Increase milk production

***SKILLS FOR USE OF TECHNOLOGY AND DEVICES***

The student will have up-to-date knowledge about breastfeeding-related equipment and demonstrate appropriate use and understanding of potential disadvantages or risks of the following:

• A device to evert nipples

• Nipple creams/ointments

• Breast shells

• Breast pumps

• Alternative feeding techniques

Tube feeding at the breast
Cup feeding
Spoon feeding
Eyedropper feeding
Finger feeding
Bottles and artificial nipples

• Nipple shields

• Pacifiers

• Infant scales

• Use of herbal supplements for mother and/or infant

***SKILLS FOR BREASTFEEDING CHALLENGES WHICH ARE ENCOUNTERED INFREQUENTLY***

The following issues are encountered relatively infrequently, and may not be seen during the student's training. The entry-level lactation would not be expected to be proficient in these situations. The student will need to use basic skills to assist the mother and infant while seeking guidance from a more experienced IBCLC.

Infant:

• Infant with tonic bite/ineffective/dysfunctional suck

• Cranial-facial abnormalities, such as micrognathia (receding lower jaw) and cleft lip and/or palate

• Down Syndrome

• Cardiac problems

• Chronic medical conditions, such as cystic fibrosis, PKU, etc.

Mother:

• Induced lactation and relactation

• Coping with the death of an infant
• Chronic medical conditions, such as MS, lupus, seizures, etc.
• Disabilities which may limit mother's ability to handle the baby easily, such as, rheumatoid arthritis, carpal tunnel syndrome, cerebral palsy, etc.
• HIV/AIDS: understanding of current recommendations based on the mother's access to safe replacement feeding

***SKILLS FOR MEETING PROFESSIONAL RESPONSIBILITIES***

The student will demonstrate the following professional responsibilities:

• Conduct herself or himself in a professional manner, by complying with the *IBLCE Code of Ethics for International Board Certified Lactation Consultants* and the *ILCA Standards of Practice*; and by adhering to the *International Code of Marketing of Breastmilk Substitutes* and its subsequent World Health Assembly resolutions.
• Practice within the laws of the setting in which s/he works, showing respect for confidentiality and privacy.
• Utilize current research findings to provide a strong evidence base for clinical practice, and obtain continuing education to enhance skills and obtain/maintain IBCLC certification.
• Advocate for breastfeeding families, mothers, infants and children in the workplace, community and within the health care system.
• Use breastfeeding equipment appropriately and provide information about risks as well as benefits of products, maintaining an awareness of conflict of interest if profiting from the rental or sale of breastfeeding equipment.

***SITES FOR ACQUISITION OF SKILLS***

The student may acquire clinical/practical skills in the following settings:

• Private practice IBCLC office
• Private practice OB, pediatric, family practice or midwifery office
• Public health department; Women, Infants and Children (WIC) Program (in the US)
• Hospital
Lactation services
Birthing center
Postpartum unit
Mother-Baby unit
Level II and Level III nurseries: Special Care Nursery, Neonatal Intensive Care Nursery
Pediatric unit
• Home health services
• Out-patient follow-up breastfeeding clinics
• Breastfeeding hotlines and warm-lines
• Prenatal and postpartum breastfeeding classes
• Home births (if legally permitted)

• Volunteer community support group