

USLCA

Licensure for IBCLC® Frequently Asked Questions (FAQs)

The US Lactation Consultant Association has received numerous inquiries regarding the necessity and value of licensure for the IBCLC®. Since there is no process for national licensure, the licensing of health professionals is done by each state. The goal of licensure is to provide public safety. USLCA's Licensure and Reimbursement Committee is currently working to secure licensure for the IBCLC® in most states.

Licensing forms the basis of autonomous practice, facilitates credibility in the healthcare system, improves the opportunities for third party reimbursement from insurers, and is the framework upon which the US health care system structures its workforce. USLCA has worked to give IBCLC® lactation consultants access to National Provider Identification Numbers (NPIs), which are necessary for billing and reimbursement.

Continuing to operate with only certification does a disservice to the breastfeeding families that deserve and require specialized lactation care and services, but are deprived of these services because of denied insurance coverage. Licensure is generally viewed by legislative bodies as a regulatory effort to protect the public from potential harm. In the healthcare delivery system, an individual who is licensed is known to have a determined minimum level of education and experience in order to practice. Conversely, the licensed individual must satisfy ongoing requirements which assure certain knowledge and skills.

Licensure protects consumers, encourages quality, assigns responsibility, raises professional standards

of practice, and prevents unqualified individuals from practicing. It provides consumers with the tools needed to evaluate the practitioners. Licensure is permission granted by a competent authority to engage in an occupation. It is the most restrictive form of professional and occupational regulation. Licensure therefore could be used to protect the title of lactation consultant, provide a single set of standards for the profession enable, autonomy of practice and increase access to care, culminating in support for billing and reimbursement.



Why do IBCLC® need to be licensed?

Currently, anyone can call themselves a lactation consultant, even with minimal training or without board certification. The public now has no means of identifying a qualified lactation consultant and no protection from unqualified practitioners. A family has no means of recourse in the event of a bad outcome from an unqualified caregiver. Licensure would assure consumers, employers, hospitals, and other health care providers and organizations that they are engaging qualified professionals.

- ✓ The IBCLC® is an allied healthcare professional and needs to be recognized as such in states, hospitals, and health policy, just like all other healthcare professionals.
- ✓ Licensure allows the IBCLC® to practice to the full extent of the profession's scope of practice.
- ✓ Licensure places IBCLC® on a more even footing with other licensed health professionals, allowing the voice of the IBCLC® to be heard, respected, and valued.
- ✓ Licensure of IBCLC® provides protection for the public, just as licensing does for other health professions.
- ✓ Licensure will improve access to lactation care and services, especially for families who cannot afford to pay out of pocket for health care services.
- ✓ Medicare and Medicaid (CMS) regulations permit only LICENSED health care providers to offer services and be paid. Since 2013 there is an option for states to amend their plans to permit certain unlicensed practitioners to be reimbursed, when referred to by a licensed provider. No state has done this.
- ✓ Most private insurers follow CMS guidelines and only reimburse licensed practitioners, even though they have the option to reimburse unlicensed providers.

Who will need to be licensed?

If language that USLCA promotes is included in state licensure regulations, all International Board Certified Lactation Consultants will need to be licensed in order to practice in the states where licensure has been granted.

Will IBCLC® be required to take another exam to qualify for licensure?

Ideally, no, the licensure requirements will be met by maintaining one's IBCLC® requirements.

Will there be additional continuing education requirements for IBCLC® in states who adopt licensure?

It is the goal for the continuing education requirements to be met by maintaining the IBCLC® certification.

What will the cost of licensure be for me?

We don't know yet what the licensure fees will be. We are requesting licensure under existing state regulatory boards when possible, rather than creating a new and independent board to keep costs at a minimum. Reported costs of licensure for other professionals range from \$40 to \$400 per year.



Will licensure guarantee me higher pay?

The purpose of licensure is to allow IBCLC® to practice to the extent to which they are trained. Licensure facilitates the third party reimbursement processes because it is the standard way that healthcare is delivered in the United States. Lack of licensure impedes the ability of IBCLC® to get paid for their work. While there are no guarantees, it paves the way especially for billing out-patient and prenatal care, and could possibly be considered for reimbursement beyond the global maternity fees for in-patient care. This is something hospitals would negotiate with insurers. Therefore, changing IBCLC® status through licensure may open the doors to more job opportunities.

I already paid to take the IBLCE exam. Why should I pay more money for licensing in my state?

IBCLC® will have to pay a licensing fee, usually bi-annually. Having a license is likely to increase the number of mothers accessing care which would easily recoup the cost of a license. However, the small economic sacrifice does not change the ethical duty of health care providers to be answerable to the public.

How many other states have licensure?

Currently, Rhode Island has a regulation licensing lactation consultants. There are licensure initiatives in 70% of states at this time.

Will licensure prevent non-IBCLC® from providing breastfeeding support?

The licensing of IBCLC® does not affect other health care professionals who provide lactation support under their own scope of practice as long as they don't call themselves IBCLC®. This licensure does not affect students, interns, La Leche League Leaders, volunteers or WIC peer counselors. Licensure does not provide for the 'policing' of others. Licensure would apply only to those independently providing clinical lactation care who hold the IBCLC® credential.

Will all IBCLC® have to be licensed to work in hospitals, WIC, private practice?

Yes. IBCLC® will need to be licensed to perform any work as an IBCLC® in a state adopting licensure, usually within a set time period from the time of passage of a licensure bill but this could vary with the language of the adopted legislation. Also, some licensure language may exempt state or federal employees from licensure requirements. .

Will our suffix be changed?

A licensure bill's language would specify that only licensed lactation consultants may use the designation of IBCLC®. The term "lactation consultant" is currently not a legally protected designation. It could be possible that some states would write legislation that specified that only IBCLC® could call themselves "lactation consultants."



Will there be reciprocity with other states with IBCLC® licensure?

It is a goal of model legislation to provide a reciprocal credential between states.

Will licensing be considered part of the hospital's credentialing requirements for IBCLC® applying for clinical privileges?

The governing body of each facility determines which professions may be granted privileges, the requirements, and the application process. Primary source verification of licenses and other credentials is a standard part of the credentialing review process at licensed health care facilities.



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