

F A C T V S . F I C T I O N  
*The IBCLC and CLC*



**USLCA**  
United States Lactation  
Consultant Association

## Licensing the IBCLC®

USLCA advocates for licensure of International Board Certified Lactation Consultant® (IBCLC®) for the good of families and our profession. We support language in bills that permits other lactation support providers to continue their valuable work. Once a bill is introduced in state assemblies, the state may modify the language and regulations. Though USLCA may provide consultation on these bills, the legislators in each state have the final decision as to content.

The United States Lactation Consultant Association (USLCA) is concerned about inaccurate statements being distributed by the Healthy Children Project/The Academy of Lactation Policy and Practice (TALPP) to its certificate holders, other breastfeeding support providers, and maternal and child health stakeholders and legislators with regard to licensure of the International Board Certified Lactation Consultant (IBCLC). Licensure enables the public to identify qualified healthcare providers.

- Licensure protects the public by establishing standardized criteria for quality, competence, and safety of entry-level professional clinical lactation practice.
- Licensure of IBCLC is imperative to enable third party reimbursement for all families to receive highly skilled clinical lactation services

According to State filings and corporate records, TALPP merged into the Healthy Children project in 2008 and have the same President. Their “Position Paper on the Comparative Roles and Training of the IBCLC and the CLC” asserts that “There is no inherent hierarchy among lactation care providers,” and that the terms “lactation counselor” and “lactation consultant” do not designate any difference in ability. Published documents as well as testimonies opposing various state IBCLC licensing bills contain a number of inaccuracies that include:

**Assertion:** Licensure of the IBCLC “would prohibit CLCs, ALCs, and ANLCs from practicing by making the unlicensed practice of clinical lactation services a criminal offense and limiting licensure exclusively to IBCLCs.”

**Assertion:** If IBCLCs were licensed, CLCs and other lactation support providers would be prohibited from practicing and families would no longer have a choice among providers, threatening their relationships with their chosen lactation care providers.

**Assertion:** Certified Lactation Counselors (CLC) would not be able to practice unless also holding the IBCLC credential, thereby restricting lactation support in communities.

### Clarification:

- USLCA recommends that licensure bills **not** restrain CLCs or any other lactation care providers from practicing or providing breastfeeding support services within their certification and defined roles as long as they do not use the titles protected in the bill.
- USLCA supports bills with specific exemptions in place to protect the valuable services provided by various lactation supporters who are not IBCLCs.
- USLCA supports licensure bills that require only that the term “lactation consultant” or “licensed lactation consultant” be reserved for those who carry the IBCLC credential, or an equivalent credential, and are licensed in that state.
- TALPP fails to acknowledge that the vast majority of individuals who hold the CLC certification fall under these stated exemptions for licensed healthcare professionals and government and public health employees and volunteers. Various bills may also contain additional exemptions in their language which apply to educators, counselors and other lactation providers.

### THE ISSUE IN BRIEF

- Many families are denied access to the professional services of the IBCLC because insurers typically do not pay for services by unlicensed providers.
- Licensure of IBCLCs does not prevent other lactation providers from working within their own professional licenses and/or certifications.
- Licensure of IBCLCs allows other lactation support providers to pursue their own licensure efforts.

**Assertion:** No evidence suggests that one group of lactation providers is associated with higher patient outcomes.

**Clarification:** There is a large body of published evidence supporting optimal and improved breastfeeding outcomes when mothers have received clinical lactation services from an IBCLC. An accompanying document from USLCA describes and provides references from nine national health professional and public health organizations that recommend IBCLC services. In addition, there are 41 individual studies citing improved breastfeeding outcomes with the use of IBCLC services as an intervention.

**Assertion:** Because there are more CLCs than IBCLCs in some states, licensure for IBCLCs would reduce the number of qualified lactation professionals working in a state.

**Clarification:**

- USLCA supports licensure bills with exemptions for other breastfeeding support providers, permitting them to carry on their work. This includes those who hold a license as a healthcare professional, state and federal government employees such as those working in WIC, as well as peer counselors and volunteers.
- Licensure is likely to enable marketplace demand to increase the number of clinical lactation providers thus making lactation support more accessible for families.

**Assertion:** CLCs are equivalent to IBCLCs and should be licensed on the same bill as the IBCLC.

**Clarification:** The Certified Lactation Counselor (CLC), like many similar programs, requires 45 hours of training. Pathway 1 for the CLC certificate has no prerequisites. Thus a person with no high school diploma, no college course work in the health sciences, no clinical experience working directly with mothers and infants could sit for 45 didactic hours and be eligible for CLC designation. Until 2016, there were no other prerequisites or other coursework required to take the certifying exam offered by TALPP. In 2016 a Pathway 2 emerged which may be followed by licensed health professionals or those holding a baccalaureate degree or higher. This second pathway requires 45 hours of training, which is half of that required by the International Board of Lactation Consultant Examiners® (IBLCE®). TALPP's "Pathway 2" also requires 150 "directly supervised" clinical hours---far fewer than the hours required for IBCLC candidates.

- Additionally, TALPP defines "directly supervised" somewhat differently than does the IBLCE.
- TALPP verification of "directly supervised" is met by providing a resume with employment history and job descriptions for the 150 hours with contact information for direct supervisors.
- TALPP definition of "directly supervised" is equivalent to the "supervised" hours of IBLCE's Pathway 1 candidates who are required to have 1000 supervised hours.  
Reference ALPP Candidate Handbook & Application: Certified Lactation Counselor Certification v 2.0 2016  
[http://talpp.org/forms/CLCCandidateHandbook\\_%20v2.0%202016.pdf](http://talpp.org/forms/CLCCandidateHandbook_%20v2.0%202016.pdf)
- Pathway 2 from IBLCE requires 300 supervised clinical hours as part of an accredited college or university program.
- Pathway 3 from IBLCE requires 500 directly supervised hours. The IBLCE definition of "directly supervised" requires the supervisor to an IBCLC who is nearby and able to step in to assist. The process involves first gaining experience through observation of the IBCLC which is not counted toward the directly supervised hours.
- TALPP also certifies Advanced Lactation Consultants and Advanced Nurse Lactation Consultants. These "certifications" require only 45 additional hours of lactation-specific education. These courses may also be taken after earning the IBCLC, in which case those with such additional certifications would be covered under IBCLC licensure. The CLC, ALC or ANLC courses do not require demonstration or clinical practice hours in lactation.

**Assertion:** Licensure is not required for reimbursement under the Affordable Care Act (ACA).

**Clarification:** The Affordable Care Act does not define any reimbursement criteria, but only mandates that lactation services must be covered by certain insurers. Medicaid and most private insurers only reimburse the **licensed** health care provider. As the IBCLC is not licensed, it restricts access to the clinical care that many mothers need.

**Assertion:** CLCs and other health care providers would be unfairly regulated without representation under legislation which licenses IBCLCs due to overlap of scope of practice.

**Clarification:** Licensure of the IBCLC would create qualifications, oversight, and disciplinary actions regarding **IBCLCs** or in some states, an equivalent certification. Other lactation service providers would not be supervised within the scope of the “lactation consultant” or “licensed lactation consultant” regulations. Numerous other healthcare professions such as physician, physician assistants, nurses and nurse practitioners have overlapping scopes of practice; however, they are still each accountable separately under licensure regulations as different professions.

Nothing in proposed IBCLC licensure bills prohibits the CLC or any other lactation support certifications from pursuing licensure as a separate profession.

IBCLCs<sup>®</sup> are experts  
in clinical lactation care!

Join forces with your professional organization  
to improve access to the national standard in  
lactation care.

[www.USLCA.org](http://www.USLCA.org)



© USLCA July 2016

**United States Lactation Consultant Association**

4410 Massachusetts Ave., NW #406 | Washington, DC 20016 | 202-738-1125 | [info@uslca.org](mailto:info@uslca.org)