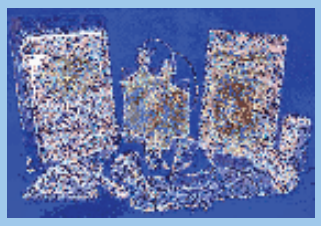
Mother/Consumer

- How does she find the right products?
- How does she find the right services when she has a breastfeeding problem?
- Where is protection from fraudulent claims on products & services?



Consumer Confusion in the Market Place

- International Board Certified Lactation Consultant
- Community Breastfeeding Educator
- Early Breastfeeding Care Specialist / Doula Breastfeeding Training
- Certified Lactation Counselor
- WIC Peer Counselor
- Certified Lactation Educator
- La Leche League Leader
- Certified Breastfeeding Specialist
- Certified Lactation Specialist
- Certified Lactation Counselor
- Breastfeeding Counselor
- Breastfeeding Educator
- Lactation Educator Counselor
- Lactation Care Specialist

Certification?

Registry?

Licensure?

Professional Certification =

- Voluntary process
- Non-governmental entity grants a time-limited recognition and use of a credential
- Verifies an individual has met predetermined and standardized criteria
- Vehicle used to differentiate among its members
  - Using standards
  - Developed through a consensus driven process
  - Based on legal and psychometric requirements

Durely (2005)

Registry = RLC

- Governmental agency grants a time-limited status on a registry
- Determined by specified knowledge-based requirements (e.g., experience, education, examinations)
- Authorizes individuals to practice, similar to licensure
- For IBCLCs: Louisiana RLC designation

Durley (2005)

Licensure

- Mandatory process
- State governmental agency grants time-limited permission to an individual to engage in a given occupation
- IBCLC verifies achievement of predetermined and standardized criteria

Purposes - Identification

- Mechanism to be known by the public, employers, policy makers and insurers
- Links IBCLC to a meaningful process of examination
- Accredited as legally defensible
- Delineates entry level standards and continuing competence
- Professional credibility, aligns with other regulated health professionals

What's in it for You

- Licensure FAQ – from USLCA
  - Credibility with colleagues and healthcare administration
  - Increased IBCLC staffing??
  - Means to reimbursement
    - Billing independently for outpatient
- Minimal Cost – (one visit fee??)

Challenges

- Must pass legislation 50 times
- Requires support of legislator(s)
- States don't want new boards or registries
  - Government does not want to spend money on regulation
- Public perception of regulation as ineffective or corrupt
- Creating a new board is cost prohibitive for small numbers of IBCLCs

Purposes – Public Protection

- Insures competence and ethics in the profession
- Differentiates IBCLCs from other breastfeeding support providers
- Assures consumers that professionals have met standards of practice
- Means to ensure that consumers have access to care

Legislation Elements

- Mandatory licensure - required to practice
  - Titles or initials protected
  - Defined "clinical lactation services"
- Defined licensure qualification - IBCLC or equivalent
  - Education, clinical practice hours, exam
  - Additional exam or IBCLC (recommended)
  - IBCLC Scope of Practice /Code of Conduct
  - Continuing Education
  - Additional clearance- criminal, child abuse

Legislation Elements

- Create a Board or Existing board to administer IBCLC
  - Some states have allied health –Wisconsin may have a Licensure Dept rather than boards
  - Created Board has 5-9 members
  - Limited terms
  - IBCLC, public, other HCPs
- Rules – within bill or separately defined
  - Proof of qualifications
  - Renewal time and Non-renewal

Legislation Elements

- Exemptions
- State reciprocity
- State disciplinary measures
  - Complaint processes/ hearings
  - Suspensions, civil and/ or criminal penalty
  - Fines or misdemeanor for unlicensed practice
- Other state requirements
  - Public notices

RI Exemptions

- "Nothing in the Act or these Regulations shall be construed to prevent qualified members of other professions or other occupations or volunteers from performing functions consistent with the accepted standards of their respective professions; provided, however, that they do not hold themselves out to the public by any title or description stating or implying that they are lactation consultants licensed to practice clinical lactation care and services in Rhode Island."

GA Exemptions

Nothing in this article shall be construed to affect or prevent:

(1) Persons licensed to practice the professions of dentistry, medicine, osteopathy, chiropractic, nursing, physician assistant, or dietetics from engaging in the practice of lactation care and services when incidental to the practice of their profession, except such persons shall not use the title 'licensed lactation consultant' or 'licensed L.C.';

(2) Doulas and prenatal and childbirth educators from performing nonclinical education functions consistent with the accepted standards of their respective occupations, except such persons shall not use the title 'licensed lactation consultant' or 'licensed L.C.' or designate themselves by any other term or title which implies that such person has the clinical skills and abilities associated with licensure as a lactation consultant;

(3) The practice of lactation care and services by students, interns, or persons preparing for the practice of lactation care and services under the qualified supervision of a licensed lactation consultant or any licensed professional listed in paragraph (1) of this Code 160 section;

(4) Employees of the United States government or any bureau, division, or agency thereof from engaging in the practice of lactation care and services within the discharge of the employee's official duties so long as such employees are performing their duties within the recognized confines of a federal installation regardless of whether jurisdiction is solely federal or concurrent;

(5) Employees of a department, agency, or division of state, county, or local government from engaging in the practice of lactation care and services within the discharge of official duties, including, but not limited to, peer counselors working within the Special Supplemental Nutrition Program for Women, Infants, and Children;

(6) Individual volunteers providing lactation care and services provided:

(A) Such persons shall not use the title 'licensed lactation consultant' or 'licensed L.C.,' or state that they are licensed to practice lactation care or designate themselves by any other term or title which implies that such persons have the clinical skills and abilities associated with licensure;

(B) Their volunteer service is performed without fee or other form of compensation, monetary or otherwise, from the individuals or groups served; and (C) The individual volunteer receives no form of compensation, monetary or otherwise, except for administrative expenses such as mileage;

(7) A nonresident IBCLC from practicing lactation care and services in this state for five days without licensure or up to 30 days with licensure from another state if the requirements for licensure in such other state are substantially equal to the requirements contained in this article; or

(8) Other health care related professionals from seeking licensure for their professions."

Many procedures and systems must be in place for IBCLCs to be considered for coverage as lactation service providers.

- Education of Stakeholders
- Tool Developed for Educating
- Available here and on USLCA website!

Medicaid Dilemma

- Medicaid covers approximately ~50% of US births
- Federal requirement of state licensure of Medicaid providers

Issue Brief 2010 no mention of IBCLC

- New final rule language applicable
  - Licensed provider can refer to unlicensed provider for care
  - Requires CMS approved of amended State Plan

Thoughts About the Money?? PA example

If 69% breastfeed x Medicaid mothers (1,805,151 is 48% U.S. Births) = 1,245,554 according to HP2010 goals, savings in reduced health care costs only $1000/child	$1,245,554,00
Estimated cost for provision of 6 IBCLC visits $600/ child + Quality breast pump $150/child = $750	($934,165,500)
Net Reduction in Health Care Costs	$311,388,500
Creation of IBCLC Licensure Boards in first year ??????	$5,000,000
U.S. Annual savings to Medicaid U.S. Medicaid Spending 2012 $415,154,234,831	$306,388,500 7.38% Savings

Private Insurers / Insurance Exchanges

- Insurers must be educated about the IBCLC
- May choose to "credential" IBCLCs without an additional license
- This must be done with each insurer
- Aetna is the first insurer to credential IBCLCs
  - July 2012
- Council for Affordable Quality Healthcare Universal Credentialing DataSource
  - Difficult to navigate process without a license number
- Coding and Fees must be negotiated

Developing Insurer Models for Coverage

- Medicaid
  - New York – requires another license
  - Oklahoma – requires another license
  - Oregon - ??
  - Rhode Island – not happening
- Private Insurers
  - Aetna
  - Blue Cross Blue Shield Nebraska
- National Business Group on Health

Why Should We Become Advocates?

"While breastfeeding may not seem the right choice for every parent, it is the best choice for every baby."

Spangler,(2005)

Advocacy Required

- At least now everyone knows benefits of breastfeeding?
- Must educate all stakeholders
  - IBCLCs – many misunderstandings about licensure and reimbursement
  - Other Health Care Professionals – think we are encroaching on their Scope of Practice
  - Public, Legislators, Insurers

Who is Target Audience?

- Legislators / Current political climate
- Medical professionals
- Public health employees
- Private Insurance - Medicaid
- Health policy makers
- Other breastfeeding support providers
- Public

Homework

- Find out how licensure works in your state
  - It may be hard to do!
- Research related legislation
  - Maternal and child health
  - Breastfeeding in public, workplace
  - Obesity, nutrition
- Know your Department on Health and Medicaid roles
- Contact sponsors of this type of legislation

Call to Action: Open Doors

- Grass roots advocacy
  - Recruit legislative sponsors
  - Letter writing (email)
  - Distributing materials
  - Public speaking
  - Testifying at hearings

Face to Face Meetings

- REMEMBER – You are the expert!
- Be Prepared
  - Don't go alone when you attend meetings or speak
  - Dress professionally
  - Small folder of 1-2 documents to leave behind
  - Prepare to discuss the political and fiscal climate and health issues such as obesity and breast cancer
  - Meet with both Democrats and Republicans, men and women

USLCA Documents for Meetings

- Containing Healthcare Costs – 3rd edition
  - KNOW THE CONTENT OF THIS BOOKLET
- Containing Healthcare Costs Flyer
- Who's Who in Lactation: An Inventory of Breastfeeding Support: From Confusion to Clarity
- Lice

Create one for Wisconsin

Sunrise Evaluation

- Fully describe extent to which general public are advocating or opposing the legislation.
- Number of Pennsylvania practitioners in each organization, which advocates or opposes the legislation.
- Is the membership within the occupation or profession to be regulated generally united in support of a need for licensure?
- Document any threat to public health, safety or general well being from the unregulated practice of the occupation or profession that is subject to proposed regulation.

Face to Face Meetings

- Understand why licensure of the IBCLC is important
  - For protection of the public
  - To insure access to care for all mothers
  - To reduce disparities in breastfeeding care
  - To stand as a valued member of the health care team
  - To contribute to lower healthcare costs
  - Tell a brief personal story
- Know what you want and go for it!

Stand up for Breastfeeding !

- Talk about the issue
- Tell your stories
- Connect with people who can help


Questions??
P E A C E