



Representative Susan Donovan
2 Rego Avenue
Bristol, RI 02809

Representative Joshua Giraldo
74 Summit Street
Central Falls, RI 02863

Representative Brandon Potter
62 Grove Avenue
Cranston, RI 02910

March 11, 2024

*Re: In Support – HB 7882 - AN ACT RELATING TO HEALTH AND SAFETY – LACTATION
CONSULTANT PRACTICE ACT OF 2014*

Dear Chair Donovan, Vice Chair Giraldo, Vice Chair Potter, and Members of the Committee,

My name is Ellie Mulpeter, and I am the Director of the Academy of Lactation Policy and Practice (ALPP), a division of the Healthy Children Project, Inc. (“Healthy Children”). ALPP operates the Certified Lactation Counselor® (CLC®), Advanced Lactation Consultant (ALC) and Advanced Nurse Lactation Consultant (ANLC) certification programs. Our mission is to promote breastfeeding and equitable access to lactation care and services. We do so by identifying qualified lactation care professionals. As of today, there are 124 CLCs in Rhode Island, and more than 22,000 CLCs nationwide.¹ By comparison, there are currently only 61 International Board-Certified Lactation Consultants (IBCLCs) in Rhode Island as of February 16, 2024.²

There is a consensus that breastfeeding provides significant benefits to mothers and babies as well as significant health care savings. There is a further consensus that breastfeeding rates are lower than optimal. Currently, 84.1% of women initiate breastfeeding, but many don’t continue for as long or as exclusively as they’d hoped. In fact, by 6 months postpartum, only 58.3% were breastfeeding, and at one year postpartum, only 35.3% were breastfeeding.³ There is a further consensus that knowledgeable

¹ Academy of Lactation Policy and Practice. CLCs by State – Internal Report. October 6, 2023.

² International Board of Lactation Consultant Examiners. *Statistical Report: Breakdown of Certified IBCLCs in the U.S. & Territories for 2024 (by State)*. Available at: [2024 February 16 IBCLCs US and Territories FINAL.pdf \(ibclce.org\)](#)

³ Centers for Disease Control & Prevention, Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion. National Immunization Surveys 2018-2019, among children born in 2017. (2019). Available at: <https://www.cdc.gov/breastfeeding/data/facts.html>.



and competent lactation support is needed to increase rates of breastfeeding in the U.S. For this reason, we are writing to support *HB 7882*, which would include CLCs and ALCs in the voluntary licensure program in Rhode Island.

Knowledgeable and competent lactation support - provided by qualified lactation support providers such as IBCLCs, CLCs and ALCs- is needed to increase rates of breastfeeding. It is well known that having access to qualified lactation care - regardless of the credential the provider holds - increases breastfeeding rates. Breastfeeding support interventions using *both* IBCLCs and CLCs result in an increase in the number of women initiating breastfeeding, improved any breastfeeding rates, and improved exclusive breastfeeding rates.⁴ The Centers for Disease Control and Prevention (CDC) and the United States Breastfeeding Committee (USBC) recognize the IBCLC, CLC and ALC credentials as qualified lactation care professionals.⁵⁻⁶

ALPP believes that expectant and breastfeeding families are best served when lactation care options are expanded, rather than restricted. To increase access to care, ALPP supports reimbursement for all qualified providers of lactation care and services based on certification by an accredited agency. Both the CLC and IBCLC certification programs are accredited by nationally recognized accreditation agencies. The CLC certification program is accredited by the American National Standards Institute (ANSI), while the IBCLC certification program is accredited by the National Commission for Certifying Agencies (NCCA).

HB 7882 amends the Rhode Island Lactation Consultant Practice Act of 2014 (the "Act") to make CLCs and ALC's eligible for licensure under the Act. For the reasons set forth above, we support these amendments.

In situations in which licensure is deemed necessary, we support a voluntary licensure program in order to minimize the adverse effects of occupational licensure. The Federal Trade Commission has recognized that, while occupational licensure can offer benefits, licensure can yield more harm than benefits in the form of higher fees, lower quality, and reduced access to services.⁷

It is ALPP's understanding that the Act establishes a voluntary licensure program and has not been enforced by the Department to prohibit the unlicensed practice of lactation care and services. There is language in *HB 7882* that is consistent with that understanding. For example, the amended Section 23-13.6-7 states:

⁴ Patel S, Patel S. The Effectiveness of Lactation Consultants and Lactation Counselors on Breastfeeding Outcomes. *Journal of Human Lactation*. 2016;32(3): 530-541.

⁵ Centers for Disease Control & Prevention, Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion (2016). 2016 Breastfeeding Report Card. Retrieved from www.cdc.gov/breastfeeding/data/reportcard.htm

⁶ United States Breastfeeding Committee. "Lactation Support Provider Training Directory." Retrieved from: <http://www.usbreastfeeding.org/page/trainingdirectory>

⁷ See, e.g., *Prepared Statement of the Federal Trade Commission on Competition and Occupational Licensure, Before the Subcommittee on Regulatory Reform, Commercial and Antitrust Law of the Judiciary Committee, United States House of Representatives*, at 4 (September 12, 2017), available at: <https://www.ftc.gov/public-statements/2017/09/prepared-statement-federal-trade-commission-competition-occupational>.



No person can practice as a licensed lactation consultant or represent himself or herself as a licensed lactation consultant in Rhode Island unless that person is licensed in accordance with the provisions of the Act and these regulations.

This language would not prevent unlicensed individuals from practicing lactation care and services in Rhode Island, it would only prevent them from representing themselves as possessing a license. The amended language is consistent Section 23-13.6.4(a) of the Act, which states:

Nothing in this chapter 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.

However, there is language in *HB 7882* that suggests that licensure might be mandatory in order to practice lactation care and services in Rhode Island. Specifically, the amended 23-13.6-12(c) states, in pertinent part:

No one whose license is expired is allowed to practice as a lactation consultant or represent himself or herself as a being able to practice in Rhode Island until he or she has renewed the expired license ... or reinstated the terminated license

This language suggests that individuals whose license to practice lactation care and services has expired or has been terminated are prohibited from practicing lactation care and services. This is inconsistent with other provisions of the Act and of *HB 7882*. Accordingly, ALPP recommends that this language be amended to prohibit individuals whose license has expired or has been terminated from representing themselves or practicing as "licensed". **ALPP would not support inclusion of CLCs and ALCs in a mandatory licensure program.**

To increase access to care, and to give families in Rhode Island a choice as to the provider they work with, ALPP supports the inclusion of CLCs and ALCs in the voluntary licensure program in Rhode Island. Subject to the concerns expressed in this letter, we encourage the passage of *HB 7882* out of Committee and appreciate the Committee's consideration.

Respectfully Submitted,

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