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Dear Ms. Montauti,

The Academy of Lactation Policy and Practice is submitting the attached scope of practice request for the 2025-2026 cycle.

Please contact me if you have any questions about our proposal.

Sincerely,

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Introduction

The Academy of Lactation Policy and Practice (“ALPP”), a division of the Healthy Children Project, Inc., has been the national certification body for the Certified Lactation Counselor® (CLC®) credential since 1993. The CLC certification program “identifies a clinical lactation care provider who has demonstrated the necessary skills, knowledge, and attitudes to provide clinical support and management to families who are thinking about breastfeeding or who have questions or problems during the course of breastfeeding/lactation. CLC candidates undergo rigorous competency verification before they are able to sit for the certification examination with ALPP.”¹ As described in more detail in Section 12, ALPP has developed a scope of practice for CLCs that is rigorously supported by evidence. Since 2013, the CLC certification program has been accredited by the prestigious ANSI American National Accreditation Board (“ANAB”).

There are two principal groups of professional lactation support providers in Connecticut - CLCs and International Board Certified Lactation Consultants (IBCLCs). Although they each have different sets of criteria for obtaining certification, both sets of professionals, through their respective training and certification processes, have demonstrated the necessary skills, knowledge, and abilities to provide clinical breastfeeding counseling and management for families who are thinking about breastfeeding or who have questions or problems during the course of breastfeeding/lactation. Both the CLC and IBCLC certification programs are accredited by nationally recognized accreditation agencies. As aforementioned, the CLC program is accredited by ANAB, while the IBCLC certification program is accredited by the National Commission for Certifying Agencies (“NCCA”). The *Model Policy Payer Coverage of Breastfeeding Support and Counseling Services* (“Model Policy”), issued by the United States Breastfeeding Committee (“USBC”) and the National Breastfeeding Center (“NBfC”) to identify lactation care providers eligible for coverage under the Affordable Care Act, defines eligible lactation care providers in a way that includes both CLCs and IBCLCs.² The Centers for Disease Control and Prevention (CDC) and the USBC recognize *both* the IBCLC and CLC credentials as qualified lactation care professionals.³⁻⁴

This scope of practice review request aims to protect the ability of CLCs within the state of Connecticut to continue working within their own Scope of Practice by making the case to exempt CLCs in *Public Act No. 25-168 Section 192 et seq.* (the “Act”).⁵ Such an exemption aligns with public statements of intent delivered by legislators during debate on the Act, as well as with national trends recognizing the importance of access to care, consumer choice and diversity and representation of lactation professionals and the importance of breastfeeding.

¹ Academy of Lactation Policy and Practice. *Certifications*. Available at: <https://www.alpp.org/certifications/certifications-clc>

² USBC, NBfC, *Model Policy Payer Coverage of Breastfeeding Support and Counseling Services, Pumps and Supplies*, 3rd rev. ed. (2016)

³ 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

⁴ United States Breastfeeding Committee. “Lactation Support Provider Training Directory.” Retrieved from: <http://www.usbreastfeeding.org/page/trainingdirectory>

⁵ State of Connecticut: House Bill No.7287. *Public Act No.25-168*. Available from: <https://www.cga.ct.gov/2025/act/pa/pdf/2025PA-00168-R00HB-07287-PA.pdf>

1. A plain language description of the request

The Act establishes a licensure scheme that requires that “[n]o person may practice lactation consulting, for compensation, unless licensed pursuant to ... this act.” As is described in more detail in Section 12, the Act includes a broad definition of lactation consulting that includes activities that fall within the scope of practice of CLCs (See Figure 1). However, licensure is limited to individuals who possess certification as an IBCLC. As a consequence, the Act will prohibit CLCs who are not otherwise exempt from the Act from practicing within their full Scope of Practice.⁶ This proposal seeks to establish that CLCs are able continue practicing within their previously established scope of practice, despite the overlap with elements of the Act defined as “lactation consulting,” through an exemption from licensure.

The Act requires a license to perform “lactation consulting.” Many of the tasks and responsibilities listed under the definition of “lactation consulting” in the Act are nearly identical to those skills and abilities that CLCs are trained to possess and competent to perform in their work with families (Table 1). Of note, many of the tasks and responsibilities listed in the Act *do not appear* in the official Scope of Practice of the IBCLC, as determined by their certification body – the International Board of Lactation Consultant Examiners (IBLCE).⁷

Table 1. IBCLC and CLC Scopes of Practice in Comparison to the Act

“Lactation Consulting” as defined in the Act ⁸	Scope of Practice of the IBCLC ⁹	Scope of Practice of the CLC ¹⁰
(1) Taking maternal, child and feeding histories;	Never mentioned in the Scope of Practice of the IBCLC.	Never mentioned in the Scope of Practice of the CLC.
(2) Performing clinical assessments related to breastfeeding and human lactation through the systematic collection of subjective and objective information;	Performing comprehensive maternal, child and feeding assessments related to breastfeeding and human lactation.	Conducting comprehensive assessment of mother and child related to breastfeeding and human lactation; Assessments of breastfeeding specifically including before and after weights (when

⁶ Section 193(c) of the Act includes a number of exemptions. However, the exemptions do not apply to all CLCs.

⁷ International Board of Lactation Consultant Examiners. *Scope of Practice for International Board Certified Lactation Consultant® (IBCLC®) Certificants*. Last updated December 2018. Available from: https://ibclc-commission.org/wp-content/uploads/2023/09/2018_Scope_of_Practice_FINAL.pdf

⁸ State of Connecticut: House Bill No.7287. *Public Act No.25-168*. Available from: <https://www.cga.ct.gov/2025/act/pa/pdf/2025PA-00168-R00HB-07287-PA.pdf>

⁹ International Board of Lactation Consultant Examiners. *Scope of Practice for International Board Certified Lactation Consultant® (IBCLC®) Certificants*. Last updated December 2018. Available from: https://ibclc-commission.org/wp-content/uploads/2023/09/2018_Scope_of_Practice_FINAL.pdf

¹⁰ Academy of Lactation Policy and Practice. *CLC Scope of Practice*. Last updated April 2024. Available from: <https://www.alpp.org/pdf/CLC-Scope-of-Practice.pdf>

		<p>necessary/possible), pain, and breast/nipple soreness;</p> <p>Assessing the needs of breastfeeding individuals and babies who are at risk of, or currently experiencing, lactation difficulties, providing follow up care, and triaging referral to other care providers as needed.</p>
(3) Analyzing relevant information and data;	Never mentioned in the Scope of Practice of the IBCLC.	Ability to utilize reliable tools to assess affective/ineffective breastfeeding and milk transfer
(4) Developing an unbiased lactation management and child feeding plan with demonstration and instruction to parents;	Developing and implementing an individualized feeding plan in consultation with the client.	Developing an evidence based care plan specific to the needs identified through assessment and counseling and implement it to help mothers meet their personal breastfeeding goals.
(5) Providing lactation and feeding education, including, but not limited to, recommendations for and training in the use of assistive devices for lactation and breastfeeding; ¹¹	Never mentioned in the Scope of Practice of the IBCLC.	Counseling and educating pregnant individuals and families regarding breastfeeding
(6) Communicating to a primary health care practitioner and referring to other health care practitioners, as necessary;	Making referrals to other health care providers and community support resources when necessary.	<p>Assessing the needs of breastfeeding individuals and babies who are at risk of, or currently experiencing, lactation difficulties, providing follow up care, and triaging referral to other care providers as needed;</p> <p>Ability to incorporate evidence based approaches to clinical practice and make appropriate</p>

¹¹Section 207(c)((5) of the Act states that the licensure requirements of the Act shall not apply to a person who “provides education, social support, peer support, peer counseling, or nonclinical services relating to lactation and feeding, provided the person does not refer to himself or herself by the term ‘lactation consultant’”.

		referrals operating on the continuum of the health care team.
(7) Conducting appropriate follow-up appointments and evaluating outcomes;	Providing follow-up services as required	Assessing the needs of breastfeeding individuals and babies who are at risk of, or currently experiencing, lactation difficulties, providing follow up care, and triaging referral to other care providers as needed.
(8) Documenting patient encounters in a patient record	Recording all relevant information, truthfully and fully, concerning care provided and, where appropriate, retaining records for the time specified by the local jurisdiction	<p>Adhering to the Documentation Guidelines for Certified Lactation Counselors¹², including, but not limited to:</p> <p>(1) Documenting lactation counseling notes (addressing the mother's concerns and appropriate evidence based information that addresses the mother's concerns).</p> <p>(2) Documenting progress notes (including unusual observations, descriptions of concerns and changes noted, and evidence of notification of others within the health care team and referrals as needed).</p>

2. Public health and safety benefits that the requestor believes will occur if the request is implemented and, if applicable, a description of any harm to public health and safety if it is not implemented

There is a consensus that breastfeeding provides significant benefits to mothers and babies. The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for 6 months after birth, and supports continued breastfeeding, along with appropriate complementary foods introduced at about 6 months, as long as mutually desired by mother and child for 2 years or beyond.

¹² Academy of Lactation Policy and Practice. *Documentation Guidelines for Certified Lactation Counselors*. Available from: <https://www.alpp.org/pdf/ALPP-Docummentation-Guidelines-9-2017.pdf>

These recommendations are consistent with those of the World Health Organization (WHO).¹³ 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 1 year postpartum, only 35.3% were breastfeeding.¹⁴

Research demonstrates that breastfeeding may help to prevent childhood obesity¹⁵⁻¹⁶, ear infections in children¹⁷, and necrotizing enterocolitis – a life threatening condition for infants.¹⁸ Among individuals who choose to breastfeed, their risk of breast cancer¹⁹, Type 2 diabetes²⁰, and hypertension all decrease.²¹ Meanwhile, while powdered infant formula certainly plays a critical role as a substitute or supplement in infant feeding choices for some individuals and their babies, there are health risks associated with its manufacturing process and its use.²² There is a further consensus that breastfeeding rates are lower than optimal across the country.

Breastfeeding rates in Connecticut are lower than the national average in several respects. Specifically, in Connecticut, the percentage of infants who were breastfed at 12 months is below the national average (36.1% ; 39.5% respectively). The percentage of infants who were exclusively breastfed through 6 months in Connecticut is also below the national average (22.5% ; 27.2% respectively) (Figure 2).²³

¹³ Younger Meek, J, Noble, L. Section on Breastfeeding; Policy Statement: Breastfeeding and the Use of Human Milk. *Pediatrics* July 2022; 150 (1): e2022057988. 10.1542/peds.2022-057988

¹⁴ 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>.

¹⁵ Finkelstein, E.A., Graham, W.C., & Malhotra, R. (2014). Lifetime direct medical costs of childhood obesity. *Pediatrics*, 133(5): 854-62.

¹⁶ Blair A, MacGregor E, Lee N. Childhood Obesity and Breastfeeding Rates in Pennsylvania Counties-Spatial Analysis of the Lactation Support Landscape. *Front Public Health*. 2020 Apr 21;8:123. doi: 10.3389/fpubh.2020.00123. PMID: 32426314; PMCID: PMC7212427.

¹⁷ Ahmed, S., Shapiro, N., & Bhattacharyya, N. (2014). Incremental health care utilization and costs for acute otitis media in children. *The Laryngoscope*, 124(1): 301-305.

¹⁸ Neu, J. & Walker, A. (2011, January 20). Necrotizing Enterocolitis. *The New England Journal of Medicine*, 364: 255-264.

¹⁹ Farina, K. (2012, March 16). The Economics of Cancer Care in the United States. *American Journal of Managed Care*. Retrieved from www.ajmc.com/journals/evidence-based-oncology/2012/2012-2-vol18-n1/the-economics-of-cancer-care-in-the-united-states-how-much-do-we-spend-and-how-can-we-spend-it-better

²⁰ Zhuo, X., Zhang, P., & Hoerger, T.J. (2013, September). Lifetime direct medical costs of treating type 2 diabetes and diabetic complications. *American Journal of Preventive Medicine*, 45(3): 253-61.

²¹ Davis, K. (2013, April). Expenditures for Hypertension among Adults age 18 and Older, 2010: Estimates for the U.S. Civilian Noninstitutionalized Population. Statistical Brief #404, Agency for Healthcare Research and Quality. Retrieved from meps.ahrq.gov/data_files/publications/st404/stat404.shtml

²² U.S. Food and Drug Administration. *Handling Infant Formula Safely: What You Need to Know [online]*. Available from: <https://www.fda.gov/food/buy-store-serve-safe-food/handling-infant-formula-safely-what-you-need-know>

²³ Centers for Disease Control & Prevention. *Nutrition, Physical Activity and Obesity: Data, Trends and Maps [online]*. Available from: <https://dnppao-dtm-cr.services.cdc.gov/?locationIds=59,09>

Figure 2: CDC Breastfeeding Trends by State

Indicator	Data Type	National Remove	Connecticut Remove
Percent of breastfed infants who were supplemented with infant formula before 3 months 2021 View Definition	Value (95% CI) Sample Size	32.1 (30.9 - 33.4) 17,088	43.8 (35.7 - 52.3) 240
Percent of breastfed infants who were supplemented with infant formula before 6 months 2021 View Definition	Value (95% CI) Sample Size	37.2 (35.8 - 38.6) 14,475	48.8 (40.0 - 57.7) 210
Percent of breastfed infants who were supplemented with infant formula within 2 days of life 2021 View Definition	Value (95% CI) Sample Size	20.5 (19.5 - 21.5) 19,750	36.0 (28.9 - 43.8) 286
Percent of infants who were breastfed at 12 months 2021 View Definition	Value (95% CI) Sample Size	39.5 (38.5 - 40.6) 22,912	36.1 (29.7 - 43.1) 317
Percent of infants who were breastfed at 6 months 2021 View Definition	Value (95% CI) Sample Size	59.8 (58.7 - 60.9) 22,912	59.9 (52.5 - 66.8) 317
Percent of infants who were ever breastfed 2021 View Definition	Value (95% CI) Sample Size	84.1 (83.2 - 84.9) 22,912	87.4 (80.9 - 91.9) 317
Percent of infants who were exclusively breastfed through 3 months 2021 View Definition	Value (95% CI) Sample Size	46.5 (45.4 - 47.7) 22,294	36.5 (30.0 - 43.5) 308
Percent of infants who were exclusively breastfed through 6 months 2021 View Definition	Value (95% CI) Sample Size	27.2 (26.2 - 28.2) 22,294	22.5 (17.2 - 28.7) 308

Increasing access to knowledgeable and competent lactation support is needed to increase breastfeeding rates nationwide. Research shows that 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.²⁴ Implementation of the Act without an exemption for CLCs will reduce access to breastfeeding support in Connecticut. As of June 30, 2025, there are **439 CLCs** certified by ALPP. By comparison, there are currently only **286 IBCLCs** in Connecticut as of March 25, 2025.²⁵

²⁴ Patel S, Patel S. The Effectiveness of Lactation Consultants and Lactation Counselors on Breastfeeding Outcomes. *Journal of Human Lactation*. 2016;32(3): 530-541 ("Overall, the results were consistent and provide evidence for the use of lactation consultants and lactation counselors [IBCLCs and CLCs] in health systems and local communities. Breastfeeding support interventions using these professionals increased the number of women initiating breastfeeding, improved any breastfeeding rates, and improved exclusive breastfeeding rates").

²⁵ International Board of Lactation Consultant Examiners. *Statistical Report: Breakdown of Certified IBCLCs in the U.S. & Territories for 2024 (by State)*. Available at: https://ibclce.org/wp-content/uploads/2025/03/2025_March-24_IBCLCs_US_and_Territories_FINAL.pdf



The Act requires a license to practice lactation consulting and limits eligibility for licensure to IBCLCs. As is described in Section 12, the definition of “lactation consulting” in the Act includes most of the responsibilities and tasks that CLCs also perform within their scope. During deliberations regarding the Act, ALPP had requested that the Act be amended to explicitly exempt CLCs from the licensure requirements of the Act. However, the legislature decided not to amend the Act in that manner. One of the publicly stated reasons was that the Act would not affect the ability of CLCs to practice. ALPP disagrees with this conclusion.

If CLCs are not exempt from the licensing requirements of the Act, then CLCs will be unable to perform their job tasks and responsibilities as professional lactation support providers. If CLCs are unable to continue their work, the state is facing a potentially detrimental effect on the public health of its population due to restricted access to qualified providers across the state. In 2023, there were 34,559 live births in Connecticut.²⁶ Assuming that each of those families wanted to seek access to breastfeeding help by those eligible to provide it with a license in Connecticut under the new Public Act, that would mean that there are 0.008 IBCLCs available per live birth.

Breastfeeding support is not something that can simply “wait” for an appointment scheduled for a week or two away. When a family is seeking help with breastfeeding their baby, they must be seen immediately in order to address the needs of the infant. By reducing access to the number of qualified lactation professionals available in the state, as outlined in the Act, the wait times to see an IBCLC would be ineffective and detrimental to the state’s breastfeeding rates.

Alternatively, if CLCs were to be exempt from the Act, they would be able to continue provide vital breastfeeding support services within their designated scope of practice. Connecticut would see enhanced access to and availability of lactation support for women across diverse settings. The state would see improved breastfeeding initiation and duration rates, and a trickledown effect for the population health of the state as those infants and their mothers age.

3. The impact of the request on public access to health care

In order to maintain and improve the amount of support and access to care that families in Connecticut have while breastfeeding, more qualified lactation support professionals are needed, not fewer. By exempting CLCs working within their scope of practice from the Act, the number of lactation support professionals available to provide care to families would remain above 700 CLCs and IBCLCs combined in the state of Connecticut. This would help to ensure that timely and personalized care can be given to every family that seeks support, at any stage of their prenatal and/or postnatal care.

²⁶ March of Dimes Peristats. *Births: Data for Connecticut*. Last updated January 2024. Available from: <https://www.marchofdimes.org/peristats/data?reg=99&top=2&stop=1&lev=1&slev=4&obj=1&sreg=09>

The process of becoming an IBCLC is expensive. As outlined on the certification body's website (IBLCE), the examination fee alone is listed at \$695 for first time candidates of Tier 1 Countries, and \$420 for Tier 2 Countries, and \$270 for Tier 3 Countries.²⁷ These fees do not include those associated with the educational requirements needed to qualify for the IBCLC examination. By contrast, the examination fee for the CLC Examination is \$120 for first time candidates of any country.²⁸ The number of CLCs in Connecticut are almost twice the number of IBCLCs in Connecticut. If individuals find it more accessible and financially feasible to become a CLC, then the number of CLCs may well increase in years to come if CLCs are determined to be exempt from the Act. This would increase the number of qualified lactation support professionals eligible to practice in Connecticut.

Additionally, as with any profession, skilled lactation support professionals often carry with them their own history of work experiences that have shaped their abilities and performance as a professional in their field. Subjecting CLCs to the licensure requirements of the Act, and not allowing them to be eligible for licensure in the state, would deprive Connecticut families of access to these skills.

Equity and diversity of care is critically important in the field of lactation and breastfeeding support. Research demonstrates that culturally and linguistically appropriate, community-based interventions significantly reduce racial/ethnic disparities in breastfeeding.²⁹ Publicly available data on the race/ethnicity of CLCs and IBCLCs reveals that both groups of professionals do not mirror the race/ethnicity of the U.S. Population. However, this disparity is far larger among IBCLCs.

In their most recently available data from 2019, 92.3% of all IBCLCs in the U.S. identify as Non-Hispanic White or Euro-American, 4.5% identified as Latino or Hispanic-American and 2.8% identified as Black or African American.³⁰ In that same year, the U.S. census data revealed that only 76.5% of the U.S. population identified as White or Euro-American, 18.3% identified as Latino or Hispanic-American and 13.4% identified as Black or African American.³¹ Meanwhile, in 2019, 74.8% of CLCs identified as White or Euro-American, 8.2% identified as Latino or Hispanic-American and 10% identified as Black or African American, which mirrors that of the national population much more closely across all three races and ethnicities.³² By allowing CLCs to continue working within their scope of practice, the residents of Connecticut would have access to a broader and more equitable landscape of providers to choose from, as they have had for the all of the years CLCs have successfully practice in the state. The importance of this choice may be reflected in future state breastfeeding initiation and continuation rates.

²⁷ IBCLC Commission. *IBCLC Programme Fee Guide*. Last updated October 1, 2024. Available from: <https://ibclc-commission.org/ibclc-information/fee-guide/>

²⁸ Academy of Lactation Policy and Practice. *Remote Proctoring CLC Candidate Handbook*. Last updated July 1, 2025. Available from: <https://www.alpp.org/pdf/Remote-Proctoring-CLC-Candidate-Handbook.pdf>

²⁹ Quintero, S.M., Strassle, P.D., Londoño Tobón, A. *et al.* Race/ethnicity-specific associations between breastfeeding information source and breastfeeding rates among U.S. women. *BMC Public Health* **23**, 520 (2023). <https://doi.org/10.1186/s12889-023-15447-8>

³⁰ United States Lactation Consultant Association. *Demographic Data of IBCLCs*. Last Updated November, 2019. Available from: <https://uslca.org/ibclc-hub#myaccount>

³¹ United States Census Bureau. United States Quick Facts. Last updated July 1, 2018. Retrieved from: <https://www.census.gov/quickfacts/fact/table/US/IPE120217>

³² Academy of Lactation Policy and Practice. *Demographic Report of Current CLCs in the U.S. & Territories*. 2019 Jul. Available from: https://www.alpp.org/pdf/CLC_demographics.pdf



4. A brief summary of state or federal laws governing the profession

To date, there are five states that license lactation support professionals (IBCLCs only; or both CLCs and IBCLCs) across the U.S (See Table 2; Pages 11-17). Reimbursement of lactation support professionals also varies by state (See Table 2; Pages 11-17).

At the federal level, Section 2713 of the Affordable Care Act (ACA) and implementing regulations mandate that covered private insurance policies and Medicaid programs provide "comprehensive lactation support and counseling, by *a trained provider* during pregnancy and/or in the postpartum period" without imposing cost-sharing, such as deductibles, copayments, or coinsurance.³³ However, "some insurance policies fail to comply with the ACA's breastfeeding requirements or restrict coverage in ways that undermine the intent of the law".³⁴ As a result, many families are not able to access free lactation support professionals as originally intended by the ACA.

5. The state's current regulatory oversight of the profession

Currently, Connecticut does not have any regulatory oversight of the lactation support profession. However, the Act is set to go into effect in July of 2026, which would be the first regulatory oversight applied to the profession in the state.

6. All current education, training, and examination requirements and any relevant certification requirements applicable to the profession

In order for an individual to sit for the criterion-referenced Certified Lactation Counselor (CLC) examination with the Academy of Lactation Policy and Practice (ALPP), they must complete one of the three following pathways:³⁵

1) Comprehensive Course Pathway: This Pathway is designed for the person looking to take a single, comprehensive, course that covers all the skills and competencies necessary for breastfeeding counseling and human lactation. Individuals who complete this Pathway must successfully complete The Center for Breastfeeding's Lactation Counselor Training Course. This course meets the following requirements:

- 95 hours of training based on the WHO/UNICEF (World Health Organization/United Nations Children's Fund) Breastfeeding Counseling Training Course, that is worth a minimum of
- 3 college credits, and

³³ Health Resources and Services Administration, *Women's Preventative Services: Required Health Plan Coverage Guidelines Supported by the Health Resources and Services Administration*, available at: <http://www.hrsa.gov/womensguidelines/>

³⁴ See National Women's Law Center, *State of Breastfeeding Coverage: health plan violations of the affordable care act* at 1 (2015).

³⁵ Academy of Lactation Policy and Practice. *Certifications: CLC*. Available from: <https://www.alpp.org/certifications/certifications-clc/>



- Demonstrates the competencies and skills required to provide safe, evidence-based counseling for pregnant, lactating, and breastfeeding women, within the context of the course

2) Aggregate Pathway: This pathway is designed for the person who has already completed a comprehensive lactation training program within the last year (365 days) from the submission of their application to ALPP. A person is eligible for the Aggregate Pathway if they provide documentation of the following:

- Proof of completion of a minimum of 95 hours of education within the past year that relates directly to the WHO/UNICEF (World Health Organization/United Nations Children's Fund) Breastfeeding Counseling Training Course and the content areas highlighted in the most recent CLC Job Task Analysis; may be collected from different courses (must submit the completed Academic Content Checklist).
- Proof of mastery of the skills and competencies necessary for breastfeeding counseling through directly supervised lactation care (submit the completed Counseling Skills Attestation).

3) Alternate Pathway: This pathway is designed for the person who is a graduate of a Commission on Accreditation of Allied Health Education Programs (CAAHEP) approved, post-secondary, lactation consultant program.

All of the aforementioned pathways require candidates to complete 95 hours of comprehensive didactic education based on the World Health Organization and UNICEF's Breastfeeding Counseling Blueprint, which is the same blueprint utilized for the 95 hours of didactic education of the IBCLCs. All pathways require CLC candidates to undergo rigorous competency verification.

Once a candidate has completed one of the aforementioned pathways, they must sit for a criterion-referenced, psychometrically sound, valid and reliable national certification examination. If a candidate receives a passing score on *both* elements of the certification examination (practical and didactic portions), they are issued the CLC certification by ALPP.

In recognition of the fact that scientific and social knowledge about breastfeeding and human lactation is continually evolving, certificants are required to obtain a minimum of 18 hours of continuing education in the area of breastfeeding and human lactation every three years. Evidence-based breastfeeding practice requires constant reading, evaluation and dialogue with peers and mentors. It is in the best interest of all health care providers to seek every opportunity for continuing education and professional growth. Certificants who do not provide adequate proof of 18+ hours of appropriate continuing education will not receive a renewed certificate.

7. A summary of known scope of practice changes requested or enacted concerning the profession in the five years preceding the request

No scope of practice change has been requested or enacted concerning the profession in the five years preceding this request. As mentioned above, in the 2025 legislative session, the Act passed, creating a licensure pathway for IBCLCs only, with no specific exemption for CLCs to continue their important work within their own established Scope of Practice in the state of Connecticut.

8. The extent to which the request directly affects existing relationships within the health care delivery system

This request does not alter existing relationships within the healthcare delivery system, but failing to include an exemption of CLCs to continue working within their Scope of Practice in Connecticut would directly impact the current system.

Lactation support professionals are an integral component of the health care team while families are in hospital and other delivery settings, as well as critical pillars of support for families after leaving the hospital or birth center and returning home. Timely access to continued professional support after hospital discharge is essential to mitigate breastfeeding problems.³⁶ Recognizing the fact that families deserve the ability to choose the provider they work with, the widespread availability of many different types of lactation support professionals is critical.

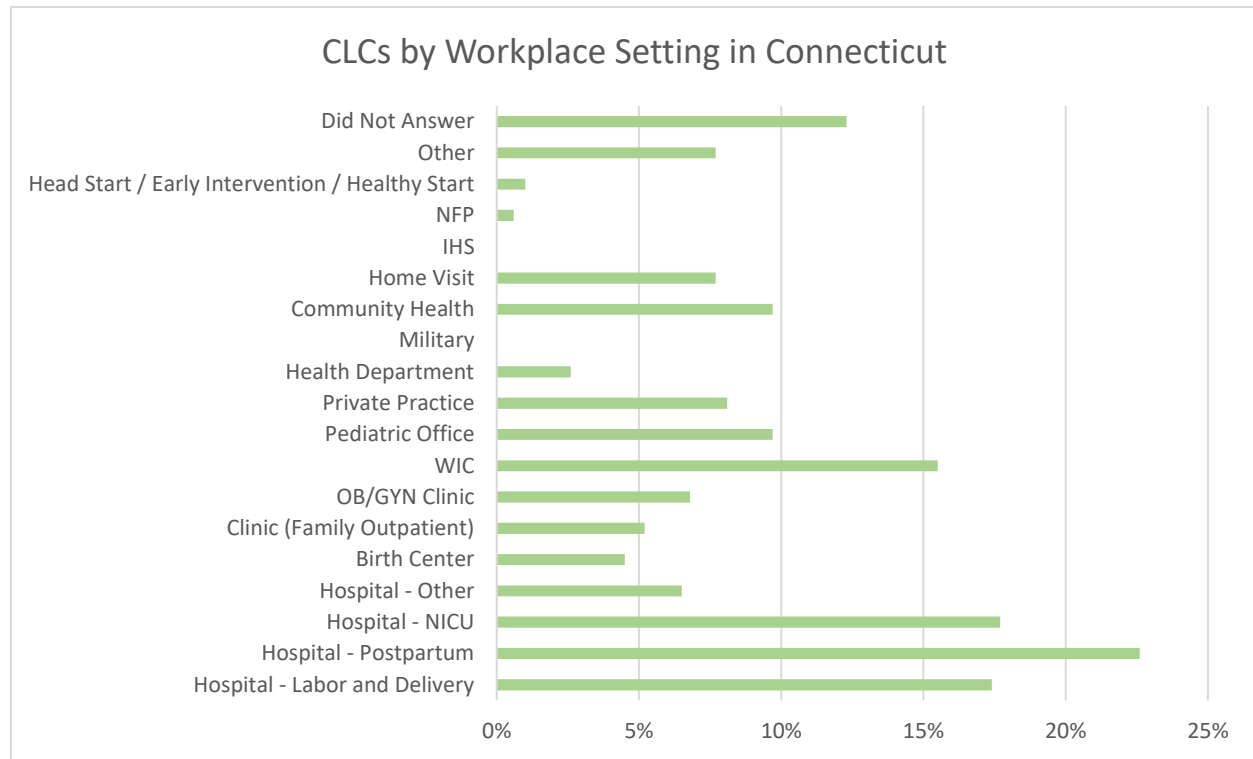
If the Act is implemented without establishing an exemption for CLCs to continue working, the number of lactation support professionals currently helping families in Connecticut will be reduced. This will drastically and negatively impact timely access to care.

CLCs work in a wide variety of settings in Connecticut (Figure 3). Many hospitals, community health centers, birth centers, OBGYN offices and pediatrics offices employ CLCs as their lactation specialist for families seeking pre-, intra- and post-natal care at those locations. If those CLCs do not fall under the exemptions in the Act and were no longer able to perform the lactation support services that they were hired for, as outlined by their scope of practice, that would greatly impact the current health care delivery system in those settings.

Additionally, roughly 8% of all current CLCs in Connecticut work in private practice settings. These individuals often receive referrals from hospitals and birth centers discharging families after giving birth for lactation support at home, or nearby their home. If CLCs are unable to continue working within their scope of practice that referral system will no longer exist.

³⁶ Lojander J, Axelin A, Niela-Vilén H. Breastfeeding exclusivity, difficulties, and support in the first days after hospital discharge: A correlational study. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, Volume 296, 2024, Pages 76-82, ISSN 0301-2115, <https://doi.org/10.1016/j.ejogrb.2024.02.029>

Figure 3: CLCs in the Workplace in Connecticut – July, 2025



9. The anticipated economic impact of the request on the health care delivery system

There is no cost to create an exemption for CLCs in the Act. The potential cost savings to the health care system and state of Connecticut by creating an exemption for CLCs to continue working within their Scope of Practice is significant.

Increasing breastfeeding rates in Connecticut is estimated to produce significant cost savings. Specifically, optimal breastfeeding could prevent the following costly conditions among children:

- 45,298 cases of childhood obesity, which costs \$19,000 in lifetime medical costs per child compared to a normal weight child.³⁷
- 601,825 ear infections in children, the annual cost for which is \$2.88 billion in the U.S.³⁸

³⁷ Finkelstein, E.A., Graham, W.C., & Malhotra, R. (2014). Lifetime direct medical costs of childhood obesity. *Pediatrics*, 133(5): 854-62.

³⁸ Ahmed, S., Shapiro, N., & Bhattacharyya, N. (2014). Incremental health care utilization and costs for acute otitis media in children. *The Laryngoscope*, 124(1): 301-305.

- 1,355 cases of necrotizing enterocolitis, which costs an estimated \$500 million to \$1 billion annually to care for affected infants.³⁹

Optimal breastfeeding could also reduce expenditures associated with these diseases among women by preventing:

- 5,023 cases of breast cancer, which accounted for \$16.5 billion in direct medical spending in 2010.⁴⁰
- 12,320 cases of Type 2 diabetes, which carries lifetime direct medical costs of \$130,800 in women diagnosed between the ages of 25 and 44 years.⁴¹
- 5,982 cases of hypertension, for which \$751 is the mean expenditure per woman for treatment.⁴²

An exemption of CLCs to be able to continue working within their defined Scope of Practice in the Act may lead to significant health care system cost savings due to their ability to support more families with breastfeeding.

10. Regional and national trends in licensing of the health profession making the request and a summary of relevant scope of practice provisions enacted in other states

U.S. states vary in laws governing the lactation support profession, making a unified trend hard to identify. However, the Centers for Disease Control and Prevention (CDC) and the United States Breastfeeding Committee (USBC) recognize the IBCLC and CLC credentials as qualified lactation care professionals.⁴³⁻⁴⁴ The table below provides a breakdown of current state laws governing the profession.

Table 2. Current state laws governing the profession

State	Policy/Regulation and Status Summary	Source
Maine	2025 law enacted to mandate MaineCare insurance reimbursement of "lactation	Bill text: https://www.mainelegislature.org/legis/bills/getPDF.asp?paper=HP0551&item=3&snum=132

³⁹ Neu, J. & Walker, A. (2011, January 20). Necrotizing Enterocolitis. *The New England Journal of Medicine*, 364: 255-264.

⁴⁰ Farina, K. (2012, March 16). The Economics of Cancer Care in the United States. *American Journal of Managed Care*. Retrieved from www.ajmc.com/journals/evidence-based-oncology/2012/2012-2-vol18-n1/the-economics-of-cancer-care-in-the-united-states-how-much-do-we-spend-and-how-can-we-spend-it-better

⁴¹ Zhuo, X., Zhang, P., & Hoerger, T.J. (2013, September). Lifetime direct medical costs of treating type 2 diabetes and diabetic complications. *American Journal of Preventive Medicine*, 45(3): 253-61.

⁴² Davis, K. (2013, April). Expenditures for Hypertension among Adults age 18 and Older, 2010: Estimates for the U.S. Civilian Noninstitutionalized Population. Statistical Brief #404, Agency for Healthcare Research and Quality. Retrieved from meps.ahrq.gov/data_files/publications/st404/stat404.shtml

⁴³ 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

⁴⁴ United States Breastfeeding Committee. "Lactation Support Provider Training Directory." Retrieved from: <http://www.usbreastfeeding.org/page/trainingdirectory>

	consultants and lactation counselors.”	
Arkansas	2025 law enacted to mandate Arkansas Medicaid insurance reimbursement of IBCLCs and CLCs.	Bill text: https://arkleg.state.ar.us/Home/FTPDocument?path=%2FACTS%2F2025R%2FPublic%2FACT627.pdf
Texas	2025 law enacted to mandate Texas Medicaid insurance reimbursement of lactation consultants. This general language has been interpreted to include both IBCLCs and CLCs.	Bill text: https://capitol.texas.gov/tlodocs/89R/billtext/pdf/HB00136F.pdf#navpanes=0
Illinois	2025 law enacted to mandate Illinois Medicaid insurance reimbursement of “lactation consultants.” The term was not defined further.	Bill text: https://ilga.gov/documents/legislation/104/SB/10400SB2437enr.htm
New Hampshire	A 2024 law enacted directs the office of professional licensure and certification to establish a voluntary certification process for doula and lactation service providers. This process has not yet begun.	Bill text: https://legiscan.com/NH/text/SB337/2024
Colorado	<p>A 2022 law enacted “makes the following changes to health insurance coverage for low-income pregnant people and children in low-income families:</p> <ul style="list-style-type: none"> Provides comprehensive lactation support services, lactation supplies and equipment, and maintenance of multi- 	<p>Bill text: https://leg.colorado.gov/sites/default/files/2022a_1289_signed.pdf</p> <p>Implementation text: https://hcpf.colorado.gov/sites/hcpf/files/Lactation%20FAQs.pdf</p>

	<p>use loaned equipment...”</p> <p>The lactation support provider type is not defined in the law.</p> <p>In its implementation, International Board Certified Lactation Consultants (IBCLCs), Certified Lactation Counselors (CLCs), or Certified Lactation Educators (CLEs) can enroll as Health First Colorado (Medicaid) providers and receive reimbursement for lactation support services.</p>	
New York	<p>A 2019 law enacted mandated NYS Medicaid coverage for “qualified lactation care providers” defined as “a person who possesses current certification as a lactation care provider from a certification program accredited by a nationally recognized accrediting agency”. Both CLCs and IBCLCs meet this criterion. In 2020, the legislation was amended to require a referral from a licensed provider for services to be covered.</p> <p>Upon its implementation, the NY Dept. of Health specified:</p> <p>“lactation counseling provider needs to be a licensed health professional, such as Physicians (doctors), Physician's Assistants, Nurse Practitioners, Midwives, and Registered Nurses. They must also be a Medicaid</p>	<p>Bill text: https://www.nysenate.gov/legislation/bills/2019/S3387</p> <p>Implementation text: https://www.health.ny.gov/community/pregnancy/breastfeeding/medicaid_coverage/lactation_counseling_services.htm</p>

	<p>provider and have one of these certifications:</p> <ul style="list-style-type: none"> -International Board-Certified Lactation Consultant (IBCLC) -Certified Lactation Specialist (CLS) -Certified Breastfeeding Specialist (CBS) -Certified Lactation Counselor (CLC) -Certified Lactation Educator (CLE) -Certified Clinical Lactationist (CCL) -Certified Breastfeeding Educator (CBE)” 	
Massachusetts	<p>In 2024, the Massachusetts Maternal Health Act was enacted, which included provisions (Sections 22 to 37) that created a licensure pathway for IBCLCs only. The Act prohibited unlicensed individuals from using the title “licensed lactation consultant” but did not require a license to practice lactation care and services.</p> <p>A bill is currently pending that would make CLCs eligible for licensure.</p>	<p>Bill text: https://malegislature.gov/Bills/193/H4999</p> <p>Bill proposal for CLCs: https://malegislature.gov/Bills/194/S242</p>
Rhode Island	The Lactation Consultant Practice Act of 2014 directed the Rhode Island Department of Public Health to promulgate	Rhode Island General Laws, Chapter 23-13.6-3(2)

	<p>regulations for licensure of lactation consultants.</p> <p>The Department promulgated regulations that limited licensure to IBCLCs. The regulations were interpreted by the Department to not require licensure of CLCs.</p> <p>2024 law enacted to amend the licensure statute to include CLCs and Advanced Lactation Consultants (ALCs) certified by ALPP with an explicit reference to the CLC and ALC Scope of Practice.</p> <p>All three professionals are now licensed in the state.</p>	<p>Rhode Island Code of Regulations, 216-RICR-40-05-27</p> <p>2024 Bill Text: https://webserver.rilegislature.gov/Statutes/TITLE23/23-13.8/23-13.8-9.htm</p>
New Mexico	<p>In 2017, the New Mexico Lactation Provider Act provides for voluntary licensure of lactation care providers who possess approved certifications (accredited by a nationally or internationally recognized accreditation agency).</p> <p>Both CLCs and IBCLCs are recognized as having approved certifications.</p>	<p>New Mexico Statutes, Chapter 61, §§ 36-3-1 to 6.</p> <p>New Mexico Administrative Code, §16.12.11.9 A (1) and (2).</p>
Oregon	<p>In 2017, Oregon adopted legislation that requires a license to practice lactation care and services and for the use of the title lactation consultant. The legislation included an explicit exemption from the licensure requirements for CLCs.</p>	<p>Oregon Revised Statutes ("ORS"), Chapter 676.665-689, 676.850, and 676.992.</p>

	<p>In 2025, SB 692 was passed. SB 692 requires private insurers and Oregon Medicaid program to cover services provided by CLCs without the necessity of a referral by another health care provider. In addition, SB 692 directs the Oregon Health Licensing Office (HLO) to establish an authorization pathway for CLCs and Certified Lactation Educators (CLEs), who are certified by Childbirth and Postpartum Professional Association (CAPPA). The bill requires authorization from the Oregon HLO in order for CLCs and CLEs to practice in Oregon. This bill has not been implemented yet.</p>	<p>2025 Bill text: https://s3.amazonaws.com/assets.statesuite.us/attachments/r77e946d8a22d0a91/uc26ab8b2165b92e1/B-Engrossed.pdf?response-content-disposition=inline%3B%20filename%3D%22B-Engrossed.pdf%22&X-Amz-Algorithm=AWS4-HMAC-SHA256&X-Amz-Credential=AKIAI2WWKSZ2CIJR4W3A%2F20250715%2Fus-east-1%2Fs3%2Faws4_request&X-Amz-Date=20250715T170835Z&X-Amz-Expires=86400&X-Amz-SignedHeaders=host&X-Amz-Signature=84cb8c18d3a5b59ab9c3c370ca4392d9553105dbefbf76a6681723fd6c49e02d </p>
Georgia	<p>In 2016, Georgia adopted the Georgia Lactation Consultant Practice Act required a license to practice lactation care and services and limited licensure to IBCLCs.</p> <p>The definition of lactation care and services in the Act included activities that were also included in the CLC Scope of Practice. The Georgia Attorney General concluded that any person, included CLCs, who was not otherwise exempt from the statute was prohibited from practicing activities included in the definition of lactation care and services.</p>	<p>Bill text: https://sos.ga.gov/sites/default/files/forms/63%20Reference%20-%20Georgia%20Lactation%20Consultant%20Practice%20Act_0.pdf </p>

	In 2023, the Georgia Supreme Court concluded that the Act's restrictions on the ability of CLCs and other providers to practice was unconstitutional on due process grounds under the Georgia constitution.	<i>Raffensberger v. Jackson et al.</i> 316 Ga. 383, 888 S.E. 483 (Ga. 2023)
Connecticut	<p>2025 Public Act No.25-168 enacted, which established a pathway to mandatory licensure of IBCLCs only. No other professionals were eligible for licensure. No exemption was made for CLCs, explicitly.</p> <p>Scope of Practice review being requested in order to create exemption for CLCs working within their own established Scope of Practice.</p>	<p>Bill text:</p> <p>https://www.cga.ct.gov/2025/ACT/PA/PDF/2025PA-00168-R00HB-07287-PA.PDF</p>

11. Identification of any health care professions that can reasonably be anticipated to be directly affected by the request, the nature of the impact, and efforts made by the requestor to discuss it with such health care professions

Local hospitals, birth centers, pediatric offices, doulas and midwives in Connecticut all depend on CLCs to provide services. The request for an exemption of CLCs from the ~~requirements of the~~ Act would not directly affect any of these professions. However, a failure to exempt CLCs from the requirements of the Act would adversely affect health care professionals across the state, as described in section 8 of this request.

12. A description of how the request relates to the health care profession's ability to practice to the full extent of the profession's education and training

Without an exemption, the Act will prohibit the ability of non-exempt CLCs to continue working within their full Scope of Practice. The CLC certification identifies a professional lactation care provider who has demonstrated the necessary skills, knowledge, and attitudes to provide clinical support and management to families who are thinking about breastfeeding or who have questions or problems



during the course of breastfeeding/lactation. CLC candidates undergo rigorous competency verification before they are able to sit for the certification examination with ALPP.

The Scope of Practice of the CLC is derived directly from the World Health Organization's Blueprint of Lactation Counseling, as well as the CLC Job Task Analysis (JTA), which is conducted every five years alongside a psychometrician. The JTA is reviewed and audited every year by the American National Accreditation Board (ANAB).

Individuals working on the JTA are a group of Subject Matter Experts with more than 25 years of experience. Subject Matter Experts must be recognized industry professionals, hold at least one certification issued by ALPP, and must demonstrate a solid background in the scheme content. The SME group must proportionally represent the demographics of stakeholders represented in the role delineation study. SME members may not have any ethical violations through any of their existing licenses or certifications.

As evidenced by the overlap of the Scope of Practice of the CLC and the way that the Act defines lactation consulting (to be provided by only licensed IBCLCs) listed in Table 1 (Pages 3-5), an exemption for CLCs to continue working within their own, full Scope of Practice is imperative in order to allow CLCs to continue to work in Connecticut. Failure to provide for an exemption is a threat to accessing care for breastfeeding families, a threat to breastfeeding family's ability to choose a provider they wish to see, and a threat to the costs of seeking lactation support in Connecticut.

Concluding Comments

If the interest of the State of Connecticut is to increase breastfeeding rates and to improve the health of its residents, both of infants and of mothers, then access to qualified and professional lactation support from a wide range of lactation professionals in hospital and community-based settings is essential.

Without an exemption for CLCs to continue their important work in the state, the Act will deprive Connecticut families need access to quality, culturally appropriate and affordable care. Approving this scope request to exempt CLCs will provide more accessible, less costly, and safe access to lactation support services for all Connecticut families.