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CATHY BETTS
DIRECTOR
KA LUNA HO'OKELE

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DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

STATE OF HAWAII
KA MOKU'ĀINA O HAWAI'I
DEPARTMENT OF HUMAN SERVICES
KA 'OIHANA MĀLAMA LAWELAWE KANAKA
Office of the Director
P. O. Box 339
Honolulu, Hawaii 96809-0339

March 7, 2023

TO: The Honorable John M. Mizuno, Chair
House Committee on Human Services

FROM: Cathy Betts, Director

SUBJECT: **HCR 7/HR 6 – REQUESTING THE DEPARTMENT OF HUMAN SERVICES MED-QUEST DIVISION TO EXPAND THE TYPES OF QUALIFIED PROVIDERS ALLOWED TO PROVIDE LACTATION CONSULTANT SERVICES FOR THE MEDICAID POPULATION IN THE STATE.**

Hearing: March 9, 2023, 10:00 a.m.
Conference Room 329 & Via Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of this resolution and offers comments. DHS defers to the Department of Commerce & Consumer Affairs.

PURPOSE: These resolutions request that DHS Med-QUEST Division (MQD) expand the types of qualified providers allowed to provide lactation consultant services for the Medicaid population in the State; and that MQD QUEST take any steps necessary to obtain necessary approvals, create internal processes, and credential appropriate providers who have obtained International Board of Lactation Consultant Examiners certification; and report to the Legislature on the steps taken and progress made in expanding the types of providers who can provide lactation consultant services no later than twenty days prior to the convening of the Regular Session of 2024.

DHS appreciates the commitment of the Legislature to improve access to maternal and child health services of lactation consultation services and fully supports their expansion as

feasible. However, MQD would respectfully clarify that qualified providers can provide the service currently, although billing for the services may be included as part of a bundled payment code. MQD also recognizes that there may be a lack of clarity regarding who can provide the services, how to bill for them, and in what setting that may also help improve access to and the provision of the services.

Finally, MQD is unable to take one of the requested actions - credentialing appropriate providers who have obtained International Board of Lactation Consultant Examiners certification, as described on page 2, lines 23-38:

“BE IT FURTHER RESOLVED that to expand the types of qualified providers, the Department of Human Services Med-QUEST Division is requested to take any steps necessary to obtain necessary approvals, create internal processes, and credential appropriate providers who have obtained International Board of Lactation Consultant Examiners certification; and...”

MQD cannot credential or enroll a “lactation consultant” since it is not possible to create a provider type of just a “lactation consultant” based solely on a certification and not a provider type by their license. It is also not possible to change the requirements regarding providers who can bill for their services. For example, most nursing services are not directly billable by the nurses except for some Advanced Practical Registered Nurses (APRNs) or some services such as private duty nursing. We are unaware of a circumstance that these Medicaid rules can be changed regarding provider enrollment or provider billing. However, MQD can review lactation consultation services, provide clarification and education for the services, and make changes that would expand access to the services when feasible.

Thank you for the opportunity to provide comments on this measure.

LAW OFFICE OF EUGENE R. CURRY

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March 8, 2023

Representative John M. Mizuno, Chair
Representative Terez Amato, Vice Chair
Committee on Human Services
Conference Room 329
State Capitol
415 South Beretania Street
Honolulu, Hawaii 96813

RE: HR 6/HR7 REQUESTING THE DEPARTMENT OF HUMAN SERVICES MED-QUEST DIVISION TO EXPAND THE TYPES OF QUALIFIED PROVIDERS ALLOWED TO PROVIDE LACTATION CONSULTANT SERVICES FOR THE MEDICAID POPULATION IN THE STATE.

Dear Representative Mizuno and Representative Amato,

My name is Eugene Curry, and I am submitting this testimony on behalf of the Academy of Lactation Policy and Practice (ALPP), a division of the Healthy Children Project, Inc. ALPP operates the Certified Lactation Counselor® (CLC®) certification program. I am testifying today to express our concerns with House Resolutions 6 and 7.

The Resolutions request the Med-Quest Division expand the types of qualified providers allowed to provide lactation support for the Medicaid population of Hawaii. The Resolutions limit the providers to be included in the expanded coverage to individuals who possess certification as International Board-Certified Lactation Consultants (IBCLCs). While ALPP applauds this effort to increase access to lactation care in Hawaii, we request that the Resolutions be amended to also request that the Division expand coverage to include CLCs.

CLCs are qualified to provide lactation care and services. The CLC certification program “identifies a professional in lactation counseling who has demonstrated the necessary skills, knowledge, and attitudes to provide clinical breastfeeding counseling and management support to families who are thinking about breastfeeding or who have

questions or problems during the course of breastfeeding/lactation”.¹ CLCs play an important role in providing lactation care and services in Hawaii. As of today, there are 161 CLCs certified by ALPP providing vital lactation care and services in Hawaii.²

There is a consensus that breastfeeding provides significant benefits to mothers and babies. 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.³

Knowledgeable and competent lactation support - provided by qualified lactation support providers such as IBCLCs and CLCs - 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 and CLC 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). Expanding Medicaid coverage to

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

² Academy of Lactation Policy and Practice. CLCs by State. Available by request.

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>.

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>

include both IBCLCs and CLCs is consistent with 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”). The *Model Policy* recommends that “approved lactation care providers” be eligible for reimbursement and defines “approved lactation care providers” to include:

those who ... have individual certification awarded by an independently-accredited program that measures assessment of predetermined standards for knowledge, skills, or competencies in a health-related profession, substantially equal to those articulated by the National Commission for Certifying Agencies (NCCA), the Institute for Credentialing Excellence (ICE), and American National Standards Institute (ANSI).⁷

Under this definition, both CLCs and IBCLCs would be eligible for reimbursement as approved lactation care providers.

Expanding Medicaid coverage is also consistent with lactation legislation adopted in other states. For example, the New Mexico Lactation Care Provider Act⁸ (the “New Mexico Act”) provides for voluntary licensure for both IBCLCs and CLCs. The New Mexico Act provides for licensure of a “licensed lactation care provider”⁹ and conditions licensure on possession of an “approved certification.”¹⁰ The definition of an approved certification is substantially similar to the definition of “approved lactation care providers” in the *Model Policy* that requires accreditation by a “nationally or internationally recognized accrediting agency that is approved by the board [board of nursing].”¹¹ The regulations implementing the New Mexico Act recognize CLC and IBCLC certifications as approved certifications.¹²

Similarly, legislation was adopted in New York that provided for reimbursement based on certification as CLCs and IBCLCs.¹³ Bills providing for Medicaid reimbursement based on certification approved by a nationally recognized accreditation body are currently pending in Kentucky and Massachusetts.

⁷ *Id.* *Model Policy* at 8, n8.

⁸ New Mexico Statutes, Chapter 61, §§ 36-3-1 to 6.

⁹ *Id.* at § 61-36-4A (“An individual shall not use the title “licensed lactation care provider” unless that individual is a licensee.”)

¹⁰ *Id.* at § 61-36-4B (3).

¹¹ *Id.* at § 61-36-2B. In addition, the definition requires continuing education.

¹² New Mexico Administrative Code, §16.12.11.9 A (1) and (2).

¹³ *Id.* at § 61-36-2B.

We request that you consider expanding the scope of providers to include CLCs. Doing so will increase access to care and provide Hawaii families with options to choose the lactation care and services most appropriate to their circumstances.

We appreciate your consideration of our concerns and would welcome the opportunity to work with the Committee on this important legislation. Thank you for your time.

Very truly yours,

A handwritten signature in blue ink that reads "Eugene R. Curry". The signature is written in a cursive style with a large, looping initial "E".

Eugene R. Curry
General Counsel
Health Children Project, Inc.
Academy of Lactation Policy and Practice



March 9, 2023

The Honorable John M. Mizuno, Chair
The Honorable Terez Amato, Vice Chair
House Committee on Human Services

Re: HCR7 / HR6 – requesting the Department of Human Services Med-QUEST division to expand the types of qualified providers allowed to provide lactation consultant services for the Medicaid population in the state.

Dear Chair Mizuno, Vice Chair Amato, and Members of the Committee:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide testimony in support of HCR7/HR6, which is requesting the Department of Human Services Med-QUEST division to expand the types of qualified providers allowed to provide lactation consultant services for the Medicaid population in the state.

We thank the Women’s Caucus for introducing this resolution and DHS Med-QUEST for continuing to care for Hawaii residents and for their shared commitment to strengthening health and well-being in Hawaii. Prioritization of access to maternal health care is critically important for ensuring health and well-being for mothers and future generations. The U.S. Department of Health and Human Service Office of Disease Prevention and Health Promotion notes, “Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can impact future public health challenges for families, communities, and the health care system.”

We urge the legislature to encourage access to lactation consultant services for Hawaii’s Medicaid beneficiaries. The evidence for the benefits of breastfeeding are widely researched and published and it’s important to ensure that all mothers have access to these services, including QUEST members. HMSA’s Pregnancy Support Program currently supports QUEST members in need of lactation consultant services by referring them to various community resources. However, these community resources have limited access. The Affordable Care Act mandates that health insurance plans must provide breastfeeding support, counseling, and equipment for the duration of breastfeeding¹ and states including New York², Georgia³, and Washington, D.C.⁴ are already successfully providing reimbursement to certified health care professionals who are International Board Certified Lactation Consultants (IBCLCs) through Medicaid. Hawaii has an incredible opportunity to increase access and outcomes by expanding the types of qualified providers allowed to provide lactation consultant services for the Medicaid population in the State.

Thank you for the opportunity to testify in support of HCR7 / HR6.

Sincerely,

Dawn Kurisu
Assistant Vice President
Community and Government Relations

¹ <https://www.healthcare.gov/coverage/breast-feeding-benefits/>

² https://health.ny.gov/community/pregnancy/breastfeeding/medicaid_coverage/lactation_counseling_services.htm

³ <https://dch.georgia.gov/announcement/2022-08-05/dch-enrolling-lactation-consultants-new-provider-type>

⁴ http://www.dcbfc.org/pdfs/Medicaid_Enrollment_and_Reimbursement_for_the_IBCLC_122020.pdf

HR-6

Submitted on: 3/7/2023 1:09:37 PM

Testimony for HUS on 3/9/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Jennifer Rapoza	Individual	Support	Written Testimony Only

Comments:

Dear Chair Mizuno, Vice Chair Amato and Members of the Committee,

My name is Jennifer Rapoza and I am writing to you today as a resident of Hawaii and as a Certified Lactation Counselor (CLC). I am certified through the Academy of Lactation Policy and Practice. I am writing to you today regarding *HR 6 and HCR 7– REQUESTING THE DEPARTMENT OF HUMAN SERVICES MED-QUEST DIVISION TO EXPAND THE TYPES OF QUALIFIED PROVIDERS ALLOWED TO PROVIDE LACTATION CONSULTANT SERVICES FOR THE MEDICAID POPULATION IN THE STATE.*

As a CLC, I provide qualified lactation support and care to breastfeeding families. This work is challenging, but so rewarding and beneficial for families and their babies. In my work as a CLC, I provide complex and comprehensive care for, including conducting assessments, providing counseling and education, appropriately identifying commonly experienced issues and providing referrals out to other healthcare providers as necessary.

As I understand it, HR 6 and HCR 7 would request that Hawaii’s Quest Integration program, which provides coverage for low-income families in Hawaii, expand coverage to International Board-Certified Lactation Consultants (IBCLCs). While IBCLCs provide valuable care, they are not the only lactation care providers who do. CLCs also provide valuable lactation care and services. As a CLC, I would like to be able to support these families as well and be reimbursed by Medicaid for doing so. We know that there are not enough lactation support providers to assist with expectant and nursing families with breastfeeding – that is why we are consistently failing to meet our goals for breastfeeding initiation and duration.

In order to increase access to lactation support providers and create more equitable outcomes, I urge you to amend the bill language of HR 6 and HCR 7 to include CLCs and IBCLCs as covered providers eligible for providing lactation care and services to the Medicaid population in the state. Doing so will increase access to care and provide Hawaii families with options to choose the lactation care and services most appropriate to their circumstances. I would welcome the opportunity to work with the Committee to amend these Resolutions and expand access to care for Hawaii’s mothers and babies. Please do not hesitate to contact me should you have any questions.

Sincerely,

Jennifer Rapoza

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