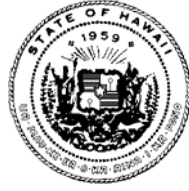


JOSH GREEN, M.D.  
GOVERNOR  
KE KIA'ĀINA



CATHY BETTS  
DIRECTOR  
KA LUNA HO'OKELE

JOSEPH CAMPOS II  
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

April 12, 2023

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

FROM: Cathy Betts, Director

SUBJECT: **SCR 6 SD1 – 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: April 13, 2023, 9:15 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.

The SD1 amended the resolution by:

- (1) Inserting findings that recognize lactation consultants in the United States are often health care professionals who have obtained additional certification through the Academy of Lactation Policy and Practice's Certified Lactation Counselor Program;
- (2) Inserting findings specifying that the State's QUEST Integration Program does not allow qualified providers who have obtained Certified Lactation Counselor certification to provide lactation consultant services;
- (3) Requesting to include lactation consultants certified by the Certified Lactation Counselor Program as qualified providers allowed to provide lactation consultant services for the Medicaid population in the State; and
- (4) Making technical, nonsubstantive amendments for the purposes of clarity and consistency.

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 the need for greater 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 24-30:

“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 or Certified Lactation Counselor certification;...”

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.

Also, MQD cannot 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 coverage and billing for lactation consultation services, and make changes that would expand access to the services when feasible.

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

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

FROM: Krista Olson, IBCLC, MC-MCH, Breastfeeding Coordinator for LATCH (Lactation Access Transforming Communities in Hawai'i, a joint project of Early Childhood Action Strategy & Breastfeeding Hawai'i)

RE: SUPPORT for SCR6/SD1 Requesting the Department of Human Services Med Quest Division To Expand Types of Qualified Providers Allowed to Provide Lactation Consultant Services For the Medicaid Population

HEARING DATE: Thursday, April 13, 2023, 9:15 AM

POSITION: Strong Support

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

On behalf of LATCH, a shared endeavor of Early Childhood Action Strategy and Breastfeeding Hawai'i, I thank you for the opportunity to submit testimony in strong support of SCR6/SD1 with no further amendments.

I practice clinically as an IBCLC (International Board Certified Lactation Consultant), and work as a maternal child health advocate and researcher. I coordinate LATCH, a three-year project aimed at elevating community voice in discussions with insurers to address critical gaps in lactation care. We are funded to engage communities, providers, insurers, and policy makers to design an equitable system of funded breastfeeding support. SCR6/SD1 will contribute to our efforts to bring key partners to the table to address barriers that prevent Hawai'i families from receiving the support they need to meet their infant feeding goals.

The International Board Certified Lactation Consultant (IBCLC) provides essential clinical care for breast/chestfeeding families. As a peer-reviewed author publishing and presenting on disparities in breast/chestfeeding health outcomes and barriers to lactation care in the Hawaiian Islands, I can testify that increasing access to insurance coverage for clinically-competent lactation care is critical for families enrolled in Medicaid. We see significant outcome and access disparities for families with QUEST Integration/Medicaid coverage in Hawai'i, and particularly for those living on neighbor islands. Racial and ethnic disparities in breastfeeding outcomes also persist throughout the state.

Thank you for the opportunity to provide my testimony. Please contact me if you have questions or comments. [krista@ecashawaii.org](mailto:krista@ecashawaii.org)



## HIPHI Board

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## HIPHI Initiatives

Coalition for a  
Tobacco-Free Hawai'i

Community Health  
Worker Initiative

COVID-19 Response

Hawai'i Drug & Alcohol Free  
Coalitions

Hawai'i Farm to School Hui

Hawai'i Oral Health Coalition

Hawai'i Public Health Training Hui

Healthy Eating + Active Living

Kūpuna Collective

Date: April 11, 2023

To: Representative John M. Mizuno, Chair  
Representative , Terez Amato, Vice Chair  
Members of the Committee on Human Services

Re: Support **SCR6 SD1** Requesting The Department Of Human  
Services Med-Quest Division, In Collaboration With The  
Department Of Commerce And Consumer Affairs, To Expand The  
Types Of Qualified Providers Allowed To Provide Lactation  
Consultant Services For The Medicaid Population In The State

Hrg: April 13, 2023 9:15 AM

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The Obesity Prevention Task Force, convened by the Hawai'i Public Health Institute<sup>i</sup>, **supports SCR6 SD1**. That requests the Department of Human Services Med-Quest Division, in collaboration with the Department of Commerce and Consumer Affairs, to expand the types of qualified providers allowed to provide lactation consultant services for the Medicaid population in the state.

By credentialing International Board Certified Lactation Consultants, which will lead to a pathway for them to bill for their extremely important services, more people will have access to the support they need to confidently breastfeed their babies.

Establishing a strong foundation for breastfeeding is imperative if a person is to succeed at breastfeeding. Infant feeding practices can significantly affect later growth and development and can protect against obesity<sup>ii</sup>. The American Academy of Pediatrics and the World Health Organization recommend exclusive breastfeeding for the first six months of life and continued breastfeeding with the addition of other foods until a child is at least twelve months of age<sup>iii</sup>.

“A robust body of evidence suggests that breastfeeding has multiple health benefits for infants, and that paid family leave (and other forms of maternity leave) significantly increases the length of time that mothers breastfeed. In a review and analysis of studies of breastfeeding in developed countries, the U.S. Agency for Healthcare Research and Quality found that full-term infants fed formula are at substantially greater risk than breastfed infants for acute ear infection, eczema, gastrointestinal infection, hospitalization for lower respiratory tract diseases in the first

year of life, asthma, childhood obesity, Type 2 diabetes, leukemia, and sudden infant death syndrome (SIDS).<sup>iv</sup>

These healthcare professionals need to be paid for their services, so they can continue to support breastfeeding individuals. They provide an extremely important service and one that ensures the next generation is a healthy one.

Thank you for the opportunity to provide testimony in support of SCR6 SD1.

Mahalo,



Peggy Mierzwa  
Policy & Advocacy Director  
Hawaii Public Health Institute

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<sup>i</sup> Created by the legislature in 2012, the Obesity Prevention Task Force is comprised of over 60 statewide organizations, and works to make recommendations to reshape Hawai'i's school, work, community, and health care environments, making healthier lifestyles obtainable for all Hawai'i residents. The Hawai'i Public Health Institute (HIPHI) convenes the Task Force and supports and promotes policy efforts to create a healthy Hawai'i.

<sup>ii</sup> S. Arenz et al., Breast-feeding and childhood obesity - a systematic review, 28(10) International Journal of Obesity and Related Metabolic Disorders 1247-56 (2004).

<sup>iii</sup> American Academy of Pediatrics, AAP Reaffirms Breastfeeding Guidelines, <https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/AAP-Reaffirms-Breastfeeding-Guidelines.aspx> (last updated February 27, 2012).

<sup>iv</sup> [http://www.nccp.org/publications/pdf/text\\_1059.pdf](http://www.nccp.org/publications/pdf/text_1059.pdf)



April 13, 2023

Representative John Mizuno  
Hawaii State Capitol, Room 402  
415 South Beretania Street

Representative Terez Amato  
Hawaii State Capitol, Room 317  
415 South Beretania Street

*RE: SCR6 / SD1: REQUESTING THE DEPARTMENT OF HUMAN SERVICES MED-QUEST DIVISION, IN COLLABORATION WITH THE DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS, TO EXPAND THE TYPES OF QUALIFIED PROVIDERS ALLOWED TO PROVIDE LACTATION CONSULTANT SERVICES FOR THE MEDICAID POPULATION IN THE STATE.*

Dear Chair Mizuno and Vice Chair Amato,

I wanted to formally thank you, on behalf of the Academy of Lactation Policy and Practice (ALPP) and all Certified Lactation Counselors (CLCs) in Hawaii, for your work on SCR6/SD1. We fully support this Resolution as written, and believe that the bill's language will expand access to qualified lactation support providers who assist families with breastfeeding and lactation in Hawaii. This language will also provide Hawaii families with options to choose the lactation care support provider most appropriate for their family and their circumstances.

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 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"). Since this Resolution makes reference to the Patient Protection and Affordable Care Act, I note the *Model Policy* for the purpose of identifying lactation care providers eligible for coverage under the Act.



As you have seen in the testimonies provided on these Senate and House Concurrent Resolutions, the language used to describe both types of professional lactation support providers is important to the implementation of any legislation. We appreciate the opportunity to work with you both, and members of the committee, to expand access to breastfeeding support for Hawaii's families. I am available should you have any questions.

Sincerely,

Ellie Mulpeter, MPH, CLC

Director, Academy of Lactation Policy and Practice





April 13, 2023

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

Re: SCR 6 SD 1 – 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 SCR 6 SD 1, 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 an identical resolution in the House. We also thank 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 breastfeeding<sup>1</sup> and states including New York<sup>2</sup>, Georgia<sup>3</sup>, and Washington, D.C.<sup>4</sup> 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.

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

<sup>2</sup> [https://health.ny.gov/community/pregnancy/breastfeeding/medicaid\\_coverage/lactation\\_counseling\\_services.htm](https://health.ny.gov/community/pregnancy/breastfeeding/medicaid_coverage/lactation_counseling_services.htm)

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

<sup>4</sup> [http://www.dcbfc.org/pdfs/Medicaid\\_Enrollment\\_and\\_Reimbursement\\_for\\_the\\_IBCLC\\_122020.pdf](http://www.dcbfc.org/pdfs/Medicaid_Enrollment_and_Reimbursement_for_the_IBCLC_122020.pdf)



Thank you for the opportunity to testify in support of SCR 6 SD 1.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dawn Kurisu', is positioned above the typed name.

Dawn Kurisu  
Assistant Vice President  
Community and Government Relations

**SCR-6-SD-1**

Submitted on: 4/11/2023 6:51:56 PM

Testimony for HUS on 4/13/2023 9:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Patricia Bilyk	Individual	Support	Written Testimony Only

Comments:

TO: Representative John Mizuno, Chair, Representative Terez Amati, Vice Chair and Members of the Committee on Human Services

FROM: Patricia Bilyk, RN, MPH, MSN, IBCLC(Ret) Maternal Infant Clinical Nurse Specialist and IBCLC from 1989-2019 in State of Hawaii

RE: SCR 6 SD1

DATE: Thursday, April 13, 2023 9:30am

Good Morning!

I stand in SUPPORT w Amendments of SCR 6 SD1 . I suggest the REMOVAL of the CLC- Certified Lactation Counselor and ONLY have the IBCLC-International Board Certified Lactation Consultant.

My reason is an issue of inclusion. You would have to include in this Resolution and therefore the process, ALL of the other lactation providers (and there are more in the USA than I have cited here) that have similar education hours and certification as the CLC such as:1) Indigenous Breastfeeding Counselor, 2) Certified Lactation Educator, 3) Certified Breastfeeding Specialist, 4)Lā Leche League Breastfeeding Counselor, and 5) WIC Peer Breastfeeding Counselor. There is no fair comparison between the IBCLC stringent education, clinical hours and credentialing process and the lactation providers I cited above.

It would be more prudent to set up a process with the IBCLC Professional now and look at the other lactation providers at a future date.

I encourage you to agree with the HCR 7 HD2 Resolution on the same topic where they took out the CLC provider for the reason I cited above in my testimony and pass it out of your Committee with the same language.

Thank you for considering my suggestion.