

SCR-14

Submitted on: 2/25/2025 11:00:47 AM

Testimony for HHS on 2/26/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Elizabeth A Larrabee	Testifying for Lokahi Lactation LLC	Support	Written Testimony Only

Comments:

Date: February 25, 2025

To: Members of the House Committee on Health and Human Services

From: Liz Larrabee RN, IBCLC

Re: SCR 14

As a practicing IBCLC on Oahu, I am writing to express my strong support for SCR 14 and the licensure of International Board Certified Lactation Consultants (IBCLCs) in Hawaii.

Through my experience providing care to mothers and babies in hospitals, outpatient clinics, and homes, I have seen firsthand the necessity and effectiveness of the home-based care that IBCLCs can provide.

I believe that this legislation is crucial to improving access to care for infant feeding issues. The current high out-of-pocket costs for lactation services present a significant barrier for many families. Licensure for IBCLCs could help to make these services more affordable and accessible by allowing them to be covered by insurance.

Thank you for your time and consideration.

Sincerely,

Liz Larrabee RN, IBCLC

SCR-14

Submitted on: 2/25/2025 1:05:23 PM

Testimony for HHS on 2/26/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Elizabeth Kealoha	Testifying for Mother's Milk LLC	Support	Written Testimony Only

Comments:

Aloha,

I am the vice-president of Breastfeeding Hawai'i (coalition) and our mission is to promote, support and protect our keiki's first food, Waiu - breastmilk. Breastfeeding is the foundation of health (immunologically, nutrition, emotional wellbeing and the list goes on) and yet it does not always come easily; support is vital. The American Academy of Pediatrics recommends exclusive breastfeeding for the first 6 months and continuing for a minimal of 2 years.

I am also an RN and International Board Certified Lactation Consultant in private practice; mothersmilk.co. I left the hospital setting due to the overwhelming need for lactation support in rural areas. One of many barriers being the ability of families paying for quality lactation care. Like many medical services, lactation care should be a basic coverage for families.

Mahalo,

Kehau Kealoha RN, IBCLC

SCR-14

Submitted on: 2/24/2025 1:14:46 PM

Testimony for HHS on 2/26/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Frances Hartley	Individual	Support	Written Testimony Only

Comments:

To Whom it may concern,

Aloha and many thanks for the opportunity to share my experience as an IBCLC working closely with new families in our communities in rural Big Island.

The health of our communities starts quite literally in utero, and then with the breast-feeding relationship. Every mother and baby deserve to have the chance to have a healthy and normal breast-feeding relationship. For our mothers that have Medicaid, and rely on their insurance to reimburse breast-feeding care, that is absolutely not been the case.

The reality is that 80% of mothers have Medicaid in Big Island, and therefore have zero access to specialized breast-feeding care. They have to pay 100% out-of-pocket, And this is a service that they cannot afford. This is because insurance companies refused to reimburse licensed IBCLCs.

From the time babies are born here, mothers immediately face huge barriers and challenges to successful breastfeeding. Despite hospitals best efforts, they have zero specially trained staff to handle complications with breastfeeding.

In many cases they will unintentionally release a family from the hospital with little to no breastfeeding education or help, or even worse: misinformation that will completely sabotage the breastfeeding relationship.

A heartbreaking situation happened recently, where a mother's baby was born prematurely, and transferred to the NICU on Oahu. Sadly, as is the insurance policy, the mother was not permitted to go with her infant, and her breastmilk became more vital than ever. You may know that without breastmilk, the premature infants risk of death increases sharply, including illnesses, such as necrotizing enterocolitis. Not only was the mother dealing with the stress of being separated from her newborn, she was also struggling to build her milk supply due to lack of adequate support. She had experienced a large loss of blood during birth, a complication that can cause a delay in milk increase. These mothers need special help to build up their milk supply.

Out-dated and incorrect information about breastfeeding is absolutely rampant here on Big Island. Last month I was called to the bedside of a new mother who had just delivered in hospital, crying because the nurse on shift had instructed her to pump every two hours with an incorrectly fitted set of breast flanges, causing her nipples to crack and bleed.

Her nipples were so sore and damaged from using the wrong equipment, that she had to actually stop breast-feeding for a couple of days before they were healed enough to resume. This mother faced enormous challenges because of this treatment and had she not received specialized care from an IBCLC, I highly doubt that she would've been successful.

The cause of this problem is that hospital staff have very, very minimal training when it comes to breast-feeding.

They are not equipped to handle specialized cases, including, for example, a premature baby, a twin pregnancy, a baby with special needs such as downs, a baby with cleft lip or palate, a baby with an oral restriction, (which is about 10% of all babies, it is estimated), a woman who has had breast surgery in the past, a woman who has had breast cancer in the past, a woman with thyroid complications, a woman with insufficient glandular tissue, a woman with polycystic ovarian syndrome etc. This is not an exhaustive list, it is just to illustrate the fact that breast-feeding, like any other human function can be complicated and deserves staff that are especially trained and equipped to handle these complications.

Recently, I was called to assist a woman who is attempting to breast-feed, yet her baby was not gaining any weight. Her doctor was urging her to switch to formula and stop breastfeeding. This mother had been urged to supplement her baby ever since birth, but she had not been given any support and how to increase her own milk supply, therefore it had almost dwindled down to nothing. The woman's intention was to exclusively breast-feed, but the people caring for her did not have the expertise or training on how to manage supplementation while also building up mother's own supply. As an IBCLC I was able to help mother build her milk supply back up and transition the baby back to exclusive breast-feeding. Mother should not have to pay hundreds of dollars out of pocket for this help. Breast-feeding is not a luxury service, reserved only for wealthy women who can pay cash. Breast-feeding is a human right, and for a family with Medicaid living in poverty, breast-feeding is more vital than ever for their children, getting optimal, brain development, and growth in the early years.

Taking this piece of healthcare away from families who are already struggling, is hurting our communities. It's hurting the health and wellness of our communities.

The importance of supporting new mothers cannot be overstated, insurance companies will claim that they do pay for breast-feeding and that they do pay for lactation specialists, however, when women are directed to get the services through their hospital, they will find that there is no such person on staff. The insurance companies are failing to provide the service, my one on one clients are unable to bill their insurance for our visits.

We have tried time and time again to submit super bills and claims, and they are always turned down because as an IBCLC working outside of a hospital setting, I am not eligible to be reimbursed by insurance. In spite of my years and years of training, my license that is internationally recognized, and board certified.

I have tried countless times to become contracted with the insurance companies directly, and my applications have been denied because they do not recognize my IBCLC license. This has been going on for years, and it is absolutely unacceptable.

It is my hope that insurance companies will do the right thing and begin to provide specialized breast-feeding care to all families, even though living in are more rural islands.

The IBCLC license must be recognized as a true medical license in the state of Hawaii, just as it is in numerous other states, and breast-feeding must be protected, not just in writing, but in actual practice.

Mahalo nui for your time and consideration and for reading about my experiences.

Fran Hartley IBCLC

SCR-14

Submitted on: 2/25/2025 4:51:45 AM

Testimony for HHS on 2/26/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sunny Chen	Individual	Support	Written Testimony Only

Comments:

As an IBCLC, I welcome this and support of a Sunrise Analysis of Lactation Consultant Licensure.

Date: February 24, 2025

To: Chair Senator Joy A. San Buenaventura, Vice Chair Senator Henry J.C. Aquino,
and Members of the House Committee on Health and Human Services

From: Krista Olson, MC-MCH, IBCLC

Re: Senate Continuing Resolution 14 – REQUESTING THE AUDITOR TO CONDUCT
A SUNRISE ANALYSIS OF LACTATION CONSULTANT LICENSURE

As a practicing International Board Certified Lactation Consultant (IBCLC) in Hawai'i since 2010, I appreciate the Committee's interest in the practice and standards of the IBCLC profession. I am in support of a Sunrise Analysis of Lactation Consultant Licensure.

Over the past fifteen years, I have worked closely with insurers and the MedQUEST Division to identify clear pathways for coverage of necessary lactation care as described in the Affordable Care Act and Women's Preventive Services Initiative (WPSI) Recommendations. Licensure of IBCLCs would address many of the barriers to covered care for families experiencing breast/chestfeeding challenges.

I am grateful to the Legislature for passage of HCR 2023-0281 to expand types of lactation providers covered by Medicaid, and appreciate that Med-QUEST Division has worked closely with partners to respond to the resolution. Licensure of IBCLCs appears a viable path to increase access to lactation care throughout Hawai'i, and particularly on neighbor islands where there are currently very few IBCLCs covered by insurance. This disparity was highlighted in 2020 PRAMS data reporting "the percentage of mothers receiving breastfeeding information from a lactation specialist was significantly higher in Honolulu County (82.9%) than all other counties (66.9% in Kauai, 52.1% in Hawai'i, and 46.2% in Maui)." <https://hhdw.org/rh-2020-prams-data/>

The Fast Pass Pilot for Lactation Care conducted in 2024 demonstrated that there are adequate IBCLC provider networks available on a majority of neighbor islands, but the current lack of licensure prevents most IBCLCs from participating as Medicaid providers.

Clinical care from an IBCLC is the gold standard to address challenges that can disrupt the normal course of breastfeeding. IBCLC care is most effective when delivered alongside peer-to-peer and frontline support from Indigenous Breastfeeding Counselors

(IBCs) and other community-based breastfeeding providers such as the CBC, CLC, and CLE.

I encourage you to pass SCR 14 to move Hawai'i forward in addressing the current maternal health care crisis by increasing the impact of underutilized IBCLCs. These highly skilled professionals will extend the reach of our maternal healthcare workforce in maternity care deserts. IBCLCs provide a cost-effective safety net for parents in the postpartum period, and studies consistently show high return on investment when these providers are incorporated into covered care.



Date: February 25, 2025

To: Chair Senator Joy A. San Buenaventura, Vice Chair Senator Henry J.C. Aquino,
and Members of the House Committee on Health and Human Services

From: Rachel Litchfield, IBCLC, Postpartum Doula

Re: Senate Continuing Resolution 14 – REQUESTING THE AUDITOR TO CONDUCT A SUNRISE ANALYSIS OF
LACTATION CONSULTANT LICENSURE

Aloha and thank you for taking the time to read my testimony in support of a Sunrise Analysis of Lactation Consultant Licensure. I have been working as an International Board-Certified Lactation Consultant since 2022 and as a Certified Breastfeeding Specialist prior to getting my board certification. In recent years I have also become a Postpartum Doula, working on the certification with DONA International. I've had the pleasure of supporting families on Oahu while working at Hawaii Mothers Milk Inc. where I traveled between Oahu and Kona (where I live) for 18 months before starting a private practice, Little Opihi Lactation, on the Big Island.

Many individuals believe that Lactation Consultants only assist with latching a baby and helping moms produce breastmilk. The specialized skill set of an IBCLC is unlike any other medical profession in this field. We support families prenatally through weaning and everything in between. Families seek support from IBCLCs for (and not limited to) assisting families with prenatal education, latching, and support in the early days when establishing lactation, causes and remedies for nipple pain/damage, slow infant weight gain, concerns about oral restrictions (commonly called tongue/lip ties), clogged ducts and mastitis, supplementing with formula, bottle introductions and refusal, inducing lactation, suppressing lactation, lactation during infant loss, pumping, back to work or school support, starting solids and more.

There is a lack of access to IBCLC's and unfortunately a huge disconnect with other healthcare providers who pass on extremely outdated, incorrect, and damaging information to families. More times than not, when I see families for an initial consultation, they have been told incorrect information and are not set up for a successful breastfeeding journey. They end up having to backpedal and correct some vital processes to ensure successful lactation. This is not always sustainable, cost-effective, or possible due to all the barriers families face in the world we live in today. Mothers having to return to work in 6 weeks, fathers out of the home all day, no insurance, no support, no transportation, etc. To make matters more difficult, it is extremely hard to get insurance-covered care from an IBCLC, which other providers could refer to, to receive this specialized care. Unfortunately, many families are unable to breastfeed or reach their goals which has an incredible impact on their mental health and overall health for the mother and baby.

The majority of the families I support on the Big Island have MedQuest and despite multiple attempts to submit superbills and claims to get reimbursement, the requests have been denied. Many insurance companies won't recognize IBCLC's since it is not a licensed credential and deny us getting in-network with them, or make the process very difficult and timely.



Being an IBCLC and Postpartum Doula has given me the unique opportunity to support families very early on and provide frequent and timely lactation support. On average, I spend 100 hours with each family I have supported as a Postpartum Doula, in the first 8-12 weeks after the baby is born. Without fail, each family has faced some kind of breastfeeding challenge that we were able to catch quickly, correct or put the steps in place for a successful breastfeeding outcome that aligns with the family's goals. The top feedback I have heard from each family was that they would not have been able to breastfeed or reach their goals if I hadn't been there in the early days. The WHO and AAP recommend breastfeeding exclusively for 6 months and up to two years+ as desired by the family. Each postpartum doula family has reached at least 1 year of providing breastmilk, some continue beyond. Unfortunately, I don't have the capacity to provide that amount of support to each family that has come to me for lactation care, primarily due to the lack of insurance coverage. The number of families that can access postpartum doula support or self-pay for lactation care, are very few, especially on the rural Big Island.

To help bridge the gap in families receiving lactation support, I host a monthly, donation-based baby clinic with another provider, volunteer my time teaching the breastfeeding portion of the childbirth class at the Kona Community Hospital, regularly collect and distribute donated lightly used or unused supplies and baby items, provide discounted consultations and have given services away for free multiple times. As a mother myself, having that kind of support is invaluable not only for the health benefits for mom and baby but for the extreme mental health component of the postpartum period.

While breastfeeding is a natural, biological process, it does not always come naturally and can be wildly complicated. I believe there needs to be more research, funding, accessibility, accountability, and all the things, for lactation education and support for families during this very intimate and transformational time in their lives. Not only would it drastically improve the health and wellness of our communities, but it would greatly improve and reduce the chances of postpartum mood disorders. I believe we are far away from having the ideal support for families, however, providing IBCLC's in Hawaii the opportunity to become licensed with the state would be a huge step in the right direction. It would increase access to care by having the ability to bill insurance, increase professional recognition and collaboration, give IBCLC's protection from the current midwifery bill in the works, ensure enhanced professional standards, giving families more trust and quality care that is very much needed.

In conclusion, licensing IBCLC's is a necessary and beneficial step toward improving maternal and infant health outcomes. I urge you to support this initiative, recognizing the vital role that IBCLC's play in our healthcare system. Together, we can ensure that every family in Hawaii has access to the support they need to successfully navigate their breastfeeding journey.

Thank you for considering this important issue.

Mahalo Nui,
Rachel Litchfield, IBCLC, Postpartum Doula.

LATE

SCR-14

Submitted on: 2/25/2025 1:54:05 PM

Testimony for HHS on 2/26/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Patricia Bilyk	Individual	Support	In Person

Comments:

TO : Senator San Buenaventura, Chair, Senator Aquino, Vice Chair and Members of the Committee on Health and Human Services

FROM: Patricia Bilyk, RN, MPH, MSN, IBCLC (Retired)

RE: SCR 14/ SR10 Requesting the Auditor to Conduct a Sunrise Analysis of Lactation Consultant Licensure

DATE: Wednesday, February 26, 2025

TIME/PLACE: 1:00 pm Room415

Good Afternoon. I am an Maternal Infant Advanced Practice Nurse, practicing for 53 years in our State. I was an International Board Certified Lactation Consultant (IBCLC) for 30 years in Hawai'i, now I'm retired.

I stand in SUPPORT of SCR14/ SR10 because I feel licensure would provide equitable access of quality lactation services for our women and their infants in our State.

According to recent data from the International Board of Lactation Examiners, there are 101 IBCLCs in our State. Most of these IBCLCs are working in Hospitals, Clinics and Educational settings. Very few are in private practice primarily due to lack of reimbursement for their professional services.

When I was in private practice dba Breastfeeding Consultants of Hawai'i, the lack of reimbursement for my services, which forced my patients to pay out of pocket, drove me out of private practice and into the hospital for income.

I feel the only way the IBCLC profession can achieve legitimacy, trust and further status with the Medical Professional Team, Insurance Companies and Families is to be licensed. Therefore allowing the trusted IBCLC profession, the Gold Standard especially in challenging lactation care, to provide improved maternal infant outcomes for health and safety.

One correction I would like to suggest in SCR14 is to change Lactation Consultants in line 10 and 11 specifically to International Board Certified Lactation Consultants or IBCLCs. In our State there are individuals who advertise themselves as Lactation Consultants having various

methods of education, individual experiences, cultural trainings and self study. Some Examples of these individuals are Certified Lactation Counselors (CLC), Indigenous Breastfeeding Counselors (IBC), Peer Counselors, La Leache Leaders and Clinical Lactation Educators (CLE). These frontline breastfeeding supporters are valuable in our community but they do not have the extensive training, requirements, examination and review that IBCLCs have. I feel it is cleaner and less confusing to the general public to not use in the Resolution Lactation Consultants but instead use Board if International Board Certified Lactation Consultants or Board of IBCLCs. I also feel there needs to be specific definition of IBCLC in the Bill definitions. By the way the term IBCLC is a registered legal designation in the USA.

I thank you for allowing me to share my thoughts on this very important issue. Please move this Resolution forward to provide possibly licensure for these highly educated and skilled yet underutilized IBCLCs in our community.

if I can be of further assisted please contact me patbilyk@gmail.com.