Georgia Lactation Consultant Practice Act

Medical Association of Georgia Alliance

2016 AMA Alliance LEAP Award Winner

Georgia Alliance with Governor Deal

Medical Association of Georgia Alliance
What’s It All About?

1. Breastfeeding offers huge health benefits that formula does NOT
2. Breastfeeding saves families, businesses and the states $$$
1. Despite these benefits, most moms quit breastfeeding before their babies are six months old due to unresolved difficulties
2. We can all help to change that!

Childhood Illness and Disease Risk Reduction with Breastfeeding

<table>
<thead>
<tr>
<th>Condition</th>
<th>Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sudden Infant Death Syndrome</td>
<td>36%</td>
</tr>
<tr>
<td>Otitis Media (Ear Infections)</td>
<td>50%</td>
</tr>
<tr>
<td>Upper Respiratory Infections</td>
<td>63%</td>
</tr>
<tr>
<td>Lower Respiratory Infections</td>
<td>72%</td>
</tr>
<tr>
<td>RSV Bronchiolitis</td>
<td>74%</td>
</tr>
<tr>
<td>Asthma with family hx / without family hx</td>
<td>40% / 26%</td>
</tr>
<tr>
<td>Atopic Dermatitis</td>
<td>42%</td>
</tr>
<tr>
<td>Gastrointestinal Infections</td>
<td>64%</td>
</tr>
<tr>
<td>Gluten Intolerance (Celiac Disease)</td>
<td>52%</td>
</tr>
<tr>
<td>Type 1 Diabetes / Type 2 Diabetes</td>
<td>30% / 40%</td>
</tr>
<tr>
<td>Obesity (4% reduction for ea mo breastfed)</td>
<td>24%</td>
</tr>
</tbody>
</table>
Mother’s Milk Is Important for Preemies

- It lowers their risk of retinopathy of prematurity
- Necrotizing enterocolitis is reduced by 77%
- Fewer hospital readmissions in the first year
- IQs are higher and white matter and total brain volumes are greater as these children age

Maternal Bonding with Breastfeeding Reduces Child Abuse and Neglect

“Rate of abuse/neglect was significantly increased for mothers who did not breastfeed as opposed to those who did.” (AAP, Pediatrics, March 2012)
Maternal Disease Risk Reduction from Breastfeeding

<table>
<thead>
<tr>
<th>Disease</th>
<th>Risk Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>12%</td>
</tr>
<tr>
<td>Breast Cancer</td>
<td>4.3%</td>
</tr>
<tr>
<td>Ovarian Cancer</td>
<td>21%</td>
</tr>
<tr>
<td>Metabolic Syndrome</td>
<td>8.4%</td>
</tr>
<tr>
<td>Coronary Artery Disease</td>
<td>23%</td>
</tr>
<tr>
<td>Aortic Calcifications</td>
<td>22%</td>
</tr>
<tr>
<td>Coronary Calcifications</td>
<td>15%</td>
</tr>
</tbody>
</table>

Connection Between Breastfeeding and Good Health in Georgia

- Georgia is in the top 20% nationally for infant mortality
- Georgia is near the bottom 20% for its 6 month breastfeeding rate
How Are Georgia’s moms doing?

Initiation Rates are Good
- About 75% of Georgia’s moms initiate breastfeeding

Duration Rates are Dismal
- But, only about 19% of Georgia's infants are exclusively breastfed at 6 months

Breastfeeding Saves $$ for Families, Businesses and Taxpayers
If 90% of families complied with AAP recommendations, it is estimated that the U.S. would save $14.2 billion each year and we would save more than 900 lives annually (nearly all infants) (Bartick, et al. 2010, 2013).

Healthy born HMO insured babies who were breastfed for the first 3 months of life saved $750 each in healthcare costs over their first year of life. (Ball, 1999-Kibbe 2015)

Annual U.S. Maternal Health and Dollar Costs of NOT meeting AAP Guidelines

- 5,000 more cases of breast cancer
- 54,000 more cases of hypertension
- 14,000 more MIs
- 4,500 more diabetics
- 4,000 more premature deaths (under age 70)
- Direct medical costs: $733 million
- Indirect costs (i.e. lost work): $126 million
- Mortality cost to society: $17.4 billion

(Bartick et al., 2013)
### The Extrapolated Annual Costs to Georgia in 2011 Dollars

**Pediatric Costs**
- Medical: $76 million
- Indirect: $40 million
- Death: $330 million

**Maternal Costs**
- Medical: $23 million
- Indirect: $4 million
- Premature Death: $545 million

### Formula Costs/WIC

- Average cost for a family to purchase formula for one year $1,577
- Nationally, 50% moms receive “free” formula from WIC
- WIC is #1 purchaser of formula in US with $864 million tax dollars spent in 2010 for formula
- Formula companies garner $4 billion annually from the U.S. economy
GA’s WIC Dept reports that an exclusively breastfed WIC infant saves Medicaid and WIC $160 per month in the first six months of life!

Why are 68% of women not meeting their personal breastfeeding goals? What’s Happening between Hospital discharge and 6 months?

The top three reasons for weaning as cited by Georgia’s moms are:

- Perception of Limited Milk Supply
- “My Milk Did Not Satisfy My Infant”
- Difficulty Nursing

Georgia Pregnancy Risk Assessment Monitoring System (PRAMS), 2006
How do we get back to this?

Mothers/Babies Need Easy Access to Clinical Help When Problems Arise

A clinical consultation takes a minimum of one hour of time:
- must acquire maternal medical history (thyroid, pcos, surgeries)
- must acquire baby’s history (including problems at birth, stools, urination),
- must do physical assessment of baby (signs of dehydration, oral issues—assess for tongue tie, high arch of palate, etc…),
- must do physical assessment of mother’s breasts,
- must observe feeding with a before and after weight of baby to determine milk transfer, etc…

Most physicians do not have the time for these lengthy clinical consultations, and many admit to not having the expertise either
- So, where is the clinical help??
The US Surgeon General Presented the Solution for Us....

Action 11. Ensure access to services provided by International Board Certified Lactation Consultants.

- Include support for lactation as an essential medical service for pregnant women, breastfeeding mothers, and children.
  - Standard coverage for IBCLCs as "covered providers"

- Provide reimbursement for IBCLC care independent of their having other professional certification or licensure.
  - Alternatively, develop state licensure for IBCLCs

Who are International Board Certified Lactation Consultants ("IBCLCs")?

Prerequisites: 8 college level science courses + 90 hours of lactation specific coursework + 300-1000 hours of supervised clinical care

Must pass an international exam (given in 20 different languages in over 90 countries)

Must adhere to a Code of Ethics

Must have continuing education and recertify every 5 years

Recognized by the US Surgeon General and the CDC as being clinical lactation experts

Employed by large maternity hospitals----many are also nurses
IBCLCs Help in the Medicaid Context

Medicaid moms who experience contact with an IBCLC in the hospital (as opposed to just peer counseling) are 4x more likely to breastfeed upon discharge.

(Castrucci, 2006)

IBCLCs Can Improve Duration

- 53% of moms with an outpatient IBCLC clinic visit were still breastfeeding at 4-6 months compared with only 23% of moms who were not seen by an IBCLC

(Lukac, 2006)
After hospital discharge, how do moms currently connect with clinical help?

A few hospitals run self-pay clinics with IBCLCs. Some physicians will give moms referrals for in-home help, but others will not b/c of potential liability for negligent referrals to unlicensed persons

- Moms may be able to find “breastfeeding specialists” via the internet for an in-home visit (but cannot decipher alphabet soup of credentials)

- Only moms who can afford the self-pay service and who are willing to take a chance on a stranger (who may or may not be competent to give clinical care) coming into their homes are getting help

- Many, but not all, WIC offices have peer counselors who offer non-clinical support within a very specific scope of practice.

How do we link Georgia’s Moms with the IBCLC support when needed?

1. Increase number of IBCLCs available in Georgia.
2. Ensure women with Medicaid and those with private insurance have EQUAL access.
3. Ensure adequate reimbursement for services.
A Closer Look at Georgia’s Numbers

There are 364 IBCLCs in the state; 70% are estimated as part-time; 50% of whom are estimated to be working non-clinically.

We have 2.26 IBCLCs per 1000 live births in GA (8.6 recommended #)

According to the US Surgeon General/CDC, we need 1125 IBCLCs to serve Georgia.

Why Aren’t there More IBCLCs?

- No Medicaid reimbursement for IBCLC lactation consults; only recent that some private insurance will reimburse for IBCLC services.
  - Without reimbursement, there’s limited demand as a woman can’t obtain an IBCLC consult using Medicaid or insurance for payment.
  - Without reimbursement doctors cannot afford to hire them.
  - Without reimbursement the IBCLC’s pool of clients is limited to self-paying clients and is usually done via home visits.
  - Without reimbursement the IBCLC can’t make a living wage in this profession.
What About Medicaid?

- In GA, at least 45% of our babies are covered by Medicaid
- Medicaid only reimburses (pays for) care rendered by LICENSED health care providers

What About Private Insurance?

- Breastfeeding/lactation support has been defined as an “Essential Health Benefit”
- All new contracts must have a lactation benefit
- Unclear what the lactation benefit will be and WHO will be authorized to perform the breastfeeding support services
- Private Insurers generally (not always!) contract only with licensed health care providers
Why Licensure?

- Licensure would establish IBCLCs as part of the healthcare system, create professional credibility, align them with other regulated healthcare professionals.

- Licensure would assure the public that the licensee has met minimum standards of competence to give clinical care and that the licensee has passed a criminal background check.

- Licensure would eliminate the current confusion with other non-clinical support persons.

- With licensure, physicians could employ IBCLCs in their offices making it easy for moms and babies to access IBCLC care under physician supervision.

Why Licensure? (Cont’d)

- Licensure would impact the growth of the profession attracting the younger generation to the profession.

- Licensure would provide a career path for WIC Peer Counselors, CLCs, LLL volunteers, and others.

- Licensure would create jobs for Georgia.

- Licensure would likely promote equal access to IBCLC services—private insureds as well as Medicaid recipients.

- Licensure would improve access to competent clinical care and thus improve breastfeeding rates.

- Licensure would improve the health of our moms and babies.

- Licensure would save healthcare and economic dollars!
How would a licensure law affect those without a “lactation consultant” license?

- Other professionals (doctors/nurses) can still provide clinical lactation support b/c it’s within their scope of practice, but they WOULD NOT call themselves “licensed lactation consultants” without LC license too
- IBCLC licensure would not affect the work of WIC peer counselors or other government employees
- IBCLC licensure would not affect the work of individual volunteers or volunteer breastfeeding organizations (La Leche League)
- IBCLC licensure would not affect the work of breastfeeding or other perinatal educators (including doulas)
- Others interested in providing clinical care should become an IBCLC!

Accomplishing Our Goal

**Phase I: Education**
- Grassroots campaign...garnering support of individuals
- Educate the public; On-line Petition of Support

**Phase II: Legislative Implementation**
- Work with a professional lobbyist (very helpful); Draft Legislation; Lobby at Capitol as volunteers;
- Letter writing/ Call or E-mail Your Legislator
- Get the bill passed

**Phase III: Reimbursement & Streamlining the IBCLC Education**
- Work with Private Insurers and Medicaid on Benefit
- Talk with Community Colleges to advocate for education and clinical training programs across the state
GA’s Action Steps

- Secured support from the Medical Societies
- Secured bill sponsor: Representative Sharon Cooper (R-East Cobb) Chairman of House HHS. She is also a nurse and the wife of the late Dr. Tom Cooper—a longtime AMA and MAG member
- HMHB received a grant from Kaiser Permanente of Georgia for lunch & learns across the state to educate healthcare providers and garner support using palm cards with post-it notes to their legislators
- Met with DCH, DPH, Secretary of State’s office, Governor’s office, Composite Medical Board
- Met with Administration for Technical Colleges of Georgia to discuss their putting educational and clinical training programs in community colleges across the state once bill passed

Organizational Supporters

- Medical Association of Georgia
- Medical Association of Atlanta
- GA Chapter of the American Academy of Pediatrics
- GA Academy of Family Physicians
- GA Obstetrical and Gynecological Society
- GA Chapter of the American College of Physicians (Internal Medicine Doctors)
- DeKalb Medical Society (Decatur/Atlanta, GA)
- Muscogee County Medical Society (Columbus, GA)
- Richmond County Medical Society (Augusta, GA)
- GA Affiliate of the American College of Nurse Midwives
- Georgia Rural Health Association
- Children’s Healthcare of Atlanta (3 hospitals)
- Phoebe Putney Memorial Hospital-Albany, GA
- United States and South Eastern Lactation Consultant Associations
- Voices for Georgia’s Children and Junior League of Atlanta
- Healthy Mothers, Healthy Babies Coalition of GA and La Leche League USA
- Grant from Kaiser Permanente
Mothers and Babies Need YOUR HELP

- HB 649 became law in GA on April 26, 2016!
- Rhode Island has also passed similar IBCLC licensing legislation
- Several other states have bills pending
- 35 states have working groups that need collaborative partners
- All 48 remaining states need support and help from the Medical Community to do this!

Medical Association of Georgia Alliance

Will You Help the Mothers and Babies in Your State?

- YOU have access to the Medical Community because you ARE the Medical Community!!
- If your state Alliance would like to partner with IBCLCs to advocate for this state law, please contact:
  - Judy Gutowski
    - licensurecommittee@uslca.org
    - 724-331-6607

Medical Association of Georgia Alliance
Thank You!

- We appreciate being chosen as the AMA Alliance LEAP Award recipient for 2016

- Merrilee Gober, RN, BSN, JD
- President, Medical Association of Georgia Alliance
  - magober@bellsouth.net
  - 404-272-1103