

HB 2503: Lactation profession licensing

Mr. Chair and members of the committee,

Thank you for hearing this bill. This bill is another great example of our constituents coming to us with a problem, and suggesting a solution, and then rolling up their sleeves to work on it.

This bill would put Oregon ahead of most other states in helping new mothers with breastfeeding supporting services. Anything new is going to be hard, that's for sure. But we believe this is worth doing, and it's time.

You'll hear from the advocates why the bill is needed. And you'll hear from some others about concerns – maybe not so much that Oregon shouldn't do this, but there are problems or unintended consequences. I want to assure you that with the help of interested parties, we are working on several aspects of the bill as the language was originally drafted.

For example, nurses already licensed and certified in this area should not need a second license.

Furthermore, the main objective of this bill is to **expand** access to quality services. Individuals may have received bona fide training and certification from more than a single national organization; any who have received such certification should meet the conditions for licensing in Oregon. Examples are IBLCE – (International Board of Lactation Consultant Examiners) and Academy of Lactation Policy and Practice. It should also recognize the USDA-required education being provided by staff of WIC, or Women, Infants and Children Program provided through the Oregon Health Authority.

Another technical point we are working on is to align the language, to the extent possible, with language used or being contemplated in other states such as Rhode Island and Georgia.

Licensing isn't free, but it doesn't have to be so costly that it's a barrier for people who want to provide this service. In fact, it was the lactation service providers themselves who approached me. You'll hear from them today. To put this in perspective, a fee for this license might be in the range of \$150-200. That compares to a license for a CNA (certified nurse assistant) at \$106, a nail technician or hairstylist, at \$115, tattoo artists at \$250, or for midwives at \$600.

There is certainly more that could be done. You may hear in testimony about some other kinds of problems, such as:

- limited panels of providers defined by an insurer, or
- confusion, lack of standardization, or lack of specificity in the use of medical billing codes.

In this bill we are dealing only with licensing. We're not attempting to tackle those other issues or reach too far. This step, licensing, will make a significant difference. To the extent that there are barriers in the medical system, such as in-network and out of-network

HB 2503: Lactation profession licensing

coverage, or billing codes, we hope that others will take them on. Billing codes, and network panels, are already an issue for other healthcare professions, not just this one, and I hope someone DOES take that on; however, in some cases, it will take a broader review and perhaps even work at the national level to find solutions.

We are working with Legislative Counsel and the Health Licensing Office to mitigate the problems through one or more amendments that we will provide to you as they become available.

Mr. Chair, thank you for hearing our bill, and we look forward to working with your committee on amending the language for any points that you'd like addressed, and to move Oregon forward.

As written in an email messageⁱ to my office, "We know when mama's receive reliable lactation support babies thrive and the citizens of our state enjoy good health and well-being."

ⁱⁱ Catherine Paul, 11/18/16, Umpqua Valley Breastfeeding Coalition