

Re: LD 865 An Act to Require MaineCare to Reimburse for Lactation Services in the Homes of Eligible Persons

Dear Legislators,

We, the National Lactation Consultant Alliance, write this letter to support your effort to allow MaineCare reimbursement for the clinical lactation services provided by International Board Certified Lactation Consultants (IBCLCs). This bill is certainly of merit and important to the breastfeeding mothers and babies in Maine—especially for those facing lactation or breastfeeding challenges. IBCLCs are recognized for their clinical expertise in the lactation field.

The Women's Preventive Services Initiative a coalition of national health professional organizations and patient advocates, funded by the U.S. Health Resources and Services Administration (HRSA) and led by the American College of Obstetricians and Gynecologists (ACOG) describes lactation personnel as follows:

Clinical lactation professionals providing clinical care include, but are not limited to, licensed lactation consultants, the IBCLC®, certified midwives, certified nurse-midwives, certified professional midwives, nurses, physician assistants, nurse practitioners, and physicians. Lactation personnel providing counseling, education or peer support include lactation counselors/breastfeeding educators and peer supporters.¹

Moreover, much data proves the efficacy of IBCLC care. With regard to in-home visits specifically, IBCLCs have been shown to improve breastfeeding duration rates to 6 months (90%) and 12 months (73%) compared to national rates of 55.8% and 35.9% respectively.² These success rates of breastfeeding improve the health outcomes for both the baby and the mother.

Maine can also anticipate cost savings when mother/baby dyads are able to breastfeed with success. A study in North Carolina showed that Medicaid reimbursement of IBCLCs® would result in an estimated \$2.33 million in annual savings.³ Furthermore, privately insured infants who breastfed exclusively for only 3 months were shown to have saved their insurance company at least \$750 dollars each in averted medical care in their first year of life.⁴

We appreciate that you want to make the clinical lactation care services of IBCLCs available to mothers and babies enrolled in MaineCare.

Feel free to reach out to NLCA if we can provide you with any further information or resources.

Kindest regards,

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President

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¹ Women's Preventive Services Initiative. (2022). *Breastfeeding services and supplies*.

<https://www.womenspreventivehealth.org/recommendations/breastfeeding-services-and-supplies/>

² Wessells, A., Gallagher, M., Oberholzer J., & Rice, H. (2024). In-home IBCLC care and duration of breastfeeding: A mixed methods study. *Clinical Lactation*, 15(3-4), 153-167.

³ Wouk, K., Chetwynd, E., Vitaglione, T., & Sullivan, C. (2017). Improving access to medical lactation support and counseling: Building the case for Medicaid reimbursement. *Maternal and Child Health Journal*, 21(4), 836-844.

⁴ Kibbe, D., Feng, B., & Snyder, A. (2015). A Report on the impact of lactation consultant services and breastfeeding. Prepared for Healthy Mothers, Healthy Babies Coalition of Georgia. <https://uslca.org/wp-content/uploads/2015/09/A-Report-on-the-Impact-of-Lactation-Consultant-Services-and-Breastfeeding-02-01-2015.pdf>