



March 17, 2025

Health and Human Services Committee  
100 State House Station  
Augusta, ME 04333

Dear Chair Ingwersen, Chair Meyer, and distinguished Members of the Joint Health and Human Services Committee,

My name is Ellie Mulpeter, the Director of the Academy of Lactation Policy and Practice (ALPP), a division of the Healthy Children Project, Inc. (“Healthy Children”). ALPP operates the Certified Lactation Counselor® (CLC®) certification program. Our mission is to promote breastfeeding and equitable access to lactation care and services. We do so by identifying qualified lactation care professionals. As of today, there are **454 CLCs** in Maine, and more than 24,000 CLCs nationwide.<sup>1</sup>

We support the intention of the proposed bill, HP 551/LD 865, to increase access to lactation care and services for mothers and babies in Maine by requiring MaineCare coverage for lactation support provided in a hospital or the home of the eligible individual. We are testifying today with general comments about the bill, as there are some discrepancies in the language used currently.

The bill’s State Plan Amendment section mentions International Board-Certified Lactation Consultants (IBCLCs) by name, but the reimbursement section specifies that consultants or counselors may provide such services, so long as they are certified through a national certification program:

**2. Reimbursement.** *The department shall provide reimbursement under the MaineCare program for lactation services provided in a hospital or in the home of the person eligible for the program. Lactation services may be provided by a health care professional licensed under Title 32 acting within the health care professional's authorized scope of practice or by a consultant or counselor who is certified by a national organization that provides a national certification program in lactation consulting or lactation counseling and is approved by the department.*

ALPP firmly believes that access to breastfeeding and lactation support must be expanded, rather than restricted, in order to help families meet their breastfeeding goals and support breastfeeding at the local and national level. We have consistently advocated for the inclusion of many lactation credentials in state

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<sup>1</sup> Academy of Lactation Policy and Practice. *Statistical Report (internal)*. March 17, 2025.

policies promoting reimbursement because we need more lactation care providers for families to rely on, not fewer.

CLCs and IBCLCs are trained differently as a result of differing philosophies. The sole fact the IBCLCs have a higher number of hours of training does not inherently make them the “best” type of lactation support provider. In fact, to date, there is *no empirical evidence* that interventions provided by IBCLCs have resulted in better outcomes for the breastfeeding family than interventions provided by CLCs. CLCs are able to practice independently, just as IBCLCs do, and provide lactation support to families facing both “normal” and more complex breastfeeding concerns. If the true purpose of this bill is to expand access to qualified lactation support in Maine, then the largest group of lactation support providers (the CLCs) should be included in LD 865. There are currently just 96 IBCLCs in all of Maine.

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”). The *Model Policy* was developed to identify lactation care providers eligible for reimbursement by Medicaid and private insurance. The *Model Policy* recommends that “approved lactation care providers” be eligible for reimbursement and defines “approved lactation care providers” to include:

*those who ... have individual certification awarded by an independently-accredited program that measures assessment of predetermined standards for knowledge, skills, or competencies in a health-related profession, substantially equal to those articulated by the National Commission for Certifying Agencies (NCCA), the Institute for Credentialing Excellence (ICE), and ANSI American National Accreditation Board (ANAB).<sup>2</sup>*

Under this definition, both CLCs and IBCLCs would be eligible for reimbursement as approved lactation care providers.

Lastly, ALPP understands that there is a financial element to determining reimbursement of lactation support professionals in every state. Increasing breastfeeding rates in Maine is estimated to produce significant cost savings. Specifically, optimal breastfeeding could prevent the following costly conditions among children:

- **45,298 cases of childhood obesity**, which costs \$19,000 in lifetime medical costs per child compared to a normal weight child.<sup>3</sup>
- **601,825 ear infections in children**, the annual cost for which is \$2.88 billion in the U.S.<sup>4</sup>
- **1,355 cases of necrotizing enterocolitis**, which costs an estimated \$500 million to \$1 billion annually to care for affected infants.<sup>5</sup>

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<sup>2</sup> *Model Policy: Payer Coverage of Breastfeeding Support and Counseling Services, Pumps and Supplies*. 3rd rev ed. National Breastfeeding Center; 2016.

<sup>3</sup> Finkelstein, E.A., Graham, W.C., & Malhotra, R. (2014). Lifetime direct medical costs of childhood obesity. *Pediatrics*, 133(5): 854-62.

<sup>4</sup> Ahmed, S., Shapiro, N., & Bhattacharyya, N. (2014). Incremental health care utilization and costs for acute otitis media in children. *The Laryngoscope*, 124(1): 301-305.

<sup>5</sup> Neu, J. & Walker, A. (2011, January 20). Necrotizing Enterocolitis. *The New England Journal of Medicine*, 364: 255-264.

Optimal breastfeeding could also reduce expenditures associated with these diseases among women by preventing:

- **5,023 cases of breast cancer**, which accounted for \$16.5 billion in direct medical spending in 2010.<sup>6</sup>
- **12,320 cases of Type 2 diabetes**, which carries lifetime direct medical costs of \$130,800 in women diagnosed between the ages of 25 and 44 years.<sup>7</sup>
- **5,982 cases of hypertension**, for which \$751 is the mean expenditure per woman for treatment.<sup>8</sup>

There is a further consensus that knowledgeable and competent lactation support is needed to increase breastfeeding rates nationwide. For this reason, we are supporting legislation that would provide for reimbursement by MaineCare for lactation care and services provided by qualified lactation care providers.

While we do support the underlying nature and intent of HP 551 / LD 865, we are hoping that the Committee will amend the bill to be more specific with the language and definitions of lactation support in order to ensure that CLCs are eligible for MaineCare coverage. We would be happy to answer any questions.

Sincerely,

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508-833-1500

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<sup>6</sup> Farina, K. (2012, March 16). The Economics of Cancer Care in the United States. *American Journal of Managed Care*. Retrieved from [www.ajmc.com/journals/evidence-based-oncology/2012/2012-2-vol18-n1/the-economics-of-cancer-care-in-the-united-states-how-much-do-we-spend-and-how-can-we-spend-it-better](http://www.ajmc.com/journals/evidence-based-oncology/2012/2012-2-vol18-n1/the-economics-of-cancer-care-in-the-united-states-how-much-do-we-spend-and-how-can-we-spend-it-better)

<sup>7</sup> Zhuo, X., Zhang, P., & Hoerger, T.J. (2013, September). Lifetime direct medical costs of treating type 2 diabetes and diabetic complications. *American Journal of Preventive Medicine*, 45(3): 253-61.

<sup>8</sup> Davis, K. (2013, April). Expenditures for Hypertension among Adults age 18 and Older, 2010: Estimates for the U.S. Civilian Noninstitutionalized Population. Statistical Brief #404, Agency for Healthcare Research and Quality. Retrieved from [meps.ahrq.gov/data\\_files/publications/st404/stat404.shtml](http://meps.ahrq.gov/data_files/publications/st404/stat404.shtml)