

Public Testimony in Support of LD865 3/18/25

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

Thank you for the opportunity to address the committee. My name is Kara Kaikini, I am a resident of Freeport, and I am the Executive Director of the Maine State Breastfeeding Coalition. I am testifying in support of LD865 to improve access to International Board Certified Lactation Consultants (IBCLCs) for medicaid-eligible families.

The American Academy of Pediatrics recommends exclusive breastfeeding for 6 months and continued breastfeeding for 2 years, based on the substantial evidence supporting the health benefits for both mother and baby.

Here in Maine 38.3% of Maine's new babies are covered by MaineCare. These babies are breastfeeding at a lower rate than those who have private insurance. At 2 months of age, 83.3% of babies NOT on MaineCare are still breastfeeding, while only 50.3% of babies ON MaineCare are breastfeeding. This 33% difference is largely influenced by the limited access to high-quality lactation care.

IBCLCs and Maternal Mental Health

Breastfeeding challenges are a leading contributor to postpartum depression and anxiety. IBCLCs are uniquely trained to provide advanced, evidence-based clinical lactation care while also being a skilled set of eyes to recognize and address maternal mental health concerns. As you'll hear today, their clinical care makes it possible for parents to overcome a large variety of very stressful feeding issues, improving both mental and physical health outcomes.

Managing Complex Feeding Challenges

While Certified Lactation Counselors (CLCs) offer incredibly valuable lactation education and support, IBCLCs are trained at a higher level to manage complex feeding challenges. This proposed

bill is specifically starting with MaineCare reimbursement for the clinical care that IBCLCs provide. We consider this a financially reasonable start and are more than willing to explore the future possibility of reimbursement for CLCs.

The Access Gap for Medicaid Families

With nine hospital birthing unit closures in Maine in the past decade, many families are left without lactation support after discharge, forcing them to rely on less-trained providers or go without care altogether. While MaineCare covers lactation services when IBCLCs work under another provider, it does not currently reimburse the critical care private practice IBCLCs provide in community settings and homes. Although families with MaineCare may access WIC, MaineFamilies, and Public Health Nursing, there are only six IBCLCs working within those programs statewide—far from enough to ensure equitable care for the 4,400 Maine's babies born each year with Medicaid.

Conclusion

By expanding MaineCare reimbursement, we can ensure more families—regardless of income—receive the clinical lactation care they need. I urge you to Ought to Pass LD865 to improve breastfeeding rates, maternal mental health, and infant well-being across Maine.

We welcome the opportunity to participate in discussions and workgroups to develop an appropriate reimbursement system for IBCLCs.

Thank you for your time and consideration.

Sincerely, Kara Kaikini, MS, IBCLC Executive Director Maine State Breastfeeding Coalition (MSBC) director@mainebreastfeeds.org www.mainebreastfeeds.org

Sources:

- 1. AAP Policy Statement on Breastfeeding: <u>https://publications.aap.org/pediatrics/article/150/1/e2022057988/188347/Policy-Statement-Breastfeeding-and</u> <u>-the-Use-of?autologincheck=redirected</u>
- 2. Maine's MCH Data Dashboard: https://www.maine.gov/dbhs/mecdc/population-health/mch/mch-data-dashboard.shtml
- 3. PRAMS, 2021, Prepared by Data, Research, and Vital Statistics (EG), May 2023