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CATHY BETTS
DIRECTOR
KA LUNA HO'OKELE

JOSEPH CAMPOS II
DEPUTY DIRECTOR
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STATE OF HAWAII
KA MOKU'ĀINA O HAWAI'I
DEPARTMENT OF HUMAN SERVICES
KA 'OIHANA MĀLAMA LAWELAWE KANAKA
Office of the Director
P. O. Box 339
Honolulu, Hawaii 96809-0339

March 16, 2023

TO: The Honorable Senator Joy A. San Buenaventura, Chair
Senate Committee on Health & Human Services

FROM: Cathy Betts, Director

SUBJECT: **SCR 6 /SR 4 – REQUESTING THE DEPARTMENT OF HUMAN SERVICES MED-QUEST DIVISION TO EXPAND THE TYPES OF QUALIFIED PROVIDERS ALLOWED TO PROVIDE LACTATION CONSULTANT SERVICES FOR THE MEDICAID POPULATION IN THE STATE.**

Hearing: March 17, 2023, 1:00 p.m.
Conference Room 225 & Via Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of this resolution and offers comments. DHS defers to the Department of Commerce & Consumer Affairs.

PURPOSE: These resolutions request that DHS Med-QUEST Division (MQD) expand the types of qualified providers allowed to provide lactation consultant services for the Medicaid population in the State; and that MQD QUEST take any steps necessary to obtain necessary approvals, create internal processes, and credential appropriate providers who have obtained International Board of Lactation Consultant Examiners certification; and report to the Legislature on the steps taken and progress made in expanding the types of providers who can provide lactation consultant services no later than twenty days prior to the convening of the Regular Session of 2024.

DHS appreciates the commitment of the Legislature to improve access to maternal and child health services of lactation consultation services and fully supports their expansion as

feasible. However, MQD would respectfully clarify that qualified providers can provide the service currently, although billing for the services may be included as part of a bundled payment code. MQD also recognizes the need for greater clarity regarding who can provide the services, how to bill for them, and in what setting that may also help improve access to and the provision of the services.

Finally, MQD is unable to take one of the requested actions - credentialing appropriate providers who have obtained International Board of Lactation Consultant Examiners certification, as described on page 2, lines 23-38:

“BE IT FURTHER RESOLVED that to expand the types of qualified providers, the Department of Human Services Med-QUEST Division is requested to take any steps necessary to obtain necessary approvals, create internal processes, and credential appropriate providers who have obtained International Board of Lactation Consultant Examiners certification; and...”

MQD cannot credential or enroll a “lactation consultant” since it is not possible to create a provider type of just a “lactation consultant” based solely on a certification and not a provider type by their license. Also, MQD cannot change the requirements regarding providers who can bill for their services. For example, most nursing services are not directly billable by the nurses except for some Advanced Practical Registered Nurses (APRNs) or some services such as private duty nursing. We are unaware of a circumstance that these Medicaid rules can be changed regarding provider enrollment or provider billing. However, MQD can review lactation consultation services, provide clarification and education for coverage and billing for lactation consultation services, and make changes that would expand access to the services when feasible.

Thank you for the opportunity to provide comments on this measure.

"TO: Senator Joy San Buenaventura, Chair, Senator Henry Aquino, Vice Chair and Members of The Committee on Health and Human Services

FROM: Heidi Fromm, Obstetrics Nurse Manager, Kona Community Hospital, Kealahou, Hawaii

RE: SUPPORT for SCR 6 Requesting the Department of Human Services Med Quest Division To Expand Types of Qualified Providers Allowed to Provide Lactation Consultant Services For the Medicaid Population

DATE: Friday, March 17, 2023 1 pm

Aloha,

My name is Heidi Fromm and I am the Obstetrics Nurse Manager at Kona Community Hospital (KCH) on the Big Island of Hawaii. KCH Obstetrics averages 400 deliveries a year with approximately 60-70% of those patients having Medicaid insurance coverage. KCH provides lactation education and support for inpatients and provides resources for after discharge, however, many of the families who are using Medicaid insurance, cannot pay for the additional lactation support that they require after discharge.

Scientific studies have proven that breastfeeding is the absolute best nutrition for infants from birth to at least 6 months of age and up to 12 months is recommended. While we do our best at KCH to help families get a great start with their breastfeeding journey, many families require more support than what we are able to provide. Approval of this Resolution will be a monumental step in truly supporting families in Hawaii as they strive to provide the best nutrition for their infants.

I fully support this Resolution and would be very willing to speak with anyone who might have questions regarding my position.

Thank you for recognizing this very important need for women and children in Hawaii.

Sincerely,

Heidi Fromm

Heidi Fromm, RN BSN RNC-OB
Obstetrics Nurse Manager
Kona Community Hospital
808-322-4598
hfromm@hhsc.org



March 17, 2023

The Honorable Joy A. San Buenaventura, Chair
The Honorable Henry J.C. Aquino, Vice Chair
Senate Committee on Health and Human Services

Re: SCR 6/SR 4 – requesting the Department of Human Services Med-QUEST division to expand the types of qualified providers allowed to provide lactation consultant services for the Medicaid population in the state.

Dear Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide testimony in support of SCR 6/SR 4, which is requesting the Department of Human Services Med-QUEST division to expand the types of qualified providers allowed to provide lactation consultant services for the Medicaid population in the state.

We thank the Women’s Caucus for introducing an identical resolution in the House. We also thank DHS Med-QUEST for continuing to care for Hawaii residents and for their shared commitment to strengthening health and well-being in Hawaii. Prioritization of access to maternal health care is critically important for ensuring health and well-being for mothers and future generations. The U.S. Department of Health and Human Service Office of Disease Prevention and Health Promotion notes, “Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can impact future public health challenges for families, communities, and the health care system.”

We urge the legislature to encourage access to lactation consultant services for Hawaii’s Medicaid beneficiaries. The evidence for the benefits of breastfeeding are widely researched and published and it’s important to ensure that all mothers have access to these services, including QUEST members. HMSA’s Pregnancy Support Program currently supports QUEST members in need of lactation consultant services by referring them to various community resources. However, these community resources have limited access. The Affordable Care Act mandates that health insurance plans must provide breastfeeding support, counseling, and equipment for the duration of breastfeeding¹ and states including New York², Georgia³, and Washington, D.C.⁴ are already successfully providing reimbursement to certified health care professionals who are International Board Certified Lactation Consultants (IBCLCs) through Medicaid. Hawaii has an incredible opportunity to increase access and outcomes by expanding the types of qualified providers allowed to provide lactation consultant services for the Medicaid population in the State.

¹ <https://www.healthcare.gov/coverage/breast-feeding-benefits/>

² https://health.ny.gov/community/pregnancy/breastfeeding/medicaid_coverage/lactation_counseling_services.htm

³ <https://dch.georgia.gov/announcement/2022-08-05/dch-enrolling-lactation-consultants-new-provider-type>

⁴ http://www.dcbfc.org/pdfs/Medicaid_Enrollment_and_Reimbursement_for_the_IBCLC_122020.pdf



Thank you for the opportunity to testify in support of SCR 6/SR 4.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dawn Kurisu', is positioned below the word 'Sincerely,'.

Dawn Kurisu
Assistant Vice President
Community and Government Relations

TO: Senator Joy San Buenaventura, Chair, Senator Henry Aquino, Vice Chair and Members of
The Committee on Health and Human Services

FROM: Krista Olson, IBCLC, MC-MCH, representing Hawai'i Maternal Infant Health Collaborative *and* LATCH (Lactation Access Transforming Communities in Hawai'i, a joint project of Early Childhood Action Strategy & Breastfeeding Hawai'i)

RE: SUPPORT for SR4/SCR 6 Requesting the Department of Human Services Med Quest Division To Expand Types of Qualified Providers Allowed to Provide Lactation Consultant Services For the Medicaid Population

DATE: Friday, March 17, 2023 1pm

Good Afternoon.

My name is Krista Olson, I practice clinically as an IBCLC (International Board Certified Lactation Consultant), and also work as maternal child health advocate and researcher. I am submitting testimony on behalf of two organizations I represent. I lead LATCH, a three-year project aimed at elevating community voice in discussions with insurers to address critical gaps in lactation care. I am also co-lead for the Hawai'i Maternal Infant Health Collaborative (HMIHC), and for HMIHC's Statewide Breastfeeding Workgroup. Our organizations SUPPORT SC4/SCR6.

As a peer-reviewed author publishing and presenting on disparities in breast/chestfeeding health outcomes and barriers to lactation care in the Hawaiian Islands, I can testify that increasing access to insurance coverage for lactation care is critical for families enrolled in Medicaid. We see significant outcome and access disparities for families with QUEST Integration/Medicaid coverage in Hawai'i, and particularly for those living on neighbor islands. Racial and ethnic disparities in breastfeeding outcomes also persist throughout the state.

Identifying a pathway to coverage for a continuum of breastfeeding support and clinical lactation care is imperative to improve social determinants of health for all families in our islands, but especially so for those enrolled in QUEST Integration/Medicaid coverage. Currently, we have identified no more than five providers statewide who are Board-Certified in lactation care and qualify as Medicaid reimbursable providers (as either MD or APRN). With the proposed expansion to potentially include nearly 100 IBCLCs practicing throughout the islands, the proposed resolution could expand access to care exponentially.

We recognize that DHS, insurers, and maternal infant health providers and advocates must collaborate to identify a pathway that addresses eligibility for Medicaid coverage of care, and also best utilizes the continuum of clinicians and allied health care providers who bring various skill levels to increase breastfeeding duration and exclusivity throughout the state.

We wish to raise a concern about the proposed addition of the CLC (Certified Lactation Counselor) addition to resolution language, prompted by amendments to HCR 6/HCR 7. In other states, we have seen this proposed addition create confusion and potentially obstruct access to an appropriate continuum of lactation care, and can provide further details as requested.

LATCH has spent the past year convening conversations with providers and breast/chestfeeding parents from across the islands to elevate community voice in identifying an equitable pathway to closing gaps in coverage for lactation care. From our community listening sessions, we have identified the need for a continuum of no- and low-cost community-based support that leverages the skills of a variety of service providers:

Education and support for initiation, duration and assistance with basic questions seems well received from Peer Counselors, Community Health Workers, Home Visitors, and others often recognized as "lay" or community-based health promoters. This care may be integrated into care coordination or initiatives with health plans to address SDOH.

For families needing basic assistance with common but uncomplicated breastfeeding challenges, there are a variety of mid-level providers trained and certified in breastfeeding education and/or support, and these include Indigenous Breastfeeding Counselors (IBC), Certified Lactation Counselors (CLCs), Certified Breastfeeding Educator (CBE) or Certified Breastfeeding Specialist (CBS). The range of providers can be confusing, but what most of these designations have in common is completion of a 45 hour curriculum that is an initial building block on the Board-Certification pathway for clinical lactation consultants. Each of these private designations brings its own approach to certification and organizational accreditation. (In our observation of the process in other states, at least one particular organization, the Healthy Children Project, has a history of aggressively promoting their particular version of CLC certification in other states pursuing pathways to lactation reimbursement, often resulting in confusion and disruption of good faith efforts toward increasing access.)

For families experiencing breastfeeding challenges that have clinical impact on maternal or infant health or are associated with comorbidities that complicate the course of lactation, the International Board-Certified Lactation Consultant (IBCLC) represents the gold standard in clinical care for lactation challenges. For most IBCLCs, the path to certification takes two to five years, primarily because of the clinical experience requirement. (As an exception, L&D floor nurses with high patient volume can move more quickly through the clinical hours.)

Given the proposed changes to the House companion Resolution, it seems worthwhile to provide more details on the role of the IBCLC vs. CLC and other mid-level breastfeeding support providers.

We wish to summarize findings from a 2019 research article in the Journal of Human Lactation, identifying key differences between the IBCLC (International Board Certified Lactation

Consultant) and the CLC (Certified Lactation Counselor) and their related credentialing bodies-- International Board of Lactation Consultant Examiners (IBLCE, certifies IBCLCs) and Academy of Lactation Policy and Practice/Healthy Children Project (ALPP/HCP, certifies CLCs).

Differences in eligibility criteria for exam:

IBCLC--90 hours education in human lactation and breastfeeding, 1000 lactation-specific clinical hours of experience, or 300 to 500 directly supervised clinical lactation hours, additionally requires 14 specific health sciences education courses for all candidates

CLC--45 to 52 hour training course

Key differences in Credential Bodies:

IBCLC--IBLCE Credentialing criteria independent of specific educational programs, volunteer elected Board, based on job skill analysis of 6,373 providers and developed and conducted by an independent agency, independent published psychometric analysis and reliability

CLC--ALPP/HCP offers educational programs aimed at meeting their own credentialing criteria, salaried board with unspecified selection process, two directors are the president's children (2019), internal job skill analysis of 16 providers, psychometrics and reliability not reported

Both providers play a role in the continuum of breastfeeding support and clinical lactation care. There are marked differences in the training, preparation, and strength and independence of credentialing processes. Our organizations caution against linking the IBCLC and CLC credential in anyway as this measure moves forward.

As this Resolution moves forward, we would emphasize that legislation should not exclude others from providing breastfeeding support and education, but should focus on creating a clear pathway to reimbursement for IBCLCs through MQD.

To close with a practice-based example illustrating the place of advanced clinical lactation care in the health system, I will share a recent example from nursing family with complex clinical issues.

In terms of required skills for the profession, here's a useful example from my clinical practice this week: parent with Type 1 Diabetes, Thyroid Disease and Perinatal Mood Disorder who is nursing two infants, and needs some complex coordination with her primary care physician and endocrinologist to anticipate adjusting insulin levels as milk output increases for the second infant, while also anticipating/accounting for potential sudden drops in milk supply with variability in thyroid levels postpartum. As an IBCLC with the required health care coursework experience for certification, my main job is to manage and support milk supply, and I am the one on the care team who can estimate milk output and caloric cost. At the same time, it's also important that I understand how to read labs, chart and coordinate care with specialists, and have strong behavioral health-informed patient education skills. Most of that just cannot come from a 50 hour training. n.

Thank you for the opportunity to provide my testimony. Please contact me if you have questions or comments. krista@ecashawaii.org