ARIZONA SUNRISE REPORT: REGULATION OF LACTATION CARE PROVIDERS

Arizona Maternal Health Policy Coalition

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BACKGROUND

Breastfeeding practices play a vital role in promoting a healthier future for both mother and infant, delivering essential nutrition and fostering a strong maternal-infant bond during a critical period of development. Struggling to breastfeed has significant health impacts on both the mother and baby. Research indicates that breastfeeding is associated with decreased maternal risk for breast and ovarian cancer, heart attack, hypertension, diabetes, and stroke. For babies, breastfeeding can mean lower risks for ear infection, gastrointestinal illness, obesity, leukemia, necrotizing enterocolitis, and sudden infant death syndrome. **By 2030, the US Department of Health and Human Services aspires to have "42.4% of infants exclusively breastfed through 6 months and 51.1% of infants being breastfed by 12 months."**[1] The Arizona Department of Health Services (AzDHS) completed a *Breastfeeding in Arizona* finding that in 2021 only 26% of infants are exclusively breastfed at 6 months of age and only 39% are breastfed at 12 months, with the rates of breastfeeding varying significantly depending on socioeconomic and demographic factors.[2]

Parental experiences during the first two weeks of an infant's life can play a crucial role in a mother's ability to continue breastfeeding successfully. Breastfeeding challenges include breast pain, variations in milk production, lack of support and education around breastfeeding, workplace constraints, mental health factors, lifestyle preferences, and infant latching difficulties. These issues are often physical or medical in nature and may require timely intervention, clinical support, and coaching. Access to care is a significant obstacle to breastfeeding success and, without appropriate insurance coverage, these essential services can be costly, creating barriers for many parents seeking to establish and continue breastfeeding.

Arizona already has hundreds of qualified lactation care providers who have undergone rigorous training and obtained certifications from internationally recognized accrediting agencies and who are eager to help mothers and babies have a successful breastfeeding journey. These include IBCLCs, who provide clinical breastfeeding counseling and teaching, monitor symptoms such as breast and nipple pain and infant weight gain, and offer assistance to families in achieving their breastfeeding goals, as well as nonclinical lactation care providers such as Certified Lactation Counselors (CLCs), Certified Lactation Educators (CLEs), and Indigenous Lactation Counselors (ILCs). These providers can serve Arizona patients and accept cash payment or private insurance reimbursement, but AHCCCS does not cover visits with an IBCLC or nonclinical lactation care provider to support breastfeeding needs, resulting in a significant gap in access to affordable care.

> ***The Arizona Maternal Health Policy Coalition seeks to bridge this gap and expand access to qualified providers by establishing licensure for IBCLCs to deliver clinical lactation care and establishing an optional state certification for nonclinical lactation care providers (e.g., CLCs, CLEs, ILCs). This will both provide transparency and quality assurances to patients and also pave the way for AHCCCS coverage of these critical services.***

[1] Hawkins, S. (2023, August 19). *Affordably Care Act and Breastfeeding.* Journal of obstetric, gynecological, and neonatal nursing. https://pubmed.ncbi.nlm.nih.gov/37604351/

[2] Bureau of Nutrition and Physical Activity. (2025, June). *Breastfeeding in Arizona.* Arizona Department of Health Services. https://www.azdhs.gov/documents/prevention/nutrition-physical-activity/bnpa-breastfeeding-report.pdf?v=20220803

PROPOSED REGULATION FACTORS PURSUANT TO 32-3105

1. Why regulation is necessary:

Breastfeeding problems are common in the first days and weeks postpartum and may have clinical causes such as poor milk transfer, mastitis, or neonatal oral anomalies. Shorter hospital maternity stays have shifted the burden of breastfeeding support during this period to outpatient professionals and new parents frequently find themselves "shopping around" for lactation support services with limited background on what to look for or how to distinguish types of lactation care providers. A state credential will help new parents better identify providers, ensuring that they are able to select the provider whose expertise best suits the families' specific needs. By assisting families in identifying and securing appropriate care, a credentialing system will aid mothers in achieving their breastfeeding goals, and thereby decrease the risks of infant illness and maternal morbidity.

Additionally, there are significant breastfeeding initiation and duration variances depending on a variety of demographic factors. Notably, mothers from high income families (600% or more of the federal poverty threshold) are 40% more likely than mothers from low-income families (less than 100% of the federal poverty threshold) to be breastfeeding at 6 months postpartum.[3] In Arizona, this trend is evident from AzDHS's 2021 data on breastfeeding initiation and duration.[4]

	Percent of all Arizona infants breastfeeding	**Percent of Arizona WIC infants breastfeeding**
Ever	85%	77%
At 6 months	58%	23%
At 12 months	39%	11%
Exclusively at 3 months	46%	9%
Exclusively at 6 months	26%	6%

While families with commercial health insurance plans have access to covered lactation support services, families on AHCCCS do not, and ***AHCCCS cannot recognize lactation care providers as an enrolled provider type without a state license or credential***. It is a leading goal of this regulation effort to expand access to lactation support services to mothers and families who need it the most.

State regulation will also create a system of clear, public-facing credentials that identifies practitioners qualified for clinical lactation assessment and management and nonclinical lactation education and support. This will enable AHCCCS to reimburse lactation services provided by licensed or certified providers and improve transparency for healthcare facilities, employers, and patients.

There are three tiers of lactation support providers in Arizona:

International Board Certified Lactation Consults (IBCLCs): IBCLCs are qualified to provide clinical lactation care. The IBCLC credential requires successful completion of 14 college-level health science courses or

[3] Center for Disease Control and Prevention. *Rates of Any and Exclusive Breastfeeding by Socio-demographics among Children Born in 2022*. https://www.cdc.gov/breastfeeding-data/modules/2022-rates-any-exclusive-bf-socio-dem.html

[4] Bureau of Nutrition and Physical Activity. (2025, June). *Breastfeeding in Arizona.* Arizona Department of Health Services. https://www.azdhs.gov/documents/prevention/nutrition-physical-activity/bnpa-breastfeeding-report.pdf?v=20220803

equivalent, 95 hours of lactation-specific education, 300 to 1000 supervised clinical hours, and passage of the IBCLC examination. IBCLCs clinically assess and manage lactation and breastfeeding by acquiring medical histories of both mother and baby, performing physical exams and assessments of feeding and milk transfer, and conducting an analysis of physical, social, emotional and environmental risk factors that impact the breastfeeding process.[5] As of March 2025, Arizona has 456 IBCLCs who work in a variety of settings including private practice, hospital systems, and specialty clinics. Some offer virtual or in-home visits. IBCLCs practice with professional autonomy within their defined scope but often provide reports to the primary healthcare team and referrals for specialized services as needed.

Nonclinical Lactation Care Providers, including Certified Lactation Counselors (CLCs), Certified Lactation Educators (CLEs), and Indigenous Lactation Counselors (ILCs) : Nonclinical lactation care providers, including CLCs, CLEs, and ILCs, are members of the health care team who provide breastfeeding education and practical and emotional support to families. While the credentialing requirements differ slightly, CLCs, CLEs, ILCs, and other nonclinical lactation care providers typically complete training programs of at least 40 hours of education and pass a certification exam. These providers work in a range of settings including hospitals, birth centers, private practices, and community-based organizations.

Peer Support: Community-based volunteers or trained peers provide support and information on basic breastfeeding practices, offer emotional support, and provide information on community resources. This proposal does not contemplate regulation of these providers.

2. The efforts made to address the problem:

IBCLCs adhere to an International Code of Professional Conduct[6] and have an existing process for reviewing complaints and issuing sanctions against its providers[7]. CLCs and CLEs also have codes of conduct set by their certifying bodies[8,9]. Additionally, many employers maintain internal complaint pathways, so an unhappy patient currently has several options for dispute resolution. That said, there is no state-based venue for patients to redress issues with an unregulated provider and, given the plethora of professional bodies and certification options, identifying the correct one and tracking down the proper complaint process may be too challenging for overburdened new parents. State licensure for IBCLCs and optional state certification for nonclinical lactation care providers will improve the ease with which patients may take action.

However, the more pressing problem is that without a state credential, AHCCCS lacks a straightforward path to enroll and reimburse individual lactation clinicians. Credentials issued by nonstate organizations,

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[5] United States Lactation Consultant Association. (2020, May). *Clarifying Clinical Lactation Care vs Breastfeeding Support.* https://uslca.org/wp-content/uploads/2020/05/Clarifying-Clinical-Lactation-vs-Breastfeeding-Support.pdf

[6] International Board of Lactation Consultant Examiners. (2015, September). *Code of Professional Conduct for IBCLCs.* https://iblce.org/wp-content/uploads/2017/05/code-of-professional-conduct.pdf

[7] International Board of Lactation Consultant Examiners. (2022, August 17). *Disciplinary Procedures for the Code of Professional Conduct for IBCLCs for the International Board of Lactation Consultant Examiners.* https://iblce.org/wp-content/uploads/2022/08/2022_August_17_IBLCE_Disciplinary_Procedures.pdf

[8] The Academy of Lactation Policy and Practice. (2017, August). *Code of Ethics for Certified Lactation Counselors (CLC).* https://www.alpp.org/pdf/2017-V-6-CLC-Code-of-Ethics.pdf

[9] Childbirth and Postpartum Professional Association. (2025). *Code of Conduct.* https://cappa.net/policies/#:~:text=CAPPA%20certified%20professionals%20will%20not,pregnancy%2C%20birth%2C%20and%20postpartum

no matter how rigorous, cannot satisfy this requirement and so are insufficient to address access to care gaps.

3. The alternatives considered:

To address the access to lactation support services problem for the AHCCCS population, creation of a state credentialling system for lactation care providers is the only financially viable option. Regulating businesses, employers, programs, or services would not satisfy the requirements for AHCCCS coverage. The state could decide to pay for lactation support services as a separate line item – perhaps as a grant-based program to organizations providing these services to low-income individuals. However, this option would not afford patients the same level of provider choice and it would cost the state significantly more, as it leaves federal match dollars on the table.

Several options have been considered regarding *who* should be regulated. Some states license only IBCLCs. IBCLCs have the most rigorous training and, as the only clinical providers, they also have the broadest scope of practice. State licensure for IBCLCs is important both to ensure that these standards are maintained and to create a pathway for AHCCCS members to access the services IBCLCs provide. IBCLC licensure is a critical step toward improving access to lactation services in Arizona.

Yet, to secure broad access to care, it is important to look beyond IBCLC providers and ensure that the lactation healthcare workforce reflects the demographics of those it serves. IBCLCs tend to be older, white, and college-educated[10]. If AHCCCS only has a pathway to reimburse IBCLC services, Arizona's lactation support care gap will continue to impact many Arizonans, especially in rural and tribal communities. At the same time, it is not the intent of this proposal to exclude existing providers from continuing to practice their profession or to create state regulatory hurdles for providers who may not serve the AHCCCS community; therefore, the state credential for nonclinical lactation care providers should be *optional*. This is similar to how Arizona credentials community health workers and doulas and also mirrors the lactation care provider credentialing structure of our neighbor, New Mexico. Under this proposal, nonclinical lactation care providers may choose to continue operating as they always have and receive cash payment from patients and private insurance plans, or they may pursue state certification in the hopes of serving (and being reimbursed for care to) the AHCCCS population.

4. The benefit to the public if regulation is granted, including provider training:

Licensing IBCLCs and defining a clear scope, title protections, ethics, and discipline will provide enforceable quality assurances for clinical care and optional state certification for nonclinical lactation care providers will further enhance access to care. This two-tier design aligns with least-restrictive regulation principles while providing transparency for the public and a pathway to AHCCCS coverage.

[10] United States Lactation Consultant Association. (2019). *Lactation Care Provider Demographic Survey.* https://uslca.org/wp-content/uploads/2020/06/2019-Lactation-Care-Provider-Demographic-Survey.pdf

State regulation and a pathway to AHCCCS coverage will greatly benefit mothers and babies, especially as over half of the state's births are covered by AHCCCS. Improving access to lactation support services will lead to earlier identification and management of feeding complications such as poor weight gain, mastitis, and jaundice related to inadequate intake. Furthermore, it can lead to increased breastfeeding duration rates among AHCCCS-covered families, which is associated with lower incidence of developmental delays[11], reduced risk of infant illness and death from infectious diseases, reduced risk of obesity and type 2 diabetes in children, and reduced maternal risk of breast cancer, ovarian cancer, and type 2 diabetes[12].

An online tool, the *Cost of Not Breastfeeding*, is an evidence-based modelling tool that uses open-access data to estimate health and economic costs of not protecting, promoting, and supporting breastfeeding. In recent years, it has been repeatedly cited as a rational methodology for quantifying the impact of early breastfeeding cessation; it estimates that **global economic losses (cognitive losses, child and maternal mortality, and healthcare treatment costs) from not breastfeeding at $507 billion per year, of which $168 billion are suffered by the United States**[13]. Additionally, an analysis of the Medicaid population in North Carolina found that spending an estimated $4.8 million on covering lactation support services to help that population reach targeted breastfeeding rates would result in an estimated $7.1 million in savings, a net cost savings of $2.3 million annually[14]. Supporting breastfeeding mothers by securing AHCCCS coverage of lactation support services – for which a state provider credential is a prerequisite – ought to be a financial no-brainer.

The public will also benefit from state regulation in that it will improve transparency and ease of identifying qualified providers. While all IBCLCs are required to meet high standards set by the International Board of Lactation Consultant Examiners, state licensure will add a more accessible check, and patients will also be assured of training standards for those nonclinical lactation care providers that choose voluntary state certification.

Pursuant to this proposal, the Department of Health Services will grant a state credential to applicants who meet the following requirements:

IBCLC Licensure:

- Be at least 18 years of age.
- Hold an IBCLC certification in good standing.
- Complete the required DHS application and remit the required fee.
- Hold a fingerprint clearance card and not have any disqualifying criminal history.
- Complete licensure renewal requirements biennially.

Lactation Care Provider Certification:

- Be at least 18 years of age.
- Hold a CLC, CLE, or IBC certification in good standing. Additionally, an individual who holds a different certification as a lactation care provider conferred by a certification program accredited

[11] Goldshtein, I., Sadaka, Y., Amit, G., et al. (2025, March 24). *Breastfeeding Duration and Child Development.* JAMA Netw Open. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2831869

[12] World Health Organization. (2017, July). *Continued breastfeeding for healthy growth and development of children.* https://www.who.int/tools/elena/bbc/continued-breastfeeding

[13] Nutritional Internation and Alive & Thrive. *The Cost of Not Breastfeeding Tool*. https://www.nutritionintl.org/learning-resource/the-cost-of-not-breastfeeding-tool/

[14] Wouk, K., Chetwynd, E., Vitaglione, T. et al. *Improving access to medical lactation suppor and counseling: building the case for Medicaid reimbursement. Matern Child Health*. J 2017;21: 836-44. https://doi.org/10.1007/s10995-016-2175-x

by a nationally or internationally recognized accrediting agency may petition DHS and request approval of their certification.
- Complete the required DHS application and remit the required fee.
- Hold a fingerprint clearance card and not have any disqualifying criminal history.
- Complete licensure renewal requirements biennially.

Because IBCLC, CLC, CLE, and ILC programs have high educational standards, DHS need not be charged with developing or reviewing training guidelines beyond providers' existing certification except in the case that a lactation care provider with a credential not listed above may petition for certification. For the reader's information, the training requirements of the four programs specified above are as follows.

IBCLC Training

There are three pathways to the IBCLC certification depending on applicant background and preference. After completing the requirements of the chosen pathway, the applicant may apply to sit for the IBCLC examination[15].

Pathway 1: Recognized Health Professionals and Recognized Breastfeeding Support Counselors

- Either
    - Hold a credential as one of the following: dentist, dietitian, midwife, nurse, occupational therapist, pharmacist, physical therapist or physiotherapist, physician, or speech pathologist or therapist; or
    - Both:
        - Provide breastfeeding support through a recognized breastfeeding support counsellor organization and
        - Complete 14 subjects set forth in the Health Science Education Guide[16]:
            1. Biology
            2. Human anatomy
            3. Human physiology
            4. Infant and child growth and development
            5. Introduction to clinical research
            6. Nutrition
            7. Psychology OR Counselling skills OR Communication skills
            8. Sociology OR Cultural sensitivity OR Cultural anthropology
            9. Basic life support
            10. Medical documentation
            11. Medical terminology
            12. Occupational safety and security for health professionals
            13. Professional ethics for health professionals
            14. Universal safety precautions and infection control
- Complete a minimum of 90 hours of lactation-specific education within five years immediately prior to examination application;
- Complete a minimum of five hours of education focused on communication skills within five years immediately prior to examination application;

[15] IBCLC Commission. *Choosing a Pathway to the IBCLC.* https://ibclc-commission.org/choosing-a-pathway-to-the-ibclc/
[16] IBCLC Commission. (2023, December 18). *Health Sciences Education Guide.* https://ibclc-commission.org/ibclc-information/health-sciences-education-guide-2/

- Complete a minimum of 1000 hours of lactation-specific clinical practice in an appropriate supervised setting (e.g. hospital, birth center, community clinic, lactation care clinic, primary care practitioner's practice) within five years immediately prior to examination application;
- Attest to adhere to the Code of Professional Conduct for IBCLCs.

Pathway 2: Accredited Lactation Academic Programs

- Complete a comprehensive academic program in human lactation and breastfeeding that is accredited by the Commission on Accreditation of Allied Health Education Programs or another accrediting body with equivalent accreditation standards for lactation academic programs. These programs include both didactic and clinical components, require health sciences education, and must be completed within the five years immediately prior to examination application;
- Complete a minimum of 90 hours of lactation-specific education within five years immediately prior to examination application;
- Complete a minimum of five hours of education focused on communication skills within five years immediately prior to examination application;
- Complete a minimum of 300 directly supervised hours of lactation-specific clinical practice within the five years immediately prior to examination application. The IBCLC providing direct supervision must be a currently certified IBCLC in good standing;
- Attest to adhere to the Code of Professional Conduct for IBCLCs.

Pathway 3: Mentorship with an IBCLC

- Complete a mentorship with an IBCLC developed according to the specifications found in the Pathway 3 Plan Guide [17]. The mentorship plan must be submitted to and approved by IBCLC program staff before the directly supervised clinical practice mentorship begins.
- Complete a minimum of 90 hours of lactation-specific education within five years immediately prior to examination application;
- Complete a minimum of five hours of education focused on communication skills within five years immediately prior to examination application;
- Complete a minimum of 500 directly supervised hours of lactation-specific clinical practice as described in the Pathway 3 Plan Guide within the five years immediately prior to examination application. The IBCLC providing direct supervision must be a currently certified IBCLC in good standing;
- Attest to adhere to the Code of Professional Conduct for IBCLCs.

After completing one of the pathways above and passing the IBCLC Exam, IBCLCs must recertify every five years to maintain their credential. All recertifying IBCLCs must meet the following three requirements during each five-year recertification cycle:

1. **Education**: basic life support (e.g. cardiopulmonary resuscitation, neonatal resuscitation program) and two hours of WHO Code education.
2. **Lactation Consulting Practice Hours:** minimum of 250 hours of practice in lactation consulting in the areas of education, administration, research, clinical practice, or advocacy.
3. **Select and Complete One Recertification Method:** either recertify by Continuing Education Recognition Points (CERPs) with Continuing Education Self-Assessment OR retake the IBCLC Exam.

[17] IBCLC Commission. (2023, May 1). *Pathway 3 Plan Guide.* https://ibclc-commission.org/ibclc-information/pathway-3-plan-guide/

CLC Training

There are three pathways to qualify to sit for the Academy of Lactation Policy and Practice (ALPP) Certified Lactation Counselor (CLC) Exam[18].

Pathway 1: Comprehensive Course Pathway
Successfully complete the Center for Breastfeeding's Lactation Counselor Training Course, which meets the following requirements:

- 95 hours of training based on the WHO/UNICEF Breastfeeding Counseling Training Course;
- Three college credits;
- Demonstrates the competencies and skills required to provide safe, evidence-based counseling for pregnant, lactating, and breastfeeding women.

Pathway 2: the Aggregate Pathway

- Compete a minimum of 95 hours of education within the past year that relates directly to the WHO/UNICEF Breastfeeding Counseling Training Course;
- Provide proof of mastery of skills and competencies necessary for breastfeeding counseling through directly supervised lactation care.

Pathway 3: the Alternate Pathway
Graduate from a Commission on Accreditation of Allied Health Education Programs (CAAHEP) approved, post-secondary, lactation consultant program.

The CLC certification is valid for three years. To recertify, a CLC must complete a minimum of 18 hours of continuing education in the area of breastfeeding and human lactation every three-year cycle.

CLE Training

The Childbirth and Postpartum Professional Association (CAPPA) Certified Lactation Educator (CLE) certification requires applicants to do the following:

- Attend a CAPPA Lactation Educator training class that includes the following subjects:
    - Goals/roles of the lactation educator
    - Historical look at breastfeeding
    - Anatomy of the breast and lactation physiology
    - Importance of breastfeeding
    - Counseling the postpartum family
    - Ten steps to successful breastfeeding
    - Working with the hospital
    - Maternal/infant challenges
    - Pumping/expressing breastmilk
    - Medications and mother's milk
    - Teaching to adult learners
- Complete the following requirements within two years of the training class:

[18] The Academy of Lactation Policy and Practice. (2022, December 29). *The CLC – Certified Lactation Counselor.* https://www.alpp.org/certifications/certifications-clc/

- Enroll in Lactation Educator Course through CAPPA;
- Pass the Scope of Practice Pretest. A 100% passing grade is required;
- Read and watch the video clips from the Understanding Breastfeeding Booklet;
- Document attendance of at least one in person OR two virtual La Leche League (LLL), Nursing Mother's Council, or local breastfeeding support meetings;
- Observe a breastfeeding consultation:
    - Option #1 Attend and review an in person IBCLC or CLC visit with one family,
    - Option #2 Attend and review a virtual lactation consultation with an IBCLC or CLC visit with one family,
    - Option #3 watch and review DR JACK NEWMAN'S VISUAL GUIDE TO BREASTFEEDING;
- Complete a compare-contrast paper of 2 different research studies;
- Student teach or submit a video of one 30-minute lesson OR two 15-minute lessons. Hand in a detailed outline and curriculum for the presentations taught;
- Create a Resource List with information on local support for parents;
- Obtain two letters of recommendation from professionals. Details are provided within CAPPA Academy;
- Sign and agree to the CLE Code of Conduct, Social Media Policy, Grievance Policy, CAPPA Mission, CAPPA Approach, CAPPA Vision, and Scope of Practice;
- Pass a multiple-choice exam with a grade of 85% or higher;
- Pass an essay exam.

The CLE certification is valid for three years. To recertify, CLEs must complete 15 hours of continuing education in breastfeeding or postpartum approved by CAPPA, agree to most current CAPPA policies, and read 10 research studies from peer reviewed journals published within the previous five years.

ILC Training

The Indigenous Lactation Consultant (ILC) is Native owned, designed, and taught specifically for Indigenous providers. The ILC training program centers on Indigenous families and provides ILCs with the tools to serve these communities. Requirements include attendance of a five-day, 45-hour course providing foundational lactation education from Native IBCLC instructors with community and hospital lactation expertise. ILC trainees gain education on general lactation topics as well as Indigenous-specific themes. Competency is developed through a multifaceted approach, including peer-to-peer modeling and hands-on practice sessions within a simulated lab environment with competency continuously evaluated, and ILCs undergo performance-based assessments, including community-based projects, hands-on demonstrations, and group projects. The ILC curriculum includes the following topics:

- Benefits of breastfeeding
    - Why is breastfeeding especially important to Native communities?
    - Where do we stand statistically in our breastfeeding rates and why do so few Native people breastfeed?
    - Understanding breastfeeding support in Native communities.
- History
    - What is historical trauma and the effects of mothering?
    - Unresolved grief and historical response as Native people;
    - Traditional meaning of native parenting
    - History of midwives and birth workers – loss and modern-day practicing;

    - Historical foundations of breastfeeding and formula marketing;
    - Becoming an IBCLC – Pathways, challenges, pros/cons, mentorship;
    - Ethics and WHO Code.
- Overview of Lactation Management
    - Breast anatomy and physiology, hormones, and how milk is made;
    - Lactogenesis – all stages up to weaning;
    - Infant oral anatomy;
    - Infant and growth development;
    - Milk supply and transfer – low supply, management and false alarms, medications;
    - Breastfeeding problems;
    - Infant mechanical issues/mother health challenges
    - Growth charts – How to identify low weight gain and red flags;
    - Latch and positioning;
    - Pumping/milk storage;
    - Hand expression;
    - Nutrition;
    - Videos on feeding cues.
- Birth practices and impacts on lactation
    - Birth practices in a clinical setting;
    - Medications/narcotics;
    - Skin to skin;
    - Herbal medicines;
    - Birth trauma and complications.
- Supporting non-breastfeeding parent and baby
    - Feeding tools and devices;
    - Pace bottle feeding;
    - Safe formula handling.
- Substances and medications in parent's milk
    - Native women and mental health – safe medications and synthetic opioids;
    - Prescription medications – review of how to look up medications (Thomas Hale);
    - Recreational substances.
- Counseling Indigenous parents.

ILC certification does not expire but ILCs are strongly encouraged to continue their education to keep up with new research and changes to the field of lactation. Should the student wish to pursue any of the IBCLC pathways, ILC will fund their preparation course through Lactation Education Resource or GOLD Lactation Academy and exam fees and materials.

5. The extent to which regulation might harm the public

The proposed regulation of IBCLCs through state licensure and of nonclinical lactation care providers through optional state certification will not harm the public. The state should not impose requirements for licensure or certification that go beyond the requirements of obtaining the approved certification (IBCLC, CLC, CLE, or ILC). Moreover, this proposal contemplates an optional credential for nonclinical lactation care providers and so creates no new barriers to entry. Any lactation care providers relocating

to Arizona will be able to obtain a state credential, should they choose to do so, through the universal licensure law set forth in 32-4302.

Other licensed healthcare providers (nurses, APRNs, certified nurse midwives, registered dietitians, physicians, physician assistants) practicing within their existing scope should be excluded from the requirements of this proposal provided they do not represent themselves as licensed or certified lactation care providers.

6. The maintenance of standards

Most of the existing certification programs contemplated above – IBCLC, CLC, and CLE – have existing standards and codes of conduct/ethics to which providers must adhere to maintain their certification. To the extent Arizona's licensure or certification requirements depend on maintaining a certification in good standing from one of the approved certifications programs, the state need not adopt duplicative codes. However, just like every other professional credential, the state will be able to deny, revoke, or suspend a license or certification or reprimand a licensee or certificate holder for violations, such as:

- Fraud or deceit in procure or attempting to procure a license
- Felony conviction
- Incompetence
- Committing unprofessional conduct
- Willfully or repeatedly violating the law or rule
- Violations in another jurisdiction

Additionally, as with other regulated providers, DHS should be able to issue emergency suspensions or restrictions against a licensee or certificate holder under special circumstances in which the provider poses a risk to public health and safety.

7. A description of the group proposed for regulation

This proposal is submitted by the Arizona Maternal Health Policy Coalition, which includes over 90 members including organizations like 4th Trimester AZ, Indigenous Lactation Counselors, and Black Birth Equity NOW, as well as individual members representing the IBCLC, CLC, CLE, and ILC communities along with subject matter experts in lactation and maternal health. At this time, Arizona has more than 400 IBCLCs, 186 CLCs, 4 CLEs, and 119 ILCs.

8. The expected cost of regulation

State licensure of IBCLCs and voluntary certification of nonclinical lactation care providers will pave the way for AHCCCS to cover lactation support services, which will expand access to care and dramatically reduce costs for patients. Additionally, the state is likely to experience downstream savings. Improved access to lactation support services will increase breastfeeding initiation and duration rates, which have been shown to reduce infant deaths, infections, developmental delays, risk of obesity and type 2 diabetes in children, and reduce maternal risk of breast cancer, ovarian cancer, and type 2 diabetes. Even as the

state may assume new costs associated with lactation support service coverage, these will be easily outweighed by lower costs from improved maternal and infant health outcomes.

Undoubtedly, DHS will bear some costs related to implementation of these new regulations, but many of these costs can be recouped through fees on the regulated community.

CONCLUSION

Introducing new state regulations on an existing industry or provider group must not be taken lightly, particularly when the providers are overwhelmingly serving their patients competently, ethically, and effectively. And yet, the Arizona Maternal Health Policy Coalition maintains that state regulation of lactation care providers is vital – not because of *how* the providers are serving their patients but because of *who* they are able to serve. As long as lactation care providers are limited to serving those patients who have the resources to pay for lactation support services, they are failing to reach those new mothers and babies who are most at risk of early cessation of breastfeeding due to identifiable, treatable complications. These families are *the same families* whose downstream healthcare costs will be directly borne by the public system.

Many women (the author of this proposal included) will readily identify breastfeeding as The Hardest Thing I Have Ever Done. Most women embark on their breastfeeding journey with limited supports and a determination to do a good thing for their babies. However, as this proposal has summarized, the impact of breastfeeding is vast, deep, extremely valuable – a benefit to the world quantified at hundreds of billions of dollars annually. And new mothers do not need to shoulder this burden alone. Qualified, highly trained clinical and nonclinical lactation care providers are prepared to help mothers and babies navigate the innumerable challenges breastfeeding can pose, and recognizing these providers with state licenses and certifications will elevate these professions, making them more attractive career pathways for individuals and more trusted providers for patients.

The Arizona Maternal Health Policy Coalition looks forward to pursuing the proposal contained herein during the 2026 legislative session.