



February 11, 2026

We, the National Lactation Consultant Alliance, appreciate your desire to improve maternal and infant health outcomes in Oregon with SB 1568. However, we write to you today to express our patient safety concerns with this bill. To appreciate the concerns, it is necessary to understand the landscape of lactation personnel. Lactation personnel are divided into three categories:

1) **The International Board Certified Lactation Consultant (IBCLC)** – the holder of this credential has had 14 college health science courses, at least 95 hours of lactation specific education, 300-1000 hours of supervised clinical training and has passed an independent criterion referenced board exam. The IBCLC is prepared to provide individualized clinical lactation care. The clinical work of the IBCLC includes the taking of a medical history of the mother and of the baby which also includes the labor and delivery information of the dyad; physically examining each; observing a feed, assimilating the subjective and objective data acquired; using their expert knowledge and information learned to determine the issues presented and to prioritize those issues; creating a plan of care with the family; educating the family; communicating with the primary treating physician(s) for continuity of care; documenting the encounter in a patient record; and following-up to measure the effectiveness of the plan or the need for modification of the plan.

2) **Breastfeeding/Lactation Educator or Counselor** – a person in this category may hold one of more than 20 different “credentials.” Most of the education courses do not have any prerequisites, not even a high school diploma. The education course could be in-person, but most are now conducted online. Course work can be as little as a few days of time. There are NO supervised hands-on clinical training hours working with mother/baby dyads to develop clinical judgment, critical thinking and clinical skills. Some may have to pass an exam given by the education entity/company to receive their credential or certificate. There is no independent exam verifying knowledge. The people in this category provide education and support.

3) **Breastfeeding Peer Supporter** – a person in this category has to have successfully breastfed their own baby. Some additional breastfeeding/lactation education is also usually required. Generally, a high school diploma is not required. The most common groups of people in this category are WIC peer counselors and La Leche League Leaders. The people in this category are capable of conveying general breastfeeding information and providing peer support.

The Women’s Preventive Services Initiative (WPSI) (a cooperative agreement between the American College of Obstetricians and Gynecologists (ACOG) and funded by the Health Resources and Services Administration) delineates the IBCLC in the same category as physicians and nurses relative to clinical lactation care and services. Lactation personnel such as the listed lactation counselors in this bill provide non-clinical education, counseling and basic support, not clinical care. WPSI states:

“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

Supervised Clinical Hours are Critical for the Provision of Clinical Care

The supervised clinical training component for all healthcare clinicians is where the critical thinking, clinical reasoning, and clinical judgment skills are developed and sharpened to prepare students to function independently with competence. The educational program of the lactation counselors in this bill provides **no clinical training** and does not even require a high school diploma. A lactation counselor educates and supports as shown in Chart 1 below (as published by the Academy of Breastfeeding Medicine)² and is not trained to create a plan of care for a patient.

Chart 1

TABLE 1. LACTATION CARE SPECIALISTS BY EDUCATION, CREDENTIAL, AND SCOPE

Breastfeeding and Lactation Specialist Type	Supervised Clinical Education	Credential or Designation	Hands-on Training Requirement	Clinical Lactation Assessment and Plan of Care	Diagnosis and Treatment of Medical Issues
BFLM Provider	Undergraduate and Graduate Medical Education (6-8 years), Medical Residency (3-6 years) OR Advanced Supervised Clinical Training or Practicum (e.g., NP: 500 hours, CNM: 2-3 years)	Board certification varies by country and specialty NABBLM-C FABM	Yes	Yes	Yes
Community Supports (e.g., LLL, CHW)	Varies	None	Personal breastfeeding experience, mentorship	No	No
IBCLC®	95 didactic hours plus 300-1000 clinical hours	IBCLC®	Yes	Yes	No
Peer Counselor (e.g., WIC)	Varies	None	Personal breastfeeding experience, mentorship	No	No
Other (country-specific)	Varies	CLC®/CLE® Champion Counselor	Varies	No	No

BFLM, breastfeeding and lactation medicine; CLC, certified lactation counselor; CLE, certified lactation educator; CNM, certified nurse midwife; CHW, community health worker; FABM, Fellow of the Academy of Breastfeeding Medicine; IBCLC, International Board Certified Lactation Consultant; LLL, la leche league; NABBLM-C, North American Board of Breastfeeding and Lactation Medicine; NP, nurse practitioner; WIC, women, infant and children.

In the interest of patient safety, to ensure that patients receive the risk-appropriate care that they need, it is imperative that families, physicians, hospitals, insurers, and even lactation counselors themselves all have clarity as to the services that lactation counselors provide. Thus, we offer the

following suggested amendments to SB 1568. These changes will help provide for risk-appropriate clinical lactation care where needed, prevent confusion regarding the competencies of lactation personnel, and avoid situations where lactation personnel are not sufficiently prepared to meet the level of complexity they may encounter.

Page 8, Line 38: **Add:** medical assistance recipients have access to **the nonclinical education and support services** provided by lactation counselors...

Page 10, Line 36: **Add:** childbirth expenses shall provide coverage for the **nonclinical education and support** services provided by lactation counselors...

Page 12, Line 16: **Add:** (2) Establish standards of practice for lactation counselors **with such standards clearly delineating their nonclinical education and support role;**

Page 13, Line 15: **Add and Strike:** (3) “Lactation counselor” means a person who has received **education training** to provide **nonclinical** counseling and education...

Thank you for your consideration of these important patient safety revisions. We would be happy to speak to you or any of your staff, by zoom or a call, if you desire any further resources or other information.

Kindest regards,

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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 Rosen-Carole, C.B., Prieto, E., AlHreashy, F., et al. (2025). Current scope of practice for breastfeeding and lactation medicine physicians and providers: Description of an emerging subspecialty. *Breastfeeding Medicine*, 20(9), 601-614.