STATE OF NEW YORK

1189

2019-2020 Regular Sessions

IN ASSEMBLY

January 14, 2019

Introduced by M. of A. L. ROSENTHAL, PAULIN, MOSLEY, ENGLEBRIGHT, NIOU, CRESPO, WRIGHT, RIVERA, ROZIC, STECK -- Multi-Sponsored by -- M. of A. JONES -- read once and referred to the Committee on Higher Education

AN ACT to amend the education law, in relation to the licensure of lactation consultants and providing for establishment of a lactation consultant licensing board

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 2	Section 1. Short title. This act shall be known and may be cited as
∠ 3	the "lactation consultant practice act".
-	§ 2. The education law is amended by adding a new article 166-A to
4	read as follows:
5	ARTICLE 166-A
6	LACTATION CONSULTANTS
7	Section 8750. Legislative intent.
8	8751. Definitions.
9	<u>8752. Practice of lactation consultation and use of title</u>
10	"licensed lactation consultant".
11	8753. Lactation consultant licensing board composition and
12	terms.
13	8754. Lactation consultant licensing board responsibilities.
14	<u>8755. Requirements for a professional license.</u>
15	8756. Exemptions.
16	8757. Professional misconduct.
17	<u>§ 8750. Legislative intent. The legislature acknowledges that the</u>
18	application of specific knowledge and skill is required to evaluate and
19	manage clinical problems in lactation and breastfeeding that diminish
20	the health and well being of families and acknowledges that the render-
21	ing of such care in institutional and private practice settings requires
22	trained and competent professionals. Furthermore, the legislature
23	declares it to be the purpose of this article to protect the health,
24	safety and welfare of the public by providing for the licensure and
25	regulation of the activities of persons engaged in clinical evaluation
26	and management of lactation and breastfeeding.
20	

EXPLANATION--Matter in <u>italics</u> (underscored) is new; matter in brackets [-] is old law to be omitted.

LBD02559-01-9

1	§ 8751. Definitions. As used in this article, the following terms
2	shall have the following meanings:
3	1. The practice of the profession of "lactation consultation" shall
4	mean the clinical evaluation, management, and provision of preventive
5	medical counseling to assist families with lactation and infant feeding
б	problems and/or to prepare for normal infant feeding. Normal infant
7	feeding is defined as being consistent with the recommendations of the
8	American Academy of Pediatrics and the World Health Organization recom-
9	mendations. Such services may include, but may not be limited to:
10	(a) collecting health and feeding histories relevant to lactation,
11	feeding from the breast, human milk feeding (from assistive devices such
12	as bottles, cups, syringes, feeding tubes etc.) and/or the feeding of
13	<u>substitutes for human milk;</u>
14	(b) conducting an evaluation of:
15	i. the breasts of the client who is intending to lactate, currently
16	lactating, and/or in the process of ceasing to lactate which may
17	include, as needed, a physical examination;
18	ii. milk production and as needed, milk expression (manually or by
19	other means using tools of the trade or other aids) to induce, maintain,
20	augment, and/or reduce lactation;
21	iii. the feeding behavior with direct feeding from the breast and/or
22	feeding using assistive feeding devices, on and off the breast;
23	iv. the sucking efficacy of the infant or young child which may
24	include, as needed, a visual or digital exam of the infant's oral cavi-
25	ty;
26	v. the adequacy of intake and growth by the infant or young child
27	using observations of swallowing patterns, which may include, but not be
28	limited to, the use of a digital weighing scale;
29	(c) determining the nature and severity of any lactation or feeding
30	problems based on the history and evaluation;
30 31	problems based on the history and evaluation; (d) demonstration of improved techniques, supplies, and/or equipment
30 31 32	problems based on the history and evaluation; (d) demonstration of improved techniques, supplies, and/or equipment to improve lactation, feeding from the breast, human milk feeding,
30 31 32 33	problems based on the history and evaluation; (d) demonstration of improved techniques, supplies, and/or equipment to improve lactation, feeding from the breast, human milk feeding, and/or the feeding of substitutes for human milk as needed;
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30 31 32 33 34 35	problems based on the history and evaluation; (d) demonstration of improved techniques, supplies, and/or equipment to improve lactation, feeding from the breast, human milk feeding, and/or the feeding of substitutes for human milk as needed; (e) provision of preventive clinical consulting and/or education to the client-defined family;
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30 31 32 33 34 35 36 37 38 39 40 41 42	<pre>problems based on the history and evaluation; (d) demonstration of improved techniques, supplies, and/or equipment to improve lactation, feeding from the breast, human milk feeding, and/or the feeding of substitutes for human milk as needed; (e) provision of preventive clinical consulting and/or education to the client-defined family; (f) development of a plan of care in consultation with the family which may include, as needed, provisions for appropriate follow-up; (g) collaboration and communication with other health care practition- ers as needed, including referrals to other appropriate health care practitioners when existing problems fall outside the scope of licensed lactation consultants. 2. Where the title "licensed lactation consultant" is used in this</pre>
30 31 32 33 34 35 36 37 38 39 40 41 42 43	<pre>problems based on the history and evaluation; (d) demonstration of improved techniques, supplies, and/or equipment to improve lactation, feeding from the breast, human milk feeding, and/or the feeding of substitutes for human milk as needed; (e) provision of preventive clinical consulting and/or education to the client-defined family; (f) development of a plan of care in consultation with the family which may include, as needed, provisions for appropriate follow-up; (g) collaboration and communication with other health care practition- ers as needed, including referrals to other appropriate health care practitioners when existing problems fall outside the scope of licensed lactation consultants. 2. Where the title "licensed lactation consultant" is used in this article it shall mean a clinical practitioner who evaluates and manages</pre>
30 31 32 33 34 35 36 37 38 39 40 41 42 43 44	<pre>problems based on the history and evaluation; (d) demonstration of improved techniques, supplies, and/or equipment to improve lactation, feeding from the breast, human milk feeding, and/or the feeding of substitutes for human milk as needed; (e) provision of preventive clinical consulting and/or education to the client-defined family; (f) development of a plan of care in consultation with the family which may include, as needed, provisions for appropriate follow-up; (g) collaboration and communication with other health care practition- ers as needed, including referrals to other appropriate health care practitioners when existing problems fall outside the scope of licensed lactation consultants. 2. Where the title "licensed lactation consultant" is used in this article it shall mean a clinical practitioner who evaluates and manages lactation and infant feeding problems and provides preventive clinical</pre>
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30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47	<pre>problems based on the history and evaluation; (d) demonstration of improved techniques, supplies, and/or equipment to improve lactation, feeding from the breast, human milk feeding, and/or the feeding of substitutes for human milk as needed; (e) provision of preventive clinical consulting and/or education to the client-defined family; (f) development of a plan of care in consultation with the family which may include, as needed, provisions for appropriate follow-up; (g) collaboration and communication with other health care practition- ers as needed, including referrals to other appropriate health care practitioners when existing problems fall outside the scope of licensed lactation consultants. 2. Where the title "licensed lactation consultant" is used in this article it shall mean a clinical practitioner who evaluates and manages lactation and infant feeding problems and provides preventive clinical consulting to prevent or minimize the occurrence of potential problems. The term "international board certified lactation consultant (IBCLC)" is reserved for those who are certified and registered by the International</pre>
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30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 50 51 52	<pre>problems based on the history and evaluation; (d) demonstration of improved techniques, supplies, and/or equipment to improve lactation, feeding from the breast, human milk feeding, and/or the feeding of substitutes for human milk as needed; (e) provision of preventive clinical consulting and/or education to the client-defined family; (f) development of a plan of care in consultation with the family which may include, as needed, provisions for appropriate follow-up; (g) collaboration and communication with other health care practition- ers as needed, including referrals to other appropriate health care practitioners when existing problems fall outside the scope of licensed lactation consultants. 2. Where the title "licensed lactation consultant" is used in this article it shall mean a clinical practitioner who evaluates and manages lactation and infant feeding problems and provides preventive clinical consulting to prevent or minimize the occurrence of potential problems. The term "international board certified lactation consultant (IBCLC)" is reserved for those who are certified and registered by the International Board of Lactation Consultant Examiners (IBLCE). 3. "Board" shall mean the state board for lactation consultation created by section eighty-seven hundred fifty-three of this article. § 8752. Practice of lactation consultation and use of title "licensed lactation consultant". Only a person licensed pursuant to section</pre>
30 31 32 33 34 35 36 37 38 39 40 42 43 44 45 46 47 48 9 50 1 52 53	<pre>problems based on the history and evaluation; (d) demonstration of improved techniques, supplies, and/or equipment to improve lactation, feeding from the breast, human milk feeding, and/or the feeding of substitutes for human milk as needed; (e) provision of preventive clinical consulting and/or education to the client-defined family; (f) development of a plan of care in consultation with the family which may include, as needed, provisions for appropriate follow-up; (g) collaboration and communication with other health care practition- ers as needed, including referrals to other appropriate health care practitioners when existing problems fall outside the scope of licensed lactation consultants. 2. Where the title "licensed lactation consultant" is used in this article it shall mean a clinical practitioner who evaluates and manages lactation and infant feeding problems and provides preventive clinical consulting to prevent or minimize the occurrence of potential problems. The term "international board certified lactation consultant (IBCLC)" is reserved for those who are certified and registered by the International Board of Lactation Consultant Examiners (IBLCE). 3. "Board" shall mean the state board for lactation consultation created by section eighty-seven hundred fifty-three of this article. § 8752. Practice of lactation consultation and use of title "licensed lactation consultant". Only a person licensed pursuant to section eighty-seven hundred fifty-five of this title shall be authorized to use</pre>

the board of regents on the recommendation of the commissioner for the 1 2 purpose of assisting the board of regents and the department on matters 3 of professional licensing and professional conduct in accordance with 4 section sixty-five hundred eight of this title. The board shall be 5 composed of not less than eight members. Seven members of the board must б be licensed lactation consultants, except that the members of the first 7 board will be grandfathered as eligible for the board if they registered 8 as IBCLCs and have been actively practicing in New York state for the 9 preceding five years. One member of the board will represent the client 10 or care receiving community. 11 (b) Among the seven licensed lactation consultant members: i. six of the seven must have five years of experience immediately 12 13 prior to appointment to the board, except that for the first five years 14 after the establishment of the board may count prior experience as an 15 IBCLC; and 16 ii. one of the seven licensed members must have been licensed within 17 the last two years prior to appointment to the board. 2. At least two licensed lactation consultant members shall have 18 19 specific experience in the last two years as: 20 (a) owners of their own practices; 21 (b) employees in a hospital setting or a similar large institutional 22 setting; (c) employees in a public health clinic or similar setting such as the 23 federal special supplemental nutrition program for women, infants and 24 25 children; and/or 26 (d) participants in a group practice, either community based or 27 private. 28 At least two members must represent the autonomy of the profession by 29 holding no other license than licensed lactation consultant. Reasonable attempts will be made to ensure diversity among other complementary 30 31 professional licenses held by board members who are licensed in addi-32 tional professions. 33 3. Of the members first appointed, initially one shall be appointed 34 for a one year term, two shall be appointed for a two year term and two 35 shall be appointed for a three year term, two shall be appointed for a four year term and one shall be appointed for a five year term so that 36 as nearly as possible an equal number of seats on the board shall termi-37 nate annually as specified in section sixty-five hundred eight of this 38 Thereafter all members shall serve for five year terms. Board 39 title. members may be reappointed for a second term. 40 4. Members of the board must declare that they will not violate the 41 42 international code of marketing of breast-milk substitutes. During their 43 term, board members may not engage in activities which might create a financial or professional conflict of interest with their duties to 44 45 uphold the standards of the licensing for the profession. Such activ-46 ities shall include, but are not limited to owning, sitting on the board 47 of, being an employee of, or holding a financial interest in an independently accredited certification and examination program for lactation 48 49 consultants. 50 <u>§ 8754. Lactation consultant licensing board responsibilities. The</u> 51 purpose of the lactation consultant licensing board is to assist the board of regents on matters of professional licensing, practice and 52 conduct. As stated in section sixty-five hundred eight of this title, 53 each member of the board shall receive an honorarium up to one hundred 54 dollars as prescribed by the board of regents for each day devoted to 55 56 board work, and shall be reimbursed for necessary expenses. The board

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1	shall elect from its members a chairman and vice-chairman annually,
2	shall meet upon call of chairman or the department, and may adopt bylaws
3	consistent with this title and approved by the board of regents. A
4	quorum for the transaction of business by the board shall be five
5	members. The board must provide for a period of public commentary before
6	changes are made to the requirements for licensure for lactation consul-
7	tation. An executive secretary shall be appointed by the board of
8	regents on the recommendation of the commission. Any member may be
9	removed from a board by the board of regents for misconduct, incapacity
10	or neglect of duty.
11	<u>§ 8755. Requirements for a professional license. To qualify for a</u>
12	license as a lactation consultant, an applicant shall fulfill the
13	following requirements:
14	1. Application. File an application with the department and provide:
15	(a) A copy of a high school diploma or the equivalent.
16	(b) Transcripts and other documentation showing completion of the
17	specified prerequisites and lactation specific education, except that
18	those who submit proof that they were certified by the IBLCE prior to
19	enactment of this article, will be grandfathered as exempt.
20	(c) An authorized certification of completion (or exemption) for the
21	New York state mandated two hours of coursework or training related to
22	child abuse.
23	(d) Documentation verifying three hundred clinical hours by an IBLCE
24	were completed concurrently or after completing the prerequisites and
25	lactation specific coursework, except that those who submit proof that
26	they were certified by the IBCLC prior to enactment of this article,
27	will be grandfathered as exempt.
28	(e) Proof of having passed the comprehensive lactation exam adminis-
29	tered by the IBLCE (or an equivalent or higher level exam) after
30	completion of the educational and supervision requirements.
31	2. Prerequisites.
32	(a) Attain a high school diploma or the equivalent (e.g. a New York
33	State High School Equivalency Diploma via the Test Assessing Secondary
34 25	Completion after January second, two thousand eighteen or the General
35	Educational Development).
36 37	(b) Complete at least twenty-four semester credits in health science courses from an accredited institution of higher learning, advanced
38	placement high school classes and/or receive the equivalent credit from
39	College Level Examination Program through independent study. Course
40	content may include, but is not limited to, biology, human anatomy,
41	human physiology, infant and child growth and development, nutrition,
42	psychology and/or counseling or communication skills, and sociology or
43	cultural sensitivity or cultural anthropology.
44	(c) Complete coursework or training offered by an institution of high-
45	er learning or continuing education courses in basic life support,
46	medical documentation, medical terminology, occupational safety and
47	security for health professional, universal precautions and infection
48	control and professional ethics for health professionals.
49	(d) Further, as mandated by the state of New York for professions,
50	complete two hours of training related to child abuse.
51	3. Education in human lactation and breastfeeding. Within five years
52	prior to sitting for the exam, complete at least ninety hours in human
53	lactation and breastfeeding that have been verified by IBLCE or the
54	equivalent from any other certifying body that provides continuing
55	education recognition points as determined by the board and in accord-

1	ance with the commissioner's regulations and in compliance with the
2	international code of marketing of breastmilk substitutes.
3	4. Supervised experience. After having completed the prerequisites and
4	educational requirements listed above, complete a minimum of three
5	hundred directly supervised hours of clinical practice evaluating and
6	managing lactation and infant feeding problems. Chief supervisors must
7	have at least five years experience as a licensed lactation consultant
8	or, during the first five years after the enactment of this article, the
9	equivalent experience as an IBCLC. Applicants who live in geographically
10	isolated areas that render direct supervision infeasible may, on an
11	individual basis, have their chief supervisor submit a plan for consid-
12	eration by the board that describes how the supervisor will support and
13	evaluate the acquisition of the clinical skills required for the profes-
14	sion of lactation as defined in this article. Such a plan may include
15	options such as in-person workshops of mastery of skills that require
16	direct physical contact and electronic supervision for mastery of those
17	skills that do not. The plan must encompass the Competencies for the
18	Practice of International Board Certified Lactation Consultants by the
19	IBLCE or an equivalent or higher level of competencies as determined by
20	the board and in accordance with the commissioner's regulations.
21	5. Examination. After having completed the educational and supervision
22	requirements, pass the exam administered by the IBLCE or another exam-
23	ination determined by the board to have the equivalent or higher stand-
24	ards and in accordance with the commissioner's regulations.
25	6. Reregistration. Complete at least forty-five hours of continuing
26	education in lactation, related fields and ethics every three years as
27	approved by the IBLCE or any other certifying body that is credentialed
28	to provide Continuing Education Recognition Points by the National
29	Commission for Certifying Agencies of the Institute of Credentialing
30	Excellence and determined by the board to have the equivalent or higher
31	standards and in accordance with the commissioner's regulations.
32	
	7. Age. Be at least twenty-one years of age. 8. Character. Be of good moral character as determined by the depart-
33 24	
34 25	ment.
35	9. Fee. Pay a fee to be determined for initial licensure, and a fee to
36	be determined for each triennial registration.
37	§ 8756. Exemptions. 1. As provided in section sixty-five hundred five
38	of this title, this article reaffirms that no definition of the practice
39	of lactation consultation shall be construed to restrain or restrict the
40	performance of similar acts authorized in the definitions of other
41	professions.
42	2. Furthermore, nothing contained in this article shall be construed
43	to prohibit or limit the practice of students, interns, or persons
44	preparing for lactation consultation under the qualified supervision of
45	the licensee.
46	<u>§ 8757. Professional misconduct. In addition to the definitions of</u>
47	misconduct under section sixty-five hundred nine of this title, it shall
48	further constitute professional misconduct to discriminate on the basis
49	of gender identity, or sexual orientation or status as a legal guardian
50	(or in the process of becoming a legal guardian) of an infant or child
51	who is not biologically related to that infant or child.
52	§ 3. This act shall take effect on the one hundred twentieth day after
53	it shall have become a law; provided, however, that any actions neces-
54	sary for the implementation of the provisions of this act on its effec-
55	tive date are authorized and directed to be completed on or before such
56	effective date.
20	