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## **OLR Bill Analysis**

**sHB 5318 (as amended by House "A")\***

### ***AN ACT REQUIRING THE LICENSURE OF LACTATION CONSULTANTS.***

#### **SUMMARY**

Starting in July 2026, this bill creates a Department of Public Health (DPH) licensure program for lactation consultants. It generally prohibits unlicensed people from practicing lactation consulting for compensation, using the “lactation consultant” title, or holding themselves out to the public as licensed lactation consultants. But it does not restrict unlicensed people (such as other health care providers) meeting specified criteria from practicing lactation consulting or providing related services, if they do not refer to themselves as “lactation consultants.”

To receive a license, an applicant must have a certification from the International Board of Lactation Consultant Examiners (IBLCE) or any successor to it. DPH must issue a license to an applicant who submits satisfactory evidence of this on a DPH form. The licensure application fee is \$200, and licenses may be renewed every two years for \$100.

In addition, the bill sets forth the grounds for DPH disciplinary action against licensees and specifies that no new regulatory board is created for lactation consultants.

\*House Amendment “A” (1) moves the bill’s effective date from October 1, 2027, to July 1, 2026; (2) expands and modifies the list of exemptions from the bill’s licensure requirement; and (3) makes various minor and technical changes.

EFFECTIVE DATE: July 1, 2026

#### ***Lactation Consulting Definition (§ 1)***

Under the bill, “lactation consulting” is helping families with lactation and feeding by clinically applying scientific principles and multidisciplinary evidence for evaluation, problem identification, treatment, education, and consultation, including the following services:

1. taking maternal, child, and feeding histories;
2. performing clinical assessments related to breastfeeding and human lactation by systematically collecting subjective and objective information;
3. analyzing relevant information and data;
4. developing an unbiased lactation management and child feeding plan with demonstration and instruction to parents;
5. providing lactation and feeding education, including recommendations and training on the use of assistive devices;
6. communicating to a primary health care practitioner and referring to other practitioners, as needed;
7. conducting appropriate follow-up appointments and evaluating outcomes; and
8. documenting patient encounters in a patient record.

***Licensure Requirement and Exemptions (§ 2)***

The bill generally prohibits anyone without a lactation consultant license from:

1. practicing lactation consulting for compensation;
2. holding himself or herself out to the public as a licensed lactation consultant;
3. using, in connection with their name or business, the “licensed lactation consultant” or “lactation consultant” titles or “IBCLC” or “L.C.” designations; or

4. using any title, words, letters, abbreviations, or insignia that may reasonably be confused with this licensure.

These restrictions do not prevent people without this license from providing lactation consulting or related services under the following conditions, as long as they do not refer to themselves by the term “lactation consultant”:

1. people licensed or certified by DPH as another type of provider, or by the Department of Consumer Protection (DCP) under the pharmacy laws, who are providing lactation consulting under the scope of practice of their license or certification;
2. students in a lactation consulting educational program or an accredited education program required for DPH licensure or certification (or DCP under the pharmacy laws), if lactation consulting is a part of the program and the student provides the consulting under appropriate program supervision;
3. people providing lactation education and support through the federal Special Supplemental Food Program for Women, Infants, and Children (WIC) or other federally funded nutrition assistance programs, while acting within their job description and training;
4. certified community health workers providing lactation support to HUSKY Health program members;
5. people providing education, social or peer support, peer counseling, or nonclinical services related to lactation and feeding;
6. doulas or midwives providing services within their scope of practice and for which they were trained; or
7. public health professionals engaging in outreach, engagement, education, coaching, informal counseling, social support, advocacy, care coordination, or research related to social determinants of health or a basic screening or assessment of any

risk associated with those determinants.

***License Renewals (§§ 3 & 6)***

Under the bill, a lactation consultant license expires every two years, and may be renewed during the licensee's birth month for a \$100 fee. To renew, licensees must provide satisfactory evidence that they have (1) a current certification with IBLCE or any successor to it and (2) completed the continuing education IBLCE requires for that certification. Renewal applicants must give DPH their full name, residence and business addresses, and any other information the department requests.

***Enforcement and Disciplinary Action (§ 4)***

The bill allows the DPH commissioner to deny a license application or take disciplinary action against a lactation consultant for the following:

1. failing to conform to the profession's accepted standards;
2. a felony conviction, if the disciplinary action is based on (a) the nature of the conviction and its relationship to the licensee's ability to safely or competently practice, (b) information on the licensee's degree of rehabilitation, and (c) the time passed since the conviction or release;
3. fraud or deceit in getting or seeking reinstatement of a license or in the practice of lactation consulting;
4. negligence, incompetence, or wrongful conduct in professional activities;
5. an inability to conform to professional standards because of a physical, mental, or emotional illness;
6. alcohol or substance abuse;
7. willfully falsifying entries in a hospital, patient, or other record pertaining to lactation consulting; or
8. failing to maintain certification in good standing with IBLCE.

By law, disciplinary actions available to DPH include, among other things, (1) revoking or suspending a license; (2) censuring the violator; (3) issuing a letter of reprimand; (4) placing the violator on probationary status; or (5) imposing a civil penalty of up to \$25,000 (CGS § 19a-17).

Under the bill, the commissioner may order a licensee to undergo a reasonable physical or mental examination if his or her capacity to practice safely is under investigation. The bill allows the commissioner to petition Hartford Superior Court to enforce the examination order or any DPH disciplinary action. The commissioner must give the person notice and an opportunity to be heard before taking disciplinary action.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 24 Nay 11 (03/22/2024)