

To: Rhode Island Department of Health
From: National Lactation Consultant Alliance
Re: Part 27 – Licensing of Lactation Consultants and Counselors, 216-RICR-40-05-27
Date: October 7, 2025

Thank you for the opportunity to provide comments on the proposed regulations for licensing lactation consultants and lactation counselors. At the outset, we want to express our concern that these proposed regulations co-mingle lactation consultants with lactation counselors. The Rhode Island General Assembly licensed each one separately as they are vastly different and not equivalent in their education, training or competencies. A lactation counselor is not a lactation consultant and is not trained to provide clinical lactation care. This is clearly defined and delineated by the Women’s Preventive Services Initiative. The Women’s Preventive Services Initiative (a coalition of national health professional organizations and patient advocates funded by the U.S. Health Resources and Services Administration (HRSA) and led by the American College of Obstetricians and Gynecologists) describes lactation personnel as follows:

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).

The distinctions are also highlighted in the August 2025 Scope of Practice Position Statement of the Academy of Breastfeeding Medicine (ABM) wherein the ABM identifies only IBCLCs as allied healthcare lactation personnel who are able to perform clinical lactation assessment and plan of care. They list others (specifically naming the CLC and CLE) as **NOT** able to perform those clinical services (2). See Figure 1.

Thus, we believe that it is imperative that the rules governing each are separated completely without any co-mingling to minimize the potential for confusion for patients and other healthcare clinicians. Just as the rules governing registered nurses are separate from the rules that govern certified nursing assistants, so too should the rules governing lactation consultants be separate from the rules that govern lactation counselors.

With regard to the substance of the proposed rules, we find the adoption of the “Scope of Practice” from the Academy of Lactation Policy and Practice (ALPP) to be problematic. These documents describe CLCs and ALCs as clinical lactation care providers which is not the case for these standalone credentials. While many licensed healthcare clinicians take the CLC course for continuing education hours (accounting for approximately 80% of those with the CLC credential) --- and those licensed clinicians are clinical providers--- the people who take the CLC education course without a clinical healthcare background are not magically transformed into clinicians. The CLC education program provides no precepted clinical practice working directly with live mothers and babies. Notably too, the CLC education course has no prerequisites, not even a high school diploma. Thus, the standalone CLC (and ALC), without the core allied healthcare college science courses and without any clinical training, are capable of providing only education and support, not clinical services.

Clinical training is where critical thinking, clinical judgment and reasoning, and clinical skills are acquired and honed to prepare the individual for independent clinical practice. The importance of clinical training for independent clinical practice cannot be overstated and is highlighted by the recent news stories of certain registered nurses who fraudulently obtained their state licenses. These nurses had enough book knowledge to pass the national RN licensing exam, but they had skipped the prerequisite clinical training hours via a fraudulent scheme of buying their diplomas from certain nursing schools. The allegations in pending administrative and judicial court cases proffer that the lack of actual supervised clinical training hours created harm for multiple patients and even resulted in patient death. See e.g., the Miami Herald September 20, 2025 article, “*Florida operator accused of selling fake degree to nurse implicated in patient death.*” (3)

In addition to not having the foundation of college science courses, CLCs and ALCs receive no precepted clinical training within their educational program. Without such precepted clinical training, they should be providing breastfeeding education and support, not clinical lactation care. In the interest of patient safety, we therefore urge you to amend the proposed rules that govern CLCs and ALCs to clearly articulate a scope of practice for these standalone credentials that is limited to education and support services.

We also wish to voice concern regarding the proposed list of what Lactation Consultants (IBCLCs) cannot do. A licensed clinician, by definition, is performing medical functions. (4) Typical scopes of practice for clinical healthcare professionals do not list what they cannot do, but rather delineate what they can do. An appropriate scope of practice for a licensed Lactation Consultant (IBCLC) should include the following:

- (A) Taking maternal, child and feeding histories;
- (B) Performing clinical assessments related to breastfeeding and human lactation through the systematic collection of subjective and objective information;
- (C) Analyzing data;
- (D) Developing a lactation management and child feeding plan with demonstration and instruction to parents;
- (E) Providing lactation and feeding education;
- (F) Recommending and training on the use of assistive devices;
- (G) Communicating to the primary health care practitioner(s) and referring to other healthcare practitioners, as needed;
- (H) Conducting appropriate follow-up with evaluation of outcomes; and
- (I) Documenting the encounter in a patient record.

It is important that risk-appropriate care be delivered to the public in a safe, non-confusing manner.

Kindest regards,

Marsha Walker, RN, IBCLC
 President
 National Lactation Consultant Alliance

www.nlca.us

Merrilee Gober, RN, JD
 Chair, State Advocacy Committee
 National Lactation Consultant Alliance

www.nlca.us

Figure 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.

Endnotes

1. Women’s Preventive Services Initiative. (2023). *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.
https://www.bfmed.org/assets/DOCUMENTS/PositionStatements/Final_Org_ScopeofPracticePaper.pdf
3. <https://www.miamiherald.com/news/local/article312133129.html>
4. A report of the Federation of State Medical Boards explains: “All discussions about changes in scope of practice should begin with a basic understanding of the definition of the practice of medicine and recognition that the education received by physicians differs in scope and duration from other health care professionals. Non-physician practitioners may seek authorization to provide services that are included in the definition of the practice of medicine under existing state law.” Federation of State Medical Boards (2005) *Assessing Scope of Practice in Health Care Delivery: Critical Questions in Assuring Public Access and Safety*. <https://www.fsmb.org/siteassets/advocacy/policies/assessing-scope-of-practice-in-health-care-delivery.pdf>



Licensure of Lactation Counselors

From Paulette Butler [REDACTED]
Date Tue 10/7/2025 8:21 PM
To Garceau, Zachary (RIDOH) <Zachary.Garceau@health.ri.gov>

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I am in favor of Licensing Certified Lactation Counselors.
I've been a CLC since 2009 and this an important role for new families.
Helping a new mom successfully breastfeed requires education and compassion.
Our training provides the steps to guide a mother in regards to infant positioning for comfort and efficiency, the science of milk production and much more.
We are an important piece in the birthing landscape.
Having CLC's licensed will allow us to accept insurance for the RI population and provide the education and support needed.

[Paulette Butler CLC, CPD](#)
NightLight Doula and Lactation Services



Outlook

Licensing of Lactation Counselors

From Deggendorf, Sherri [REDACTED]
Date Mon 10/13/2025 6:12 PM
To Garceau, Zachary (RIDOH) <Zachary.Garceau@health.ri.gov>

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Hello,

I would like to add my voice to those that have deep concerns about the new proposed Scope of Practice regulations for Lactation Consultants and Counselors. As an RN, I have worked with pregnant and breastfeeding women for 28 years and have been an IBCLC for 18 years. I have mentored CLCs to continue to increase their knowledge and become IBCLCs.

Many patients do not understand the difference between an IBCLC and a CLC. While it is true that ALPP does require 90 hours of education for their CLCs, other organizations only require 45 hours. Whereas there is only 1 organization that credentials IBCLCs maintaining strict guidelines regarding the 95 hours of college level, lactation specific education and the 1000 hours of hands-on clinical experience with breastfeeding moms across the globe. We are also required to continue learning before recertifying with 75 hours of education every 5 years.

I have worked with many breastfeeding support people, WIC peer counselors, Certified Breastfeeding Specialists, and CLCs in my career and many of them do a wonderful service for the community they're in to help support, counsel, and encourage breastfeeding moms. But it truly does a disservice to women if they are unaware of the vast difference in expertise.

The biggest concern I have in this proposed regulation is allowing CLCs to care for medically complex infant as long as they are working under a doctor or NP. The lack of clinical knowledge and extensive training would very likely result in inappropriate care for these dyads. To combine IBCLCs and CLCs in the same regulations would further blur the line between the two.

Please reconsider this proposal and create separate rules and regulations for Lactation Consultants and Counselors.

Regards,
Sherri¹ Deggendorf, RN, BSN, IBCLC

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Mail - Garceau, Zachary (RIDOH) - Outlook

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Outlook

Licensing of Lactation Counselors

From Degnan, Deborah [REDACTED]
Date Mon 10/13/2025 3:52 PM
To Garceau, Zachary (RIDOH) <Zachary.Garceau@health.ri.gov>

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Good morning,

I am writing you today to voice my deep concerns regarding the new proposed Scope of Practice regulations for Lactation Counselors. I have been an RN at Women and Infants Hospital for 10 years and a practicing IBCLC for the past 3 years. It has been my experience that few, if any, patients know or understand the difference in the education and training of Lactation Consultants versus Lactation Counselors. The titles sound very similar, however the difference in education and supervised patient care is drastically different.

As a Lactation Consultant I have worked as an RN on a Mother/baby unit for years, accruing my required 1000 hours of clinical, hands on, experience. I had to complete 95 hours of Lactation specific education, and sit for the International Board exam to become certified to practice. Upon starting my role as an IBCLC at the hospital I had months of supervised training provided by seasoned IBCLC's in my unit. Even as an RN I did not see the depth and breadth of breastfeeding as I see it now. I appreciate the Counselors for their ability to educate, counsel, support and encourage mothers with breastfeeding, but it is not a hands-on clinical training that prepares them.

There is a monumental need in the community for the promotion and support of breastfeeding, but we will be doing a disservice to the community if mothers are not aware of the different level of clinical expertise. It is stated in the proposed regulations that counselors, if working under a doctor or nurse practitioner, can see medically complex infants. It has been my experience in the hospital that many doctors and nurse practitioners do not have lactation training and look to us for that expertise. The lack of clinical training of counselors results in care that may be inappropriate for the medically complex infant, and the parents will only know that they have "been seen by lactation", and may not realize there is a higher qualified individual available.

I believe that combining Lactation Counselor regulations together with Lactation Consultant regulations will further this confusion and does not empower the vulnerable community that it sets out serve. Please reconsider this proposal and encourage separate rules and regulations for Lactation Counselors which reflect the specific training each group undergoes.

Thank for your consideration,
Deborah Degnan RN, BSN, IBCLC

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Re:Public Comment Period Open – Proposed Amendments to RIDOH Lactation Consultant and Counselor Licensure

From Quatia Osorio [REDACTED]
Date Tue 10/14/2025 5:47 PM
To Garceau, Zachary (RIDOH) <Zachary.Garceau@health.ri.gov>

1 attachment (29 KB)

QOsorio Revision REG 13391 20250926113519071.docx;

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Good Evening Zach,

I have attached a number of revisions addressing regulation conflicts with the Lactation Counselors Practice Act of 2024 R.I. Gen. Laws § 23-13.8.:

[8. "Lactation counselor" means as defined in R.I. Gen. Laws § 23-13.8-2\(4\). In addition to the language in R.I. Gen. Laws § 23-13.8-2\(4\), a lactation counselor addresses specializes in the the range of normal non-medically complex breastfeeding and parental health assessment to refer for health complications. ~~in~~ healthy term infants. For the purposes of this Part, reference to a "Lactation Counselor" includes both Lactation Counselors with a CLC certification and Lactation Counselors with an ALC certification.](#)

In maintaining concise continuity of defined scope for lactation counselor in relation to lactation consultant maintain consistency in addition expansion, removing 'addressing' and redefining as specializing in the range of normal non-medically complex breastfeeding and parental health assessment to refer for health complication. Please see [CLC Scope \[alpp.org\]](#)
"Monitor and evaluate behavioral, cultural, and social conditions predisposing mothers and babies to an uncomplicated breastfeeding experience.

- Assess for, monitor, and evaluate physical conditions that predispose mothers and babies to a complex breastfeeding experience.
- Monitor and evaluate behavioral, cultural, and social conditions that predispose mothers and babies to complex breastfeeding experiences."

27.4.3 General Licensure Requirements for Lactation Counselors

A. No individual shall practice as a Licensed Lactation Counselor unless the individual is licensed in accordance with R.I. Gen. Laws § 23-13.8-3.

We do not mandate ALL CLCs are required to be licensed, as CLC have operated in their autonomy of practice for years, but must be licensed in accordance with General Law to practiced as a LICENSED CLC.

The only terms Lactation Counselors may use in this state are Lactation Counselor – CLC, Licensed Lactation Counselor (L-CLC) or Licensed Advanced Lactation Consultant - L-ALC or Advanced Lactation Consultant -ALC.

There needs to be an acknowledgement to differentiate between a Licensed CLC versus a CLC, there L-CLC or L-ALC is an acceptable acknowledgement. As CLC or ALC may choose to become licensed but would not have right to utilize the L-CLC or L-ALC.

F. Supervision

1. A licensed Lactation Counselor shall exercise sound judgment and shall provide care within the scope of practice or guidelines in the performance of their duties. A licensed Lactation Counselor is permitted, but not required, to supervise the following:

a. Students, interns, or persons preparing for practice as a Lactation Counselor; Lactation Educators, Breastfeeding Specialists,

As alignment within our colleague field I would like to expand inclusion of Certified Lactation Education and Certified Breastfeeding Specialist, should they choose to move forward in seeking support to become L-CLC or L-ALC.

27.9 Scope of Practice for a Lactation Counselor

A. A Lactation Counselor, may provide independent management and must provide counseling services within the parameters of R.I. Gen. Laws § 23-13.8-9.

A licensed CLC should continue to maintain their independent practice management, as consistent with RI General Law 23-13.8 as prior work as an independently practicing CLC.

B. In addition to what is outlined in R.I. Gen. Laws § 23-13.8-9, a Licensed Lactation Counselor must work with an IBCLC, Physician, Licensed Midwife, Physician Assistant or Nurse Practitioner, in accordance with facility policies for such collaboration, when assisting in the lactation care of with a collaborative agreement:

1. Medically complex infants, and

2. Those with current medical diagnoses or current levels of care including: a.

NICU infants;

b. Premature infants born before thirty-seven (37) weeks;

c. Growth Faltering (Failure to Thrive), or

d. Cleft Palate.

Inclusion of other perinatal providers licensed within RI for collaborative agreement in care of CMC or MC as described

~~3. If the Lactation Counselor is working independently, they must have a written collaborative agreement in place which lays out the terms of the collaboration with the collaborating healthcare professional.~~

216-RICR-40-05-27

TITLE 216 – DEPARTMENT OF HEALTH

CHAPTER 40 – PROFESSIONAL LICENSING AND FACILITY

REGULATION SUBCHAPTER 05 – PROFESSIONAL LICENSING

PART 27 – Licensing of Lactation Consultants and Counselors

27.1 Authority and Purpose

These Rules and Regulations for Licensing of Lactation Consultants and Counselors are promulgated pursuant to the authority set forth in R.I. Gen. Laws ~~§§Chapter~~ 23-13.6-3 and 23-13.8-12 for the purpose of defining prevailing standards for the licensing of Lactation Consultants and Counselors.

27.2 Incorporated Materials

- A. These Regulations hereby adopt and incorporate the International Board of Lactation Consultant Examiners' "Scope of Practice for International Board Certified Lactation Consultant (IBCLC) Certificants" (20182) by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these Regulations.
- B. These Regulations hereby adopt and incorporate the International Board of Lactation Consultant Examiners' "Code of Professional Conduct for IBCLCs" (202344) by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these regulations.
- C. These Regulations hereby adopt and incorporate the Academy of Lactation Policy and Practice "Scope of Practice for the Certified Lactation Counselor (CLC)" (2024) by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these regulations.
- D. These Regulations hereby adopt and incorporate the Academy of Lactation Policy and Practice "Scope of Practice for the Advanced Lactation Consultant (ALC), Advanced Nurse Lactation Consultant (ANLC)" (2024) by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these regulations.
- E. These Regulations hereby adopt and incorporate the Academy of Lactation Policy and Practice "Code of Ethics for Certified Lactation Counselors (CLC)" (2017) by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these regulations.

F. These Regulations hereby adopt and incorporate the Academy of Lactation Policy and Practice “Code of Ethics for Advanced Lactation Consultants (ALC) and Advanced Nurse Lactation Consultants (ANLC)” (2017) by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these regulations.

27.3 Definitions

A. Wherever used in these Regulations, the following terms shall be construed as follows:

~~1. “Act” means R.I. Gen. Laws Chapter 23-13.6 entitled “Lactation Consultant Practice Act of 2014”.~~

~~1. “Care extender” means as defined in R.I. Gen. Laws § 23-13.8-2(1).~~ 2.

“Department” means the Rhode Island Department of Health.

3. “Director” means the means the Director of the Rhode Island Department of Health or ~~his or her~~their designee.

4. “Growth Faltering (Failure to thrive)” means a diagnosis of a calculated z score for children with weight, weight for length, or body mass index less than the fifth (5th) percentile or if any of these measurements decrease by more than two (2) percentile lines over time.

~~54.~~ “International Board Certified Lactation Consultant (IBCLC)” means an individual who holds current certification from the International Board of Lactation Consultant Examiners (IBLCE) after demonstrating the appropriate education, knowledge and sitting for and passing the exam.

~~65.~~ “Lactation care and services” means the clinical application of scientific principles and a multidisciplinary body of evidence for the evaluation, problem identification, treatment, education, and consultation to provide lactation care and services to childbearing families.

~~76.~~ “Lactation consultant” means as defined in R.I. Gen. Laws § 23-13.6-2(1). In addition to the language in R.I. Gen. Laws § 23-13.6-2(1), a lactation consultant specializes in the full range of breastfeeding care, particularly high acuity breastfeeding situations. This includes medically complex cases encompassing breastfeeding in preterm birth, birth defects, and parental health complications. a health care professional who specializes in the clinical management of breastfeeding.

~~8.~~ “Lactation counselor” means as defined in R.I. Gen. Laws § 23-13.8-2(4). In addition to the language in R.I. Gen. Laws § 23-13.8-2(4), a lactation counselor ~~addresses~~ specializes in the the range of normal non-medically complex breastfeeding and parental health assessment to refer for health complications. in healthy term infants. For the purposes of this Part, reference to a “Lactation Counselor” includes both Lactation Counselors

with a CLC certification and Lactation Counselors with an ALC certification.

9. "Medically complex" means children with medical complexity (CMC), who may also be known as "complex chronic" or "medically complex," have multiple significant chronic health problems that affect multiple organ systems and result in functional limitations, high health care need or utilization, and often the need for or use of medical technology.

107. "Practice" means as defined in R.I. Gen. Laws § 23-13.8-2(5)~~rendering or offering to render any lactation care and services to any individual, family, or group of individuals.~~

118. "R.I. Gen. Laws" means the General Laws of Rhode Island, as amended.

129. "Supervision" means that a licensed Lactation Consultant is at all times responsible for supportive personnel and clients. Supervision is further defined in § 27.4.1(C) of this Part.

10. ~~"These Regulations" mean all parts of Rhode Island Rules and Regulations for Licensing of Lactation Consultants.~~

27.4 Qualifications

27.4.1 General Licensure Requirements for Lactation Consultants

A. No person can practice as a Lactation Consultant or represent ~~himself or herself themselves~~ as being able to practice as a Lactation Consultant in Rhode Island unless the person is licensed in accordance with the provisions of R.I. Gen. Laws Chapter 23-13.6 the Act and ~~these Regulations~~this Part.

B. Exemptions to the requirements of R.I. Gen. Laws Chapter 23-13.6 the Act and these Regulation~~this Part~~ are pursuant to R.I. Gen. Laws § 23-13.6-4.

C. Supervision-

1. A licensed Lactation Consultant shall exercise sound judgment and shall provide care within the scope of practice or guidelines in the performance of ~~his or her~~their duties. A licensed Lactation Consultant is permitted, but not required to supervise the following:

a. Licensed Lactation Consultants;

b. Licensed Lactation Counselors;

~~cb.~~ Students, interns, or persons preparing for practice as a Lactation Consultant;

~~ed.~~ Care extenders and other team members as appropriate; and

ed. Volunteers.

2. A licensed Lactation Consultant cannot delegate any of the following tasks to individuals under their supervision, who are not a licensed Lactation Consultant:
 - a. Initiation, planning, adjustment, modification, or performance of lactation care and services requiring the skills or judgment of a licensed Lactation Consultant; and,
 - b. Acting on behalf of a licensed Lactation Consultant in any matter related to providing lactation care and services which requires decision making or professional judgment.

27.4.2 Qualification for Licensure for Lactation Consultants

A. An applicant for licensure as a Lactation Consultant shall:

1. Be at least eighteen (18) years of age;
2. Successfully complete an academic and practical program in lactation that is accredited by the International Board of Lactation Consultant Examiners (IBLCE);
3. Pass the examination for board certification as an International Board Certified Lactation Consultant (IBCLC) offered by the ~~International Board of Lactation Consultant Examiners~~ (IBLCE), or any successor organization; and
4. Currently be board certified as an ~~International Board Certified Lactation Consultant~~ IBCLC.

27.4.3 General Licensure Requirements for Lactation Counselors

A. No individual shall practice as a **Licensed** Lactation Counselor unless the individual is licensed in accordance with R.I. Gen. Laws § 23-13.8-3.

B. No Lactation Counselor shall assume the title of “Lactation Consultant” or use the term consultant or use any abbreviations or any other words, letters, signs, figures, or devices to indicate that the individual using same is a Lactation Consultant as set forth in [this Part](#), unless they hold a license as a Lactation Consultant issued by the Department. The only terms Lactation Counselors may use in this state are **Lactation Counselor – CLC, Licensed Lactation Counselor (L-CLC) or Licensed Advanced Lactation Consultant - L-ALC or Advanced Lactation Consultant -ALC.**

C. In addition to the requirements outlined in R.I. Gen. Laws § 23-13.8-3, an individual applying to be a Lactation Counselor must designate in the application provided by the Department the category of Licensed Lactation Counselor for which they are applying. The options will be as follows:

1. Lactation Counselor – CLC. This is for applicants who hold a current certification from the Academy of Lactation Policy and Practice (ALPP) as a Certified Lactation Counselor.

2. Lactation Counselor – ALC. This is for applicants who hold a current certification from the ALPP as an Advanced Lactation Consultant certification.

D. For the purposes of this Part, reference to a “Lactation Counselor” includes both the “Lactation Counselor – CLC” and “Lactation Counselor – ALC”.

E. Exemptions to the requirements of R.I. Gen. Laws Chapter 23-13.8 and this Part are pursuant to R.I. Gen. Laws § 23-13.8-11.

F. Supervision

1. A licensed Lactation Counselor shall exercise sound judgment and shall provide care within the scope of practice or guidelines in the performance of their duties. A licensed Lactation Counselor is permitted, but not required, to supervise the following:

a. Students, interns, or persons preparing for practice as a Lactation Counselor; Lactation Educators, Breastfeeding Specialists,

b. Care extenders and other team members as appropriate; and c. Volunteers.

27.4.4 Qualification for Licensure for Lactation Counselors

A. An applicant for licensure as a Lactation Counselor – CLC or Lactation Counselor – ALC must meet the qualifications for licensure outlined in R.I. Gen. Laws § 23-13.8-4.

27.5 Application for Lactation Consultant and Lactation Counselor

27.5.1 Documentation

A. In order to apply for a license as a Lactation Consultant, an applicant must submit the following on forms provided by the Department:

1. Completed application including but not limited to name, address, date of birth, social security number, telephone number and email address;
2. Application fee for a Lactation Consultant as defined in Part 10-05-2 of this Title, the Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health. The fee is non-refundable and non-returnable; and
3. Verification of current board certification as an International Board-Certified

~~Lactation Consultant IBCLC~~ submitted directly to the Department by the ~~International Board of Lactation Consultant Examiners IBLCE~~.

B. In order to apply for a license as a Lactation Counselor, an applicant must submit the following on forms provided by the Department:

1. Completed application including but not limited to name, address, date of birth, social security number, telephone number and email address;

2. Application fee for a Lactation Counselor as defined in Part 10-05-2 of this Title, the Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health. The fee is non-refundable and non-returnable; and

3. Verification of current certification as a CLC or an ALC submitted directly to the Department by the ALPP.

27.5.2 Licensure by Endorsement

A. In order to apply for a license by endorsement an applicant must submit the following on forms provided by the Department:

1. Completed application including but not limited to name, address, date of birth, social security number, telephone number and email address;

2. Application fee as defined in Part 10-05-2 of this Title, the Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health. The fee is non-refundable and non-returnable;

3. Verification that the applicant is licensed and in good standing from all states where the applicant is currently licensed and, if applicable, previously licensed as a Lactation Consultant or Lactation Counselor. Verification must be sent directly to the Department by the certifying and/or licensing authority; and;

~~43. If applying to be a Lactation Consultant, verification of current board certification as an International Board Certified Lactation Consultant IBCLC submitted directly to the Department by the International Board of Lactation Consultant Examiners IBLCE; and~~

~~4. Verification that the applicant is licensed and in good standing from all states where the applicant is currently licensed and, if applicable, previously licensed as a lactation consultant.~~

5. If applying to be a Lactation Counselor, verification of current certification as a CLC or an ALC submitted directly to the Department by the ALPP.

27.6 Issuance of a License for Lactation Consultants and Lactation Counselors

A. A license as a Lactation Consultant may be issued to an applicant who meets the relevant requirements for licensure as required by R.I. Gen. Laws Chapter 23-13.6 ~~the Act and these Regulations~~this Part.

B. A license as a Lactation Counselor may be issued to an applicant who meets the relevant requirements for licensure as required by R.I. Gen. Laws Chapter 23-13.8 ~~and this Part~~.

27.7 Expiration & Renewal of a Licenses for Lactation Consultants and Lactation Counselors

A. Expiration

1. ~~The licenses of all The license of every person licensed in accordance with the Act and these Regulations~~Lactation Consultants and Lactation Counselors will expire on the thirty-first (31st) day of January of the next odd-numbered year following the issuance of ~~his or her~~their license.

B. Renewal

1. In order to renew a license, the licensee must file a renewal application with the Department, together with a renewal fee as defined in Part 10-05- 2 of this Title, the Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health, on or before the thirty-first (31st) day of January in each odd-numbered year.

2. The license renewal is effective on the first (1st) day of February. C.

Failure to Renew

1. If a licensee fails to renew their license on or before the thirty-first (31st) day of January in each odd-numbered year, as required by ~~these~~ Regulationsthis Part, the license will expire.

2. No one whose license is expired is allowed to practice as a Lactation Consultant or Lactation Counselor or represent ~~himself or herself~~themselves as being able to practice in Rhode Island until ~~he or she~~they have has-renewed the expired license in accordance with § 27.7(D) of this Part or reinstated the terminated license in accordance with § 27.7(E) of this Part.

D. Expired Licenses

1. A licensee may renew an expired license within one (1) year of the expiration date. In order to renew an expired license, the licensee must submit the following:

a4. Renewal application together with the current renewal fee plus an additional fee as defined in Part 10-05-2 of this Title, the Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health. The fees are non-refundable and non returnable.

E. Terminated Licenses-

1. If a licensee fails to renew an expired license within one (1) year of the date of its expiration, the license will be terminated. In order to reinstate a terminated license, the licensee must submit the following:

a4. A reinstatement application together with the current renewal fee, plus an additional fee as defined in Part 10-05-2 of this Title, the Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health. The fees are non-refundable and non returnable.

b2. ~~For a Lactation Consultant, V~~erification of current board certification as an International Board Certified Lactation Consultant|IBCLC must be submitted directly to the Department by the ~~International Board of Lactation Consultant Examiners|IBLCE~~.

c. For a Lactation Counselor, verification of current certification as a CLC or an ALC must be submitted directly to the Department by the ALPP.

27.8 Scope of Practice for a Lactation Consultant

A. A licensed ~~L~~actation ~~C~~onsultant may practice independent management of lactation care and services using the clinical application of scientific principles and a multidisciplinary body of evidence for the evaluation, problem identification, treatment, education, and consultation to provide lactation care and services to childbearing families. Furthermore, a licensed ~~L~~actation ~~C~~onsultant shall comply with the Scope of Practice for International Board Certified Lactation Consultant Certificants in accordance with "Scope of Practice for International Board Certified Lactation Consultant (IBCLC) Certificants," incorporated above at § 27.2(A) of this Part.

B. Limitation of Practice. A licensed ~~L~~actation ~~C~~onsultant shall limit ~~his or her~~their practice to demonstrated areas of competence as documented by relevant professional education, training, and experience. Unless licensed as a doctor or nurse practitioner, a Lactation Consultant shall not:

1. Give medical advice;

2. Give a medical diagnosis;

3. Prescribe medication;

4. Perform medical procedures; or,

5. Perform medical treatment.

C. A licensed ~~L~~actation ~~C~~onsultant shall conduct ~~his or her~~their professional activities in accordance with the "Code of Professional Conduct for IBCLCs", incorporated above at § 27.2(B) of this Part.

27.9 Scope of Practice for a Lactation Counselor

A. A Lactation Counselor ,may provide independent management and must provide counseling services within the parameters of R.I. Gen. Laws § 23-13.8-9.

B. In addition to what is outlined in R.I. Gen. Laws § 23-13.8-9, a Licensed Lactation Counselor must work with an IBCLC, Physician, Licensed Midwife, Physician Assistant or Nurse Practitioner, in accordance with facility policies for such collaboration, when assisting in the lactation care of with a collaborative agreement:

1. Medically complex infants, and

2. Those with current medical diagnoses or current levels of care including: a.

NICU infants;

b. Premature infants born before thirty-seven (37) weeks;

c. Growth Faltering (Failure to Thrive), or

d. Cleft Palate.

3. If the Lactation Counselor is working independently, they must have a written collaborative agreement in place which lays out the terms of the collaboration with the collaborating healthcare professional.

C. Unless licensed as a Physician or Nurse Practitioner, a Lactation Counselor shall not:

1. Give medical advice;

2. Give a medical diagnosis;

3. Prescribe medication;

4. Perform medical treatment; or;

5. Perform medical procedures.

~~D.C.~~ A licensed Lactation Counselor shall conduct their professional activities ethically in accordance with the codes of professional ethics for CLC and ALC from the Academy of Lactation Policy and Practice, incorporated above at §§ 27.2(E) and (F) of this Part.

27.109 Maintenance of Certification for Lactation Consultants and Lactation Counselors

A. Renewal Certification. A licensee must attest on the renewal application that their status as an ~~International Board Certified Lactation Consultant~~IBCLC, CLC, or ALC, as required in §§ 27.4.2(A)(4) and 27.4.3 of this Part is active and not subject to any restrictions, limitations or other sanctions.

B. Required Notification to the Department

1. A licensee must notify the Department, in writing, within five (5) business days of receiving notification from the ~~International Board of Lactation Consultant Examiners~~IBLCE or the ALPP that their status as an ~~International Board Certified Lactation Consultant~~IBCLC, as required in § 27.4.2(A)(4) of this Part, or as an ALPP CLC, or ALC Academy of Lactation Policy and Practice Counselor has been revoked and/or is subject to any restrictions, limitations of other sanctions.

2. A licensee must notify the Department, in writing, within five (5) business days of failure to renew or other lapse of their status as an ~~International Board Certified Lactation Consultant~~IBCLC, or an ALPP CLC, or ALC, as required in §§ 27.4.2(A)(4) and 27.4.3 of this Part.

3. A licensee's license will be inactive during any period in which the above certifications are not maintained.

27.110 Grounds for Refusal, Revocation or Suspension for Lactation Consultants and Lactation Counselors

A. Upon due notice and hearing in accordance with R.I. Gen. Laws Chapter 42-35, and the provisions of § 27.11 of this Part, any violation pursuant to the provisions of ~~the Act~~R.I. Gen. Laws Chapters 23-13.6 and 23-13.8 and this Part~~these Regulations~~, may be cause for denial, revocation or suspension of license or for imposing a fine of not more than one thousand dollars (\$1,000.00), in accordance with R.I. Gen. Laws §§ 23-13.6-5 and 23-13.8-13(a).

B. Except as otherwise provided in R.I. Gen. Laws Chapters 23-13.6 and 23-13.8~~the Act~~ and ~~these Regulations~~this Part, the inspection, enforcement, and penalties for violations of the provisions of R.I. Gen. Laws Chapters 23-13.6 and 23-13.8~~the Act~~ or ~~these Regulations~~this Part shall be in accordance with the provisions and procedures set forth in R.I. Gen. Laws §§ 23-1-19 through 23-1-25.

27.142 Rules Governing Practices and Procedures

All hearings and reviews required pursuant to provisions of [R.I. Gen. Laws Chapters 23-13.6 and 23-13.8](#)~~the Act~~ and ~~these Regulations~~[this Part](#) shall be held in accordance with the provisions of Part 10-05-4 of this Title, the Rules and Regulations Pertaining to Practices and Procedures before the Rhode Island Department of Health.



Outlook

Attn Zach: Public Comment - Licensing of Lactation Consultants (216-RICR-40-05-27)

From Akua Carson [REDACTED]
Date Thu 10/16/2025 7:19 AM
To Garceau, Zachary (RIDOH) <Zachary.Garceau@health.ri.gov>

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Hello Zach, please include my comments below.

Public Comment - Licensing of Lactation Consultants (216-RICR-40-05-27)

Certified Lactation Counselors (CLCs) are an essential part of the perinatal care continuum, providing evidence-based, culturally responsive support within our defined scope of practice. The Academy of Lactation Policy and Practice (ALPP) clearly outlines that the CLC scope extends beyond education—it includes specialized assessment and counseling in normal, non-medically complex lactation and parental health, with the ability to identify and refer families when complications arise.

CLCs collaborate closely with International Board Certified Lactation Consultants (IBCLCs) and other licensed healthcare providers to ensure families receive appropriate care. However, CLCs should not require a collaborative agreement to practice within their scope. We are independent professionals who refer to higher levels of care as needed. Requiring a collaborative agreement would be a burdensome additional step and would unnecessarily gatekeep services, limiting our ability to respond effectively and efficiently to families in need of crucial and timely lactation support.

Licensure as a Lactation Counselor (L-CLC) should remain a choice, not a requirement. CLCs have long practiced effectively and ethically within our independent scope, and voluntary licensure allows flexibility while maintaining professional integrity.

By recognizing both CLCs and L CLCs—and distinguishing them clearly from IBCLCs—Rhode Island can continue to uphold high quality, accessible, and coordinated lactation care for all families.

Sincerely - Akua Carson, CPD, CLC

Akua Carson (she/her)
Full Spectrum Doula Support & Childbirth Education
www.caringincolor.com [caringincolor.com]
[REDACTED]



Outlook

Comments on 216-RICR-40-05-27

From BirthPro Doula Mastery & Mentoring [REDACTED]
Date Sat 10/18/2025 8:38 PM
To Garceau, Zachary (RIDOH) <Zachary.Garceau@health.ri.gov>

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Greetings Zachary.

Please see the attached proposed changes/updates to rule 216-RICR-40-05-27. I concur with the suggestions 100%.

Kind regards,
Lorie Michaels, CLC

216-RICR-40-05-27**TITLE 216 – DEPARTMENT OF HEALTH****CHAPTER 40 – PROFESSIONAL LICENSING AND FACILITY REGULATION
SUBCHAPTER 05 – PROFESSIONAL LICENSING****PART 27 – Licensing of Lactation Consultants and Counselors****27.1 Authority and Purpose**

These Rules and Regulations for Licensing of Lactation Consultants **and Counselors** are promulgated pursuant to the authority set forth in R.I. Gen. Laws ~~§§~~**Chapter** 23-13.6-3 **and** 23-13.8-12 for the purpose of defining prevailing standards for the licensing of **t**lactation **C**onsultants **and** **C**ounselors.

27.2 Incorporated Materials

A. These Regulations hereby adopt and incorporate the International Board of Lactation Consultant Examiners' "Scope of Practice for International Board Certified Lactation Consultant (IBCLC) Certificants" (2018~~2~~) by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these Regulations.

B. These Regulations hereby adopt and incorporate the International Board of Lactation Consultant Examiners' "Code of Professional Conduct for IBCLCs" (2023~~11~~) by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these regulations.

C. These Regulations hereby adopt and incorporate the Academy of Lactation Policy and Practice "Scope of Practice for the Certified Lactation Counselor (CLC)" (2024) by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these regulations.

D. These Regulations hereby adopt and incorporate the Academy of Lactation Policy and Practice "Scope of Practice for the Advanced Lactation Consultant (ALC), Advanced Nurse Lactation Consultant (ANLC)" (2024) by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these regulations.

E. These Regulations hereby adopt and incorporate the Academy of Lactation Policy and Practice "Code of Ethics for Certified Lactation Counselors (CLC)" (2017) by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these regulations.

F. These Regulations hereby adopt and incorporate the Academy of Lactation Policy and Practice "Code of Ethics for Advanced Lactation Consultants (ALC) and Advanced Nurse Lactation Consultants (ANLC)" (2017) by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these regulations.

27.3 Definitions

A. Wherever used in these Regulations, the following terms shall be construed as follows:

1. "Act" means R.I. Gen. Laws Chapter 23-13.6 entitled "Lactation Consultant Practice Act of 2014".

1. "Care extender" means as defined in R.I. Gen. Laws § 23-13.8-2(1). 2.

"Department" means the Rhode Island Department of Health.

3. "Director" means the means the Director of the Rhode Island Department of Health or his or her~~their~~ designee.

4. "Growth Faltering (Failure to thrive)" means a diagnosis of a calculated z score for children with weight, weight for length, or body mass index

less than the fifth (5th) percentile or if any of these measurements decrease by more than two (2) percentile lines over time.

54. "International Board Certified Lactation Consultant (IBCLC)" means an individual who holds current certification from the International Board of Lactation Consultant Examiners (IBLCE) after demonstrating the appropriate education, knowledge and sitting for and passing the exam.

65. "Lactation care and services" means the clinical application of scientific principles and a multidisciplinary body of evidence for the evaluation, problem identification, treatment, education, and consultation to provide lactation care and services to childbearing families.

~~76. "Lactation consultant" means as defined in R.I. Gen. Laws § 23-13.6-2(1). In addition to the language in R.I. Gen. Laws § 23-13.6-2(1), a lactation consultant specializes in the full range of breastfeeding care, particularly high acuity breastfeeding situations. This includes medically complex cases encompassing breastfeeding in preterm birth, birth defects, and parental health complications. a health care professional who specializes in the clinical management of breastfeeding:~~

8. "Lactation counselor" means as defined in R.I. Gen. Laws § 23-13.8-2(4). In addition to the language in R.I. Gen. Laws § 23-13.8-2(4), a lactation counselor ~~addresses~~ specializes in the the range of normal non-medically complex breastfeeding and parental health assessment to refer for health complications. in healthy term infants. For the purposes of this Part, reference to a "Lactation Counselor" includes both Lactation Counselors with a CLC certification and Lactation Counselors with an ALC certification.

9. "Medically complex" means children with medical complexity (CMC), who may also be known as "complex chronic" or "medically complex," have multiple significant chronic health problems that affect multiple organ systems and result in functional limitations, high health care need or utilization, and often the need for or use of medical technology.

~~107.~~ "Practice" means as defined in R.I. Gen. Laws § 23-13.8-2(5) rendering or offering to render any lactation care and services to any individual, family, or group of individuals.

118. "R.I. Gen. Laws" means the General Laws of Rhode Island, as amended.

129. "Supervision" means that a licensed Lactation Consultant is at all times responsible for supportive personnel and clients. Supervision is further defined in § 27.4.1(C) of this Part.

~~10. "These Regulations" mean all parts of Rhode Island Rules and Regulations for Licensing of Lactation Consultants.~~

27.4 Qualifications

multidisciplinary body of evidence for the evaluation, problem identification, treatment, education, and consultation to provide lactation care and services to childbearing families. Furthermore, a licensed Lactation Consultant shall comply with the Scope of Practice for International Board Certified Lactation Consultant Certificants in accordance with "Scope of Practice for International Board Certified Lactation Consultant (IBCLC) Certificants," incorporated above at § 27.2(A) of this Part.

B. Limitation of Practice. A licensed Lactation Consultant shall limit ~~his or her~~their practice to demonstrated areas of competence as documented by relevant professional education, training, and experience. Unless licensed as a doctor or nurse practitioner, a Lactation Consultant shall not:

1. Give medical advice;
2. Give a medical diagnosis;
3. Prescribe medication;
4. Perform medical procedures; or,
5. Perform medical treatment.

C. A licensed Lactation Consultant shall conduct ~~his or her~~their professional activities in accordance with the "Code of Professional Conduct for IBCLCs", incorporated above at § 27.2(B) of this Part.

27.9 Scope of Practice for a Lactation Counselor

A. A Lactation Counselor ,may provide independent management and must provide counseling services within the parameters of R.I. Gen. Laws § 23-13.8-9.

B. In addition to what is outlined in R.I. Gen. Laws § 23-13.8-9, a Licensed Lactation Counselor must work with an IBCLC, Physician, Licensed Midwife, Physician Assistant or Nurse Practitioner, in accordance with facility policies for such collaboration, when assisting in the lactation care of with a collaborative agreement:

1. Medically complex infants, and
 2. Those with current medical diagnoses or current levels of care including:
 - a. NICU infants;
 - b. Premature infants born before thirty-seven (37) weeks;
 - c. Growth Faltering (Failure to Thrive), or
 - d. Cleft Palate.
 3. If the Lactation Counselor is working independently, they must have a written collaborative agreement in place which lays out the terms of the collaboration with the collaborating healthcare professional.

~~Partthese Regulations~~, may be cause for denial, revocation or suspension of license or for imposing a fine of not more than one thousand dollars (\$1,000.00), in accordance with R.I. Gen. Laws §§ ~~23-13.6-5 and 23-13.8-13(a)~~.

B. Except as otherwise provided in ~~R.I. Gen. Laws Chapters 23-13.6 and 23-13.8the Act~~ and ~~these Regulationsthis Part~~, the inspection, enforcement, and penalties for violations of the provisions of ~~R.I. Gen. Laws Chapters 23-13.6 and 23-13.8the Act~~ or ~~these Regulationsthis Part~~ shall be in accordance with the provisions and procedures set forth in R.I. Gen. Laws §§ 23-1-19 through 23-1-25.

27.112 Rules Governing Practices and Procedures

All hearings and reviews required pursuant to provisions of ~~R.I. Gen. Laws Chapters 23-13.6 and 23-13.8the Act~~ and ~~these Regulationsthis Part~~ shall be held in accordance with the provisions of Part 10-05-4 of this Title, the Rules and Regulations Pertaining to Practices and Procedures before the Rhode Island Department of Health.

 Kind regards,

 photo

Lorie Michaels, CD(DONA), LCCE, CLC, SpCPE, BRMPro, PMH-C
Doula Mentor | Community Builder, BirthPro Doula Mastery & Mentoring

[Redacted signature line]

 [Redacted contact information]

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_tpx_



SEIU 1199NE Comments – Proposed Rule 216-RICR-40-05-27 (Licensing of Lactation Consultants & Counselors)

From Alex Moore [REDACTED]
Date Mon 10/20/2025 1:33 PM
To Garceau, Zachary (RIDOH) <Zachary.Garceau@health.ri.gov>
Cc Nancy Adams [REDACTED]

 1 attachment (19 KB)
comments-seiu1199ne-ri-doh-proposed-rule-216-ricr-40-05-27.docx;

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Dear Zachary,

On behalf of SEIU District 1199 New England – Rhode Island, please find attached our public comments regarding the proposed rule 216-RICR-40-05-27, Licensing of Lactation Consultants and Counselors.

SEIU 1199NE represents approximately 8,000 healthcare and service workers across Rhode Island, including International Board Certified Lactation Consultants (IBCLCs) employed at Women & Infants Hospital. Our members have raised serious concerns about Section 27.9 (Scope of Practice for a Lactation Counselor) and the potential for confusion between clinical and non-clinical roles under the proposed regulation.

We respectfully submit the attached comments for the Department's consideration as part of the formal rulemaking record.

Nancy Chandley-Adams, a lactation consultant at Women & Infants Hospital who sits on our Executive Board, has been cc'd on this email.

Please confirm receipt of this submission.

Thank you.

Best,
Alex

Alex Moore
Political Director

New England Health Care Employees Union
District 1199
[REDACTED]

[REDACTED]

[REDACTED]

To: Rhode Island Department of Health

Re: Proposed Rule – *Licensing of Lactation Consultants and Counselors* (216-RICR-40-05-27)

From: SEIU District 1199 New England – Rhode Island

Date: October 20, 2025

Introduction

SEIU District 1199NE represents healthcare professionals across Rhode Island, including a group of **International Board Certified Lactation Consultants (IBCLCs)** employed at Women & Infants Hospital. Our members provide highly specialized, hands-on lactation care to medically complex patients and their infants.

We appreciate the Department’s effort to implement the statutory framework for licensing both **Lactation Consultants (R.I. Gen. Laws § 23-13.6)** and **Lactation Counselors (R.I. Gen. Laws § 23-13.8)**. However, we are deeply concerned that the proposed regulation — in particular, **Section 27.9 (Scope of Practice for a Lactation Counselor)** — risks creating **dangerous confusion between two very different professions** with fundamentally different education, training, and competencies.

1. The Proposed Rule Blurs the Distinction Between Consultants and Counselors

While the General Assembly enacted **separate statutes** to license Lactation Consultants and Lactation Counselors, the proposed rule merges them into a single regulatory part. This comingling suggests parity where none exists.

Lactation Consultants (IBCLCs) are **clinicians** trained to assess, diagnose, and manage complex lactation issues, often in coordination with physicians and nurses. By contrast, Lactation Counselors provide **education, encouragement, and peer support** for normal lactation in healthy, full-term infants.

Combining both under a shared regulatory framework will make it **difficult for patients, families, and even healthcare facilities to distinguish between clinical and non-clinical providers**, creating a risk that individuals without clinical training may be placed in situations beyond their scope or competency.

2. The Adoption of ALPP “Scope of Practice” Materials Is Inappropriate

Section 27.2(C) and Section 27.9 reference and incorporate the **Academy of Lactation Policy and Practice (ALPP)** “Scope of Practice for Certified Lactation Counselors.” The ALPP

document inaccurately characterizes Certified and Advanced Lactation Counselors as *clinical* providers of lactation care.

This contradicts the standards set forth by the **Women’s Preventive Services Initiative (WPSI)** — a HRSA-funded collaboration led by the American College of Obstetricians and Gynecologists — and the **Academy of Breastfeeding Medicine (ABM)**. Both clearly distinguish between:

- **Clinical lactation professionals**, such as IBCLCs, nurses, midwives, and physicians; and
- **Non-clinical support personnel**, such as lactation counselors and peer educators.

By adopting the ALPP’s definition, Rhode Island would deviate from the **nationally recognized delineation between education/support and clinical care**, undermining patient safety and professional clarity.

3. Collaboration Language Allows Semi-Independent Practice Without Oversight

Section 27.9(B)(3) permits a Lactation Counselor to work “independently” as long as they maintain a “written collaborative agreement” with a healthcare professional. This language is **too permissive** and could enable unsupervised practice by non-clinical personnel in complex cases.

Written agreements alone do not ensure **real-time supervision or clinical accountability**, especially in hospital or outpatient settings where infant health can deteriorate rapidly.

We recommend that the rule require **direct or contemporaneous clinical supervision** by an IBCLC, nurse practitioner, or physician whenever a Lactation Counselor provides services beyond basic education and peer support.

4. Patient Confusion and Risk of Harm

The interchangeable use of “consultant” and “counselor” in both statutory and regulatory text risks **significant public confusion**. A parent struggling with infant feeding issues may reasonably assume that a “Lactation Counselor” can provide the same level of care as a “Lactation Consultant.”

In a high-acuity hospital environment such as Women & Infants, this confusion could have **real clinical consequences** — for example, if a counselor without appropriate training attempts hands-on assessment or care of a premature infant, a child with cleft palate, or a baby experiencing failure to thrive.

5. Recommended Revisions

To ensure patient safety and regulatory clarity, SEIU 1199NE respectfully urges the Department to:

1. **Separate Lactation Consultant and Lactation Counselor regulations** into distinct parts, mirroring the legislative intent and similar to how RNs and CNAs are regulated separately.
2. **Eliminate references to the ALPP Scope of Practice**, replacing them with definitions consistent with the **WPSI (2023)** and **ABM (2025)** standards.
3. **Clarify that Lactation Counselors provide only education and peer support**, not clinical assessment or management.
4. **Require direct clinical supervision** for any counselor involved in care of medically complex infants or breastfeeding complications.
5. **Implement title protections and public education measures** to help families clearly differentiate between “Lactation Counselors” (educational support) and “Lactation Consultants” (clinical care providers).

Conclusion

SEIU 1199NE strongly supports the safe, evidence-based practice of lactation care in Rhode Island. We urge the Department to amend the proposed rule to maintain the **clear and necessary distinction between non-clinical lactation counseling and clinical lactation consulting**. Doing so will protect patients, preserve public trust, and align Rhode Island’s regulations with national best practices.

Respectfully submitted,
Alex Moore

Political Director, SEIU District 1199 New England – Rhode Island



October 2025

There are some good lines in the proposed Rules and Regulations for Certified Lactation Counselors (CLCs), but the presentation of these Rules/Regs, denotes a work in progress. The regulations and proposed amendments seem an over complicated process as if there were “too many cooks in the kitchen.”

The current Rules and Regulations for International Board Certified Lactation Consultants (IBCLCs) have worked fine and have served well. It is unclear why there was any proposed changes to the latter. The definition of an IBCLC as a health professional overseeing the clinical management of breastfeeding is good and all encompassing.

The task at hand after the passage of the individual separate licensing bill for the Certified Lactation Counselors by the R.I.General Assembly, is to then write individual separate Rules and Regulations for the CLCs. There exists an extreme need in the community for workers who educate, counsel and support breastfeeding. This would be a good working definition for the vocation. The word “normal” in the proposed definition for CLCs, relative to breastfeeding, could have much variation and be open to misinterpretation. These simple distinctions in definitions and separate Rules and Regulations for CLCs would help alleviate some of the confusion the public, providers and insurance companies are bound to have.

Sincerely,

Michael W. Fink MS Lic. IBCLC



Outlook

CLC scope

From rubylee robinson [REDACTED]
Date Sun 10/26/2025 2:17 PM
To Garceau, Zachary (RIDOH) <Zachary.Garceau@health.ri.gov>

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Hello,

I am reaching out in regards to the new proposed Scope of Practice regulations for Lactation Consultants/IBCLC and Lactation Counselors /CLC's. I started my career as a postpartum nurse in 2020 and quickly began to love the work of helping new parents feed their babies-- helping them to grow in confidence and feel ready to take a baby home. I knew that I wanted to pursue lactation training. Even with 3 years of experience as a postpartum RN it was not until I began to research how to further my education that I became aware of the differences between an IBCLC and a CLC. It is no wonder that patients are not aware of the differences in education and clinical experience between the two.

Lactation Counselors/ CLC's are professional support people for breastfeeding, they are prepared by a 45–90-hour online class but receive no hands-on clinical training. CLC's have an important role in supporting breastfeeding by answering questions and providing verbal education to families, however they are not intended to physically assist with breastfeeding or assess infant feeding. It is very common for Doulas to earn their CLC to enhance their ability to support and educate their clients. A medical background is not a requirement for becoming a Lactation Counselor. For myself it was a long road to earn my title as a Lactation Consultant IBCLC; 4 years of college to earn my Bachelors in Nursing, I sat for the NCLEX to become licensed as a Registered nurse, 3 years of bedside experience as a postpartum nurse earning my 1000+ hours of breastfeeding experience, a 95 hour online class, I then sat for a 4 hour long international exam to become an International Board Certified Lactation Consultant, 3 month orientation working 1:1 with a senior IBCLC as I grew my clinical experience to then work independently as a Lactation Consultant. In order to maintain my IBCLC I will need to complete 75 education hours to renew my license every 5 years. Whereas a CLC/Lactation Counselor will need just 18 hours to recertify every 3 years.

I believe that there are two key differences in the ability and scope of the IBCLC Lactation Consultant vs the CLC Lactation Counselor.

1. Our ability to assess infant feeding. As an IBCLC I draw from my medical background and clinical experience to do a detailed assessment of the mother baby pair. For my assessment of the mother I am looking at-- past medical history (conditions related to hormone imbalances that may impair her ability to make a full milk supply), fertility (did this patient go through IVF or use medication to assist in conceiving her baby, has she had a history of losses), breast development before and during pregnancy, breast and nipple anatomical differences, surgical history, medications (are her meds safe for breastfeeding, may they impact her supply), social support, emotional and mental health, readiness to





Public Comment: Proposed Amendments to RIDOH Lactation Consultant Licensure

From Michaela Carroll [REDACTED]
Date Sun 10/26/2025 9:16 PM
To Garceau, Zachary (RIDOH) <Zachary.Garceau@health.ri.gov>

📎 1 attachment (147 KB)
Lactation Public Comment Rhode Island KIDS COUNT.pdf;

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Dear Zach,

I am attaching Rhode Island KIDS COUNT's comments on the proposed amendment to RIDOH's Lactation Consultant Licensure. Please do not hesitate to contact me with any questions, and thank you for the opportunity to provide these comments.

Thank you,
Michaela Carroll

Michaela Carroll, MPH
Health Policy Associate
Rhode Island KIDS COUNT



www.rikidscount.org [rikidscount.org]







RHODE ISLAND KIDS COUNT
ONE UNION STATION
PROVIDENCE, RHODE ISLAND 02903
401/351-9400 • 401/351-1758 (FAX)

Comments Regarding Licensing of Lactation Consultants (216-RICR-40-05-27)

October 24, 2025

Michaela Carroll, Health Policy Associate

Thank you for the opportunity to review and provide comments on the proposal to update 216-RICR-40-05-27 to add a licensure for Certified Lactation Counselors.

Rhode Island KIDS COUNT would like to voice its support for this update, but we recommend an amendment to allow for the continued practice of Certified Lactation Counselors who chose not to pursue RI licensure and align with the Certified Lactation Counselor Scope of Practice.

Breastfeeding (or chestfeeding) and human milk are the normative standards for infant feeding and nutrition. Breastmilk provides both short- and long-term advantages and health benefits for infants and breastfeeding parents. Breastfeeding is associated with a lower risk of Sudden Infant Death Syndrome (SIDS), asthma, ear infections, childhood and adult obesity, infant mortality, and diabetes. For pre-term infants, human milk reduces the risk of necrotizing enterocolitis (NEC), which can be severe and life-threatening. It is also associated with a lower risk of type 2 diabetes, breast, ovarian, and endometrial cancer, and hypertension for the lactating parent. Breastfeeding also provides significant social and economic benefits, including reduced cost to families, reduced health care costs, and reduced employee absenteeism.

The American Association of Pediatrics recommends exclusive breastfeeding for at least six months and breastfeeding with complementary foods for two years or longer, as mutually desired by parent and child. However, less than one quarter of infants in Rhode Island are exclusively breastfed for at least 6 months, and only one third of babies are breastfed at 12 months.

Despite the many benefits, breastfeeding does not happen easily for all families. Difficulty with latching the baby, concerns about milk supply, and lack of knowledge about infant feeding behaviors can make establishing and maintaining a positive, successful breastfeeding relationship difficult. Certified Lactation Counselors (CLCs) can provide safe, evidence-based counseling for pregnant, lactating, and breastfeeding families. They can assess breastfeeding and milk transfer, link families to programs and resources in the community, and help families achieve their breastfeeding and lactation goals. The adoption of a licensure for Certified Lactation Counselors will allow them to be recognized by insurance payors beyond the recognition already

conferred by the certification. **However, there are some modifications we would propose to accurately describe the scope of practice of Certified Lactation Counselors and continue to permit the practice of Certified Lactation Counselors who do not pursue this licensure:**

We propose amending this rule to clarify that Certified Lactation Counselors who chose not to pursue licensure may continue to do so, practicing as a CLC. Those who choose to pursue licensure under this proposed rule change may represent themselves as Licensed Certified Lactation Counselors, or L-CLCs.

We propose adding Licensed Midwives and Physician Assistants to the list of medical providers with whom L-CLCs may work in collaborative care for medically complex infants (27.9-B).

Additionally, in accordance with the Academy of Lactation Policy and Practice [Scope of Practice](#) for Certified Lactation Counselors, we propose amending this rule to clarify that a L-CLC “may provide independent management and must provide counseling services within the parameters of R.I. Gen. Laws § 23-13.8-9” (27.9-A) and clarifying that L-CLCs may continue to practice independently within their scope of practice (deletion of 27.9-B-3).

Thank you for the opportunity to provide these comments. Please do not hesitate to contact me with any questions at [REDACTED]

Public Comment on Proposed Rule 216-RICR-40-05-27

From ElizabethBurkeBryant [REDACTED]
Date Sun 10/26/2025 10:35 PM
To Garceau, Zachary (RIDOH) <Zachary.Garceau@health.ri.gov>

 1 attachment (18 KB)
Comment on Proposed Rules 216 RICR 40 05 27 (Licensing of Lactation Consultants and Lactation Counselors) (3).docx;

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Dear Mr. Garceau,

Attached is my public comment related to Proposed Rule 216 RICR 40 05 27 Rules and Regulations for Licensing of Lactation Consultants and Lactation Counselors.

I am submitting this comment in my personal capacity.

Thank you!

Elizabeth Burke Bryant
[REDACTED]

October 26, 2025

Mr. Zachary Garceau
RI Department of Health
3 Capitol Hill
Room 403
Providence, RI 02908

Dear Mr. Garceau,

I am writing to submit a public comment on the proposed regulations 216-RICR-40-05-27, "Licensing of Lactation Consultants and Counselors." I am a Professor of the Practice of Health Services, Policy and Practice at the Brown School of Public Health. I am submitting this comment in my personal capacity.

I commend the Department of Health for its work to set forth the proposed amendments through this rulemaking process to amend the 2014 "Lactation Consultant Practice Act" (R.I. Gen. § Laws 23-13.6) to include the provisions of the 2024 "Lactation Counselors Practice Act" (R.I. Gen. Laws 23-13.8).

My comment will include some recommended revisions to the Proposed Amendment to better align the proposed regulations with the enacted laws and the Academy of Lactation Policy and Practice "Scope of Practice for the Certified Lactation Counselor (CLC).

To better align the proposed rules with the letter and intent of the enacted laws, and the Scope of Practice, I respectfully recommend the following revisions: (please note that this list is not presented as an exhaustive list of areas where alignment may be needed – there may be other instances that need to be aligned). I use the term "gap" to note language that I believe to be not in alignment

1. Profession Name:

- a. **The Law:** The 2024 Act (R.I. Gen. Laws § 23-13.8) explicitly and consistently refers to the profession as "Lactation Counselors."
- b. **The Gap:** The proposed rules, in Part 27 and Section 27.1, refers to the licensing of "Lactation Consultant and Counselors."
- c. **Recommendation:** I recommend amending Part 27 and Section 27.1 and all other instances to use the full, statutory title "Lactation Counselors", so

the wording would be changed to “for licensing of Lactation Consultants and Lactation Counselors”. This ensures the rule reflects the precise language of the statute and maintains professional consistency.

2. Definitions:

- a. **The Law:** The 2024 Act (R.I. Gen. Laws § 23-13.8-2(4)) defines a “Lactation Counselor” by their certification from the Academy of Lactation Policy and Practice.
- b. **The Gap:** The proposed rule (Section 27.3, Definition 8) adds a new, restrictive sentence: “a lactation counselor addresses normal breastfeeding in healthy term infants”. This language is not in the statute.
- c. **The Recommendation:** The most accurate revision would be to delete this additional sentence from the definition.

Alternatively, if the Department wishes to include clarifying language, I suggest it concur with the language adopted and incorporated by the Academy of Lactation Policy and Practice “Scope of Practice for the Certified Lactation Counselor (CLC)” and “Scope of Practice for the Advanced Lactation Consultant (ALC).”

3. Scope of Practice and Collaboration

- a. **The Law:** The 2024 Act (R.I. Gen. Laws 23-13.8-9) defines the scope by referencing the Academy of Lactation Policy and Practice “Scope of Practice for the Certified Lactation Counselor” and requiring referral to a healthcare professional when appropriate. The law does not require mandatory collaboration for specific cases, nor does it require a written collaborative agreement for independent practice.
- b. **The Gap:** Section 27.9(B) introduces significant new requirements that are not in the law. These sections limit the scope of lactation counselors and require a written collaborative agreement, which exceeds the language in the law.
- c. **Recommendation:** I recommend deleting Section 27.9 (B). These provisions infringe on the scope of practice of Lactation Counselors. This is an overreach of regulatory authority and creates barriers to practice that are not intended by the law. The law’s existing requirement to practice within the Academy of Lactation Policy and Practice scope and to refer out as needed is the sufficient and intended standard. In addition, Section 27.9 (C) lists in 1 through 5 items that are not in the CLC scope of practice.

4. Supervision Authority:

- a. **The Law:** R.I. Gen. Laws 23-13.8-3(c) explicitly states that a licensed lactation counselor is authorized to supervise several groups, including other “Licensed Lactation Counselors.”

- b. The Gap: The proposed rules, in Section 27.4.3(F), list the individuals a counselor may supervise, but omits “Licensed Lactation Counselors” from this list.
 - c. Recommendation: I recommend amending Section 27.4.3(F) to include “Licensed Lactation Counselors” to ensure the rule reflects the full authority granted by the statute.
5. **Licensing Requirements:** 23-13.8-11 states, “...provided, however that they do not hold themselves out to the public by any title or description stating or implying that they are ‘licensed lactation counselors’. Therefore, I recommend that 27.4.3 A be changed to “No individual shall practice as a ‘Licensed’ Lactation Counselor unless the individual is licensed in accordance with RI General Laws 23-13.8-3. And I recommend that 27.4.3 B be changed to “The only terms Lactation Counselors may use in the state are ‘Licensed Lactation Counselor – L-CLC, and Lactation Counselor – CLC.