CATO BRIEFING PAPER

December 10, 2024 Number 182

Licensing Would Reduce Access to Lactation Support Services

By Jeffrey A. Singer and Sofia Hamilton

Research suggests breastfeeding has long-term health benefits for the child and mother.[1] On top of postpartum depression and other stressors, however, many new mothers struggle with painful and frustrating attempts to nurse their infants.

For as long as women have been breastfeeding, they have been receiving support and education from family members and peers. In recent decades, lactation support professionals have provided formal support—directly and through peer-to-peer support programs.

Formal lactation support professions emerged when entrepreneurial mothers with breastfeeding experience noticed that pediatricians and other health care providers often lacked the confidence and training necessary to support nursing mothers. These entrepreneurs expanded and improved the quality of lactation support services through voluntary, private-sector programs that train lactation support professionals and set standards for certifying them at various levels. These private certification organizations regularly update these standards as circumstances warrant.

Some members of these professions have sought to have the government create barriers to new lactation support professionals. They have proposed laws that would require new entrants to obtain governmental permission (i.e., a license) before helping mothers. Under government licensing, the government would control what categories of lactation support professionals could exist (including the creation of new categories), the training that each category of professional must receive, and the services those professionals could provide.

On balance, licensure would harm new mothers, their babies, and the experienced mothers who seek to help them. It would reduce opportunities for lactation support professionals, reduce the supply of lactation support services, increase prices for those services, and impede innovation in the creation of new professions and standards.


DR. JEFFREY A. SINGER practices general surgery in Phoenix and is a senior fellow at the Cato Institute. **SOFIA HAMILTON** is a former research associate in the Department of Health Policy Studies at the Cato Institute.

THE PROBLEM

Evidence suggests breastfeeding protects babies against short- and long-term health problems.[2] The American Academy of Pediatrics, the World Health Organization, and the United Nations Children's Fund all recommend exclusive breastfeeding during a baby's first six months and supplemental breastfeeding until a child reaches age two or older.[3]

Breastfeeding rates are lower than these organizations recommend and are lower still among certain racial and ethnic minorities.[4] Rates of breastfeeding may also be lower than they would otherwise be if mothers had more information or support. In 2011, the surgeon general of the United States identified several factors contributing to low breastfeeding rates, including lack of knowledge, social norms, poor family and social support, lactation problems (e.g., insufficient milk supply), and health care providers giving "low priority . . . to support for breastfeeding and education about it."[5] In 2013, the Centers for Disease Control and Prevention concluded that "continued professional support may be necessary to address these challenges and help mothers meet their desired breastfeeding duration."[6] A 2020 study concluded that many physicians, including pediatricians and obstetrician-gynecologists, lack the confidence or skills to provide lactation advice and support.[7]

Recognizing a need for lactation support services, entrepreneurial mothers created the lactation support professions. They designed training programs and certification processes for these professions. Current evidence suggests that lactation support services from peers and professionals at all levels of training—lactation consultants, lactation counselors, and peer counselors—increase breastfeeding initiation rates and exclusive breastfeeding rates. Not all mothers can breastfeed, but lactation support professionals can help.[8]

In recent years, certain members of the lactation support professions have lobbied for states to erect barriers to new clinicians seeking to enter these professions.[9] Such interventions would reduce the number of people in the profession without improving the quality of services provided.

As in other professions, licensing would produce cartelization, allowing incumbent lactation support professionals to use those regulations to protect their incomes by limiting newcomers from entering the field. Licensing would harm mothers and babies in rural and underserved areas the most.

LACTATION SUPPORT PROFESSIONALS

The first formal community support group providing peer-to-peer support and education to nursing mothers was La Leche League International (LLL). A group of mothers in Chicago founded LLL in 1956 to equip mothers with education, encouragement, and mother-to-mother support to promote breastfeeding.[10] LLL requires leaders to have breastfed for at least one year, to have previous involvement with LLL, and to obtain accreditation from LLL's Leader Accreditation Department.[11] Community programs often support low-income women and those who do not require the greater expertise of a lactation support professional.

In the 1970s, concerned and enterprising mothers established lactation support professions to meet the growing demand for more specialized breastfeeding care and support that community support groups and primary care providers could not provide.[12] These women created formal training and quality certification for multiple categories of lactation support professionals.

In 1985, with a loan from LLL, lactation support professionals established the International Board of Lactation Consultant Examiners (IBLCE) "in response to the need for standards in the emerging profession of lactation consulting." The IBLCE implemented the first private, voluntary certification for lactation support professionals and created the title of International Board Certified Lactation Consultant (IBCLC).[13] As of 2020, there were over 18,000 IBCLCs in the United States and more than 32,000 worldwide (Table 1).[14]

Those IBCLCs established their own professional association, the International Lactation Consultant Association (ILCA). The ILCA admits members of other lactation support professions. In 2008, the IBLCE and the ILCA established the Lactation Education Approval and Accreditation Review Committee to formalize the curriculum and examination processes.[15]

Other private, voluntary organizations arose during this

Table 1

The number of International Board Certified Lactation Consultants, number of births, and breastfeeding rates by state

State	Number of certified IBCLCs	Number of births	Births per IBCLC	Percentage of babies exclusively breastfeeding through six months	Rank of exclusive breastfeeding through six months
Minnesota	402	66,027	164	36.5	1
Vermont	84	5,361	64	36.2	2
Montana	69	11,079	161	34.3	3
Oregon	493	41,858	85	34.2	4
Colorado	434	62,869	145	32.1	5
New Hampshire	97	11,839	122	31.8	6
West Virginia	65	18,136	279	31.3	7
Wisconsin	350	63,270	181	31.3	7
Alaska	98	9,822	100	30.9	8
Idaho	120	22,063	184	30.4	9
Washington	606	84,895	140	29.5	10
District of Columbia	33	9,079	275	29.2	11
Kansas	206	35,395	172	29.2	11
Massachusetts	430	69,117	161	29.2	11
South Dakota	35	11,449	327	29.1	12
New Mexico	120	22,960	191	29.0	13
Maryland	435	70,178	161	28.9	14
Maine	102	11,779	115	28.7	15
Illinois	614	140,128	228	28.3	16
Hawaii	96	16,797	175	27.7	17
North Dakota	29	10,454	360	27.4	18
California	2,554	446,479	175	27.3	19
Utah	152	46,826	308	27.3	19
Wyoming	20	6,565	328	27.2	20
Iowa	149	37,649	253	27.0	21
Connecticut	227	34,258	151	26.3	22
Nebraska	150	24,755	165	26.0	23
Virginia	598	97,429	163	25.8	24
Michigan	459	107,886	235	25.1	25
Delaware	62	10,562	170	25.0	26
Tennessee	283	80,450	284	24.9	27
Missouri	353	72,127	204	24.6	28
Pennsylvania	644	134,230	208	24.6	28

Table 1 (continued)

The number of International Board Certified Lactation Consultants, number of births, and breastfeeding rates by state

State	Number of certified IBCLCs	Number of births	Births per IBCLC	Percentage of babies exclusively breastfeeding through six months	Rank of exclusive breastfeeding through six months
Arkansas	105	36,564	348	24.4	29
Arizona	382	79,375	208	24.0	30
Texas	1,294	377,599	292	24.0	30
Ohio	640	134,461	210	23.7	31
New Jersey	470	99,585	212	23.5	32
New York	1,003	221,539	221	23.4	33
Oklahoma	202	49,143	243	23.2	34
Rhode Island	54	10,175	188	22.9	35
Nevada	90	35,072	390	22.3	36
Louisiana	185	58,941	319	22.2	37
North Carolina	724	118,725	164	22.1	38
Indiana	443	80,859	183	21.5	39
Kentucky	157	53,069	338	21.2	40
Alabama	193	58,615	304	21.0	41
South Carolina	220	57,038	259	19.3	42
Georgia	452	126,371	280	18.7	43
Florida	697	220,002	316	18.2	44
Mississippi	90	36,636	407	15.6	45
US total	**18,031**	**3,747,540**	**208**	**24.9**	

Sources: "Statistical Report," International Board of Lactation Consultant Examiners, updated July 20, 2020; Joyce A. Martin et al., *Births: Final Data for 2019* (National Center for Health Statistics, March 2021); and National Center for Chronic Disease Prevention and Health Promotion, *Breastfeeding Report Card* (Centers for Disease Control and Prevention, August 2022).
Notes: Data on breastfeeding rates are from the Centers for Disease Control and Prevention's (CDC's) most updated report published in 2019. Data on the number of births are also from a 2019 CDC report. Data on International Board Certified Lactation Consultant certifications are from a February 2020 report as it is the International Board of Lactation Consultant Examiners' earliest publicly-available information on state certification levels. The slight discontinuity in data years does not have an effect on our analysis. Highlighted states are the only states that have passed lactation consultant licensing laws. Georgia's law never went into effect.

same period. Mothers established the Academy of Lactation Policy and Practice in 1999 and subsequently developed three certifications:

- Certified Lactation Counselor;
- Advanced Lactation Consultant; and
- Advanced Nurse Lactation Consultant.[16]

Each of these certifications has different requirements, scopes of practice, and purposes—as do all other lactation support certifications (see Table A1 in the Appendix).

Lactation support professions and professional credentialing organizations developed the same way specialties and credentialing organizations arise in the medical and dental professions. A generalist profession evolves into specialties and subspecialties as the extent of the market expands and technology advances. Practitioners create certification organizations to educate, credential practitioners, and develop standards of practice in their respective specialties.

LICENSING WOULD RESTRICT THE LACTATION SUPPORT PROFESSIONS

Some incumbent providers have taken the position that "the depiction of equivalency between IBCLCs and [non-IBCLC] counselors/educators poses a significant risk to the public."[17] They cite no evidence for that claim yet recommend that states prohibit lactation support professionals from advertising themselves as "lactation consultants" unless they receive IBCLE certification. Lactation support professionals could continue to provide the same services they currently do, but states would create a barrier to professionals advertising themselves as lactation consultants and grant the IBLCE a monopoly on helping them overcome that barrier.[18]

As of November 2023, four states have enacted laws that prevent lactation service providers from advertising themselves as lactation consultants unless they obtain an IBCLC certification. In 2014, Rhode Island enacted legislation prohibiting anyone but IBCLCs from advertising themselves as lactation consultants.[19] In 2017 and 2018, respectively, the New Mexico and Oregon state legislatures passed almost identical legislation.[20] In 2018, Georgia went so far as to impose compulsory licensing. The state barred anyone from providing lactation support services without IBCLC certification.[21]

Some lactation consultants support licensing because the federal government effectively subsidizes it. Federal law requires Medicaid and insurance companies to pay for breastfeeding support, but only if licensed professionals perform these services. In effect, Congress encourages lactation support professionals to agitate for licensing by offering subsidies if they convince state lawmakers to restrict entry into the profession. As Jaimie Cavanaugh of the Institute for Justice, a public-interest law firm, has noted, licensure requirements would "put hundreds of highly qualified lactation [support professionals] . . . out of business [and] dramatically reduce breastfeeding support statewide."[22]

In fact, in 2013, the Georgia Occupational Regulation Review Council (GORRC) reviewed proposed legislation that would have provided, "no person without a license as a lactation consultant issued pursuant to this chapter shall use the title 'lactation consultant,' 'lactation specialist,' breastfeeding consultant,' or 'breastfeeding specialist,' or practice lactation care and services." The GORRC unanimously recommended against the legislation, stating it could find no substantive evidence of harm to the public due to the absence of regulation. The GORRC expressed concern that a license requirement would diminish access to lactation care.

Although it was enacted, Georgia's licensing law never went into effect. The Institute for Justice challenged the law on behalf of Reaching Our Sisters Everywhere, a nonprofit organization that provides breastfeeding support in minority communities.[23] In May 2023, the Supreme Court of Georgia struck down the licensing law as unconstitutional because it violated Georgians' constitutionally protected right to make an honest living.[24]

Other states have considered and rejected legislation requiring lactation consultants to obtain a government license. Lawmakers in Massachusetts, Minnesota, Mississippi, New Jersey, New York, Oklahoma, Pennsylvania, Tennessee, and Texas have introduced similar bills requiring lactation consultants to obtain a government license.[25] Those bills have yet to pass.

The Washington State Department of Health sunrise review of proposed legislation to license lactation consultants found the legislation was unnecessary:

> The applicant report did not provide sufficient data to demonstrate that outcomes are better when using IBCLCs over other lactation professionals. . . . The applicants acknowledge that the providers without IBCLC certification are qualified to provide this type of care.[26]

The report continued:

> The applicant has not provided evidence of a clear and easily recognizable threat to public health and safety from the unregulated practice of lactation consultation. The proposal may result in unintended harm to particular populations. Limiting the number of healthcare professionals who can provide lactation care may create barriers to access, particularly in rural and underserved areas.[27]

The department called the proposal "costly and unnecessary."[28]

Nor does it appear that regulation increases breastfeeding rates. No pattern of improving six-month exclusive breastfeeding rates has yet emerged among states that have enacted laws preventing lactation service providers from referring to themselves as lactation consultants (Table 1).

Even though New Mexico, Oregon, and Rhode Island laws permit people to provide lactation support services without a license, these laws are still harmful. The laws give IBCLCs an unfair advantage in the marketplace. Furthermore, they may be a prelude to compulsory licensing.

The added costs of obtaining a license may reduce access to lactation support, particularly in rural or medically underserved areas. Licensing would require lactation support professionals to meet government-prescribed educational and training milestones. Research shows that excessively steep licensing requirements restrict the supply of practitioners and create service bottlenecks.[29]

Licensing might also cause breastfeeding mothers to pay more for lactation support. Supply restrictions, along with the associated fees and educational expenses required to obtain a license, increase consumer prices.

Licensing presents an opportunity for rent-seeking by incumbent clinicians.[30] The licensing process encourages established incumbents to influence lawmakers to retain or expand strict licensing requirements. This, in turn, raises the barriers for new competitors to enter the field, making it more challenging and costly and allowing incumbents to charge higher prices.[31] Research indicates such limitations on nurse practitioners offering pediatric services may increase parents' well-child examination costs by 3–16 percent.[32]

Licensing laws prevent innovation. They reward standardization and compliance and remove incentives for private certification organizations to experiment with different ways to train new professionals and expand access to services.

POLICY RECOMMENDATIONS

Ideally, states should repeal all health professional licensing laws. Licensing laws do little to protect the public from poor quality care but serve as barriers to new entrants and innovations in the health care professions.[33]

If repeal is politically infeasible, states could accredit third-party certification organizations to perform licensing boards' functions.[34] A voluntary, alternative pathway involving third-party certification could coexist with state licensing schemes and gradually replace them.[35] One proposal calls for private certifying organizations to register with the state to certify individuals as competent to practice an occupation or profession if they meet the certifying organizations' criteria. Much like in the lactation consultant professions, numerous organizations vie to certify competency across the various professions and occupations. States would allow multiple certifying organizations to vet members of the same occupation or profession. Those private certifying organizations would compete to provide consumers with high-quality credentialing services. Such an alternative pathway would complement the existing licensing system.

If licensing reform is not feasible, states should, at an absolute minimum, refrain from imposing new barriers to entry into the health professions. New Mexico, Oregon, and Rhode Island should remove the obstacles they have placed in the way of mothers and other nursing women who seek advice and support from various lactation support professionals.

CONCLUSION

Breastfeeding can provide many benefits, but it can be difficult for some mothers. Enterprising and creative mothers responded to that need by pioneering lactation support professions. They created professional education and training programs and established practice standards. State governments played no role in the process.

On net, requiring professionals to obtain a government license before they provide lactation support services would harm both those professionals and the mothers and babies those regulations purport to help. Licensing would increase barriers to entry into those professions, reduce access to lactation support services, and block innovative ways of supporting new mothers.

States should avoid erecting barriers that impede access to lactation support services. In practice, with only a little more than half of infants breastfeeding in the United States, and only a quarter breastfeeding exclusively at six months, such regulations could prove especially pernicious.

APPENDIX

Table A1

Lactation support professional certificates available in the United States

Certifying organization	Certificate	Requirements	Scope of practice
International Board of Lactation Consultant Examiners	International Board Certified Lactation Consultant (IBCLC)	**Option One** 1. Complete health science education and lactation-specific education 2. Complete 1,000 clinical practice hours 3. Pass the IBCLC examination 4. Recertify every five years **Option Two** 1. Complete health science education and lactation-specific education 2. Complete 300 clinical practice hours 3. Pass the IBCLC examination 4. Recertify every five years **Option Three** 1. Complete health science education and lactation-specific education 2. Complete 500 clinical practice hours 3. Pass the IBCLC examination 4. Recertify every five years	• Provide comprehensive assessments of the mother and child related to breastfeeding • Develop and implement feeding plans for clients • Provide clients with information on the impact of medications and substances on milk production and breastfeeding children • Provide clients with information on alternative and complementary therapies • Educate clients on the nutritional aspects of breastfeeding
Academy of Lactation Policy and Practice	Certified Lactation Counselor (CLC)	**Option One** 1. Complete 52 hours of training based on the World Health Organization/United Nations Children's Fund Breastfeeding Counseling Training Course (worth three college credits) 2. Pass the CLC examination 3. Recertify every three years **Option Two** 1. Complete 45 hours of education related to the World Health Organization/United Nations Children's Fund Breastfeeding Counseling Training Course (can be from different courses) 2. Prove mastery of the skills and competencies necessary for breastfeeding counseling through directly supervised lactation care 3. Pass the CLC examination 4. Recertify every three years **Option Three** 1. Graduate a Commission on Accreditation of Allied Health Education Programs approved, post-secondary, lactation consultant program 2. Pass the CLC examination 3. Recertify every three years	• Provide comprehensive assessments of the mother and child related to breastfeeding • Develop and implement feeding plans for clients • Provide clients with information on the impact of medications and substances on milk production and breastfeeding children • Provide clients with information on alternative and complementary therapies • Educate clients on the nutritional aspects of breastfeeding
	Advanced Lactation Consultant (ALC)	1. Already be certified as a CLC or IBCLC 2. Complete the Healthy Children Course in Maternal and Infant Assessment for Breastfeeding and Human Lactation 3. Complete the Healthy Children Course Advanced Issues in Lactation Practice 4. Pass the ALC examination	• Provide the services of a CLC • Integrate approaches such as Relational Theory and Role Assumption to the plan of care for breastfeeding

Table A1 (continued)

Lactation support professional certificates available in the United States

Certifying organization	Certificate	Requirements	Scope of practice
Academy of Lactation Policy and Practice	Advanced Nurse Lactation Consultant (ANLC)	1. Already be a registered nurse 2. Already be certified as a CLC or IBCLC 3. Complete the Healthy Children Course in Maternal and Infant Assessment for Breastfeeding and Human Lactation 4. Complete the Healthy Children Course Advanced Issues in Lactation Practice 5. Pass the ANLC exam	• Provide the services of a CLC • Integrate approaches such as Relational Theory and Role Assumption to the plan of care for breastfeeding
Lactation Education Consultants	Certified Lactation Specialist (CLS)	1. Complete the five-day CLS course 2. Pass the CLS exam 3. Recertify every five years	• Provide medical documentation • Counsel and teach breastfeeding mothers
Childbirth and Postpartum Professional Association (CAPPA)	Certified Lactation Educator (CLE)	1. Attend a CAPPA Lactation Educator training class 2. Enroll in the Lactation Educator Traditional Course in CAPPA Academy and complete the course requirements 3. Pass the CLE exam 4. Recertify every four years	• Offer information, support, referrals, and education to mothers • Advise mothers on how to maintain lactation when not with their babies • Educate mothers who need to supplement breast milk • Offer support to mothers during the weaning process • Not permitted to give medical advice, diagnose, or prescribe
	Certified Community Lactation Educator (CCLE)	1. Attend a CAPPA Lactation Educator training class 2. Enroll in the Lactation Educator Traditional Course in CAPPA Academy and complete the course requirements 3. Pass the CLE Exam 4. Recertify every four years	• Provide the services of a CLE • Lead and facilitate group CLE classes and breastfeeding classes
Lactation Education Resources	Certified Breastfeeding Specialist (CBS)	1. Complete the 52-hour Core Lactation Consultant Course 2. Pass the CBS exam 3. Recertify every five years	• Support mothers through pregnancy, breastfeeding initiation, and the normal course of lactation • Work collaboratively within the health care team and refer mothers to other medical resources as needed • Offer individual support, lead support groups, and teach lactation classes
International Breastfeeding Institute	Certified Breastfeeding Counselor (CBC)	1. Complete CBC course 2. Pass the CBC exam 3. Recertify every three years	• Provide mothers with education and guidance with basic breastfeeding issues • Support mothers before and after birth • Help mothers with latching and milk supply
Birth Arts International	Breastfeeding Educator Certification (BEC)	1. Complete online activities and read required materials 2. Attend local breastfeeding organizations and work for clients in your community 3. Pass the BEC exam	• Provide mothers with education and guidance with basic breastfeeding issues • Advise mothers on how to support lactation while separated from their babies • Support mothers with the weaning process • Refer to health care professionals when a clinical assessment is needed

Table A1 (continued)

Lactation support professional certificates available in the United States

Certifying organization	Certificate	Requirements	Scope of practice
Global Military Lactation Community	Military Lactation Counselor (MLC)	1. Complete 53-hour lactation training course 2. Complete internship 3. Pass the MLC exam	• Assist families with understanding TRICARE breastfeeding benefits • Provide breastfeeding education and support that is relevant to military families

Sources: "Start Your IBCLC Journey," International Board Certified Lactation Consultant (IBCLC) Commission; "Scope of Practice for IBCLCs," IBCLC Commission, September 9, 2022; "The CLC—Certified Lactation Counselor," Academy of Lactation Policy and Practice, updated December 29, 2022; "The CLC—Scope of Practice," Academy of Lactation Policy and Practice, updated August 27, 2021; "The ALC—Advanced Lactation Consultant," Academy of Lactation Policy and Practice, updated March 28, 2019; "The ANLC—Advanced Nurse Lactation Consultant," Academy of Lactation Policy and Practice, updated February 28, 2023; "Certified Lactation Specialist Course (CLSC)," Lactation Education Consultants; "Certified Lactation Educator (CLE)," CAPPA; "Become a Certified Breastfeeding Specialist," Lactation Education Resources; "Become a Certified Breastfeeding Counselor and/or IBCLC," International Breastfeeding Institute; "Breastfeeding Educator Certification," Birth Arts International; Demetria Clark, "Scope of Professional Practice for the Birth Arts International Breastfeeding Educator Certification Program (BEC)," Birth Arts International; and "Military Lactation Counselor Certification," Global Military Lactation Community.

NOTES

1. "American Academy of Pediatrics Calls for More Support for Breastfeeding Mothers Within Updated Policy Recommendations," American Academy of Pediatrics, June 27, 2022.

2. Mike Xue et al., "Breastfeeding and Risk of Childhood Asthma: A Systematic Review and Meta-Analysis," *ERJ Open Research* 7, no. 4 (October 2021); and Fange Liu et al., "Breastfeeding and Overweight/Obesity Among Children and Adolescents: A Cross-Sectional Study," *BMC Pediatrics* 22, no. 346 (June 16, 2022); M. M. Vennemann et al., "Does Breastfeeding Reduce the Risk of Sudden Infant Death Syndrome?," *Pediatrics* 123, no. 3 (March 2009); Nicolai A. Lund-Blix et al., "Infant Feeding and Risk of Type 1 Diabetes in Two Large Scandinavian Birth Cohorts," *Diabetes Care* 40, no. 7 (July 2017): 920–27; and Division of Nutrition, Physical Activity, and Obesity, "Breastfeeding Benefits Both Baby and Mom," Centers for Disease Control and Prevention, updated December 14, 2023.

3. "American Academy of Pediatrics Calls for More Support for Breastfeeding Mothers Within Updated Policy Recommendations," American Academy of Pediatrics, June 27, 2022; and "Breastfeeding," World Health Organization.

4. Division of Nutrition, Physical Activity, and Obesity, "Breastfeeding Benefits Both Baby and Mom," Centers for Disease Control and Prevention, updated December 14, 2023; Division of Nutrition, Physical Activity, and Obesity, "Breastfeeding Benefits Both Baby and Mom," Centers for Disease Control and Prevention, updated December 14, 2023; and Stephanie M. Quintero et al., "Race/Ethnicity-Specific Associations between Breastfeeding Information Source and Breastfeeding Rates among US Women," *BMC Public Health* 23, no. 520 (March 17, 2023). See also Rachel Crumpler, "Black Mothers Face Disproportionate Barriers to Breastfeeding," *North Carolina Health News*, August 25, 2022.

5. Office of the Surgeon General, *The Surgeon General's Call to Action to Support Breastfeeding: Barriers to Breastfeeding in the United States* (US Department of Health and Human Services, 2011).

6. Erika C. Odom et al., "Reasons for Earlier than Desired Cessation of Breastfeeding," *Pediatrics* 131, no. 3 (February 18, 2013): 726–32.

7. Joan Younger Meek et al., "Landscape Analysis of Breastfeeding-Related Physician Education in the United States," *Breastfeed Med* 15, no. 6 (June 2020): 401–11.

8. Sanjay Patel and Shveta Patel, "The Effectiveness of Lactation Consultants and Lactation Counselors on Breastfeeding Outcomes," *Journal of Human Lactation* 32, no. 3 (December 7, 2015). See also Donna J. Chapman et al., "Effectiveness of Breastfeeding Peer Counseling in a Low-Income Predominately Latina Population: A Randomized Controlled Trial," *Archives of Pediatrics and Adolescent Medicine* 158, no. 9 (September 2004): 897–902; Donna J. Chapman et al., "Review: Breastfeeding Peer Counseling: From Efficacy Through Scale-Up," *Journal of Human Lactation* 26, no. 3 (August 5, 2010): 314–26; Debbie G. Long et al., "Peer Counselor Program Increases Breastfeeding Rates in Utah Native American WIC Population," *Journal of Human Lactation* 11, no. 4 (December 1995): 279–84; and Karen A. Bonuck et al., "Randomized, Controlled Trial of a

Prenatal and Postnatal Lactation Consultant Intervention on Duration and Intensity of Breastfeeding up to 12 Months," *Pediatrics* 116, no. 6 (2005): 1413–26.

9. *Fact vs. Fiction: The IBCLC and CLC* (US Lactation Consultant Association, July 2016).

10. "Our Story," La Leche League International, updated September 2023.

11. La Leche League also refers to their volunteer leaders as breastfeeding counselors. "La Leche League Meetings," La Leche League International, February 2020; "Volunteer as a Leader," La Leche League International; and "Frequently Asked Questions," La Leche League International.

12. Karen Wambach and Jan Riordan, *Breastfeeding and Human Lactation*, 5th ed. (Jones and Bartlett Learning, 2016), pp. 1–19.

13. "History," International Board of Lactation Consultant Examiners; and Charles Carter and Elizabeth G. Baxley, "Postpartum Biomedical Concerns: Breastfeeding," *Family Medicine Obstetrics*, 3rd ed. (2008): 618–43.

14. As of January 3, 2023, there were over 19,000 International Board Certified Lactation Consultants (IBCLCs) in the United States and more than 35,000 worldwide. "Current Statistics on Worldwide IBCLCs," International Board of Lactation Consultant Examiners, updated April 6, 2023; and "Current Statistics on Worldwide IBCLCs," International Board of Lactation Consultant Examiners, updated July 2, 2020.

15. Karen Wambach and Jan Riordan, *Breastfeeding and Human Lactation*, 5th ed. (Jones and Bartlett Learning, 2016), pp. 1–19.

16. The ANSI National Accreditation Board accredits the Academy of Lactation Policy and Practice's Certified Lactation Counselor certification. "About Us," Academy of Lactation Policy and Practice, updated March 9, 2021.

17. "Clarifying Clinical Lactation Care vs Breastfeeding Support," US Lactation Consultant Association, May 2020.

18. The US Lactation Consultant Association (USCLA) argues that "efforts to integrate licensing of those who practice lactation care should be accomplished in an inclusive manner that does not restrict the practice of any providers not addressed in the licensing requirements." "Licensure," USCLA; and "Model Bill," USCLA.

19. H.R. 7914, 2014 Sess., Gen. Assemb., (R.I. 2014); and <216>-<40> R.I. Code R. § 40-05-27 (2015).

20. H.R. 138, 53rd Leg., 1st Sess. (N.M. 2017); N.M. Code R. § 16.12.11 (2018); H.R. 2503, 79th Leg. Assemb., Reg. Sess. (Or. 2027); Or. Admin. R. <331-475-0005> (2017).

21. H.R. 649, 152nd Gen. Assemb., Reg. Sess. (Ga. 2016).

22. Jaimie Cavanaugh, "Breastfeeding Can Be Difficult, but a Law to License Lactation Consultants May Make It Even Harder," NBC News, August 1, 2018.

23. "Reaching Our Sisters Everywhere, Inc," Institute for Justice, June 25, 2018.

24. *Raffensperger v. Jackson et al.*, 316 Ga. 383 (2023); and Kayla Goggin, "Georgia Lactation Consultant Licensing Law Struck Down by State High Court," *Courthouse News Service*, May 31, 2023.

25. S. 407, 2019 Leg., Reg. Sess. (Pa. 2019); S. A2297, 2019 Gen. Assemb., Reg. Sess. (N.Y. 2021); S. A235A, 2019 Assemb., Reg. Sess. (N.Y. 2015); S. 1126, 220th Leg., Reg. Sess. (N.J. 2022); H.R. 3626, 193rd Gen. Ct., Reg. Sess. (Mass. 2023); S. 1151, 90th Sess., Reg. Sess. (Minn. 201); S. 2707, 2019 Leg., Reg. Sess., (Miss. 2019); H.R. 2131, 57th Leg., Reg. Sess., (Okla. 2019); S. 1978, 113th Gen. Assemb., Reg. Sess., (Tenn. 2016); H.R. 2057, 88th Leg., Reg. Sess., (Tex. 2023); H.R. 3976, 84th Leg., Reg. Sess., (Tex. 2015); and H.R. 1072, 87th Leg. Reg. Sess., (Tex. 2021).

26. "Lactation Consultant Sunrise Review," Washington State Department of Health, December 2016, p. 13.

27. "Lactation Consultant Sunrise Review," Washington State Department of Health, December 2016, p. 3.

28. "Lactation Consultant Sunrise Review," Washington State Department of Health, December 2016, p. 3.

29. Peter Q. Blair, "New Frontiers in Occupational Licensing Research," *The Reporter*, no. 1, March 2022; and Morris M. Kleiner and Evgeny S. Vorotnikov, *At What Cost? State and National Estimates of the Economic Costs of Occupational Licensing* (Institute for Justice, November 2018).

30. David R. Henderson, "Rent Seeking," *Econlib*.

31. Patrick McLaughlin, Matthew D. Mitchell, and Anne Philpot, "The Effects of Occupational Licensure on Competition, Consumers, and the Workforce," Mercatus Center, November 3, 2017.

32. Morris M. Kleiner and Evgeny S. Vorotnikov, *At What Cost?*

State and National Estimates of Economic Costs of Occupational Licensing (Institute for Justice, November 2018) p. 10.

33. Shirley V. Svorny, "Medical Licensing: An Obstacle to Affordable, Quality Care," Cato Institute Policy Analysis no. 621, September 17, 2008.

34. Shirley V. Svorny, "Beyond Medical Licensure," *Regulation* 38, no. 1 (Spring 2015): 26–29; and Shirley V. Svorny, "Medical Licensing: An Obstacle to Affordable, Quality Care," Cato Institute Policy Analysis no. 621, September 17, 2008. See also Shirley Svorny and Michael F. Cannon, "Health Care Workforce Reform: COVID-19 Spotlights Need for Changes to Clinician Licensing," Cato Institute Policy Analysis no. 899, August 4, 2020.

35. Christina Sandefur, Byron Schlomach, and Murray Feldstein, "A Win-Win for Consumers and Professionals Alike: An Alternative to Occupational Licensing," Goldwater Institute and 1889 Institute, November 15, 2018.