



Massachusetts Lactation Consultant Association

To: WMdem.submission@mail.house.gov

Subject: Written Comments: The Disproportionate Impact of COVID-19 on Communities of Color

Thank you for the opportunity to provide written comments for the Disproportionate Impact of COVID-19 on Communities of Color hearing record. Please see attached comments on behalf of the Massachusetts Lactation Consultant Association.

For additional clarification, please feel free to reach out via the information below:

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Best Regards,

Sincerely,
Board of Directors, Massachusetts Lactation Consultant Association

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The Massachusetts Lactation Consultant Association (MLCA) Board of Directors offers the following comments and recommendations to the House Ways and Means Committee as it considers the May 27 hearing titled "The Disproportionate Impact of COVID-19 on Communities of Color." It is our hope that the Committee moves to take action to mitigate the impact of the virus on communities of color going forward.



Massachusetts Lactation Consultant Association

MLCA's mission is to support the International Board Certified Lactation Consultant (IBCLCs) of Massachusetts through building professional recognition, advocating for the advancement of the profession and supporting the professional needs of its members.

IBCLCs are allied health professionals with extensive training and practical experience providing clinical lactation care to breastfeeding parents and their infants. MLCA provides networking, educational programs and resources to our members who are IBCLCs and aspiring IBCLCs. We also work to increase access to IBCLC lactation care for Massachusetts families by advocating with insurers and government entities to remove barriers to access.

Hearing from parents, policy makers, and our colleagues about the state of maternal healthcare in light of the COVID 19 pandemic further highlights and confirms what we have known for some time: that systemic racism and oppression is at the core of healthcare disparities for people of color in this country. As the statewide professional organization for International Board Certified Lactation Consultants in MA, we would like to draw attention to the issues surrounding postpartum care, especially lactation care, as they pertain to parents of color during this immensely difficult period.

The economic impact of the pandemic compounded pre-existing problems accessing lactation care. Lactation services are listed under Women's Preventive Services (Section 2173 of the Affordable Care Act), with the intent that lactation care be provided with no copay or deductible. This has gone largely unfulfilled, especially for those insured under Medicaid (nearly half of childbearing families in MA). The large majority of the time, people must pay for lactation care out of pocket and hope to be reimbursed, however there is no reimbursement available through Medicaid. Under normal circumstances this is an enormous burden for families on unpaid maternity leave, but with the economic upheaval, lost wages and financial uncertainty resulting from the pandemic, lactation care has been pushed out of the reach for even more families. Due to wage inequality, families of color are again disproportionately impacted.

While the COVID-19 pandemic has exacerbated previously existing healthcare disparities, it has also added new barriers to accessing critical postpartum care. With early hospital discharges, fewer pediatrician appointments, and the IBCLC not being designated as an essential clinical health care provider, parents are left with a lack of support and care from healthcare professionals. Social distancing guidelines and the fact that doulas and peer counselors were



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not designated as essential workers has ensured that community based care is also inaccessible. Telemedicine has quickly become the standard for clinical IBCLC level care, but with a lack of strong internet connection, no childcare options, and inconsistent reimbursement from insurance, this has become yet another barrier to accessing care.

In addition, for those patients who are suspected to have, or who have a positive diagnosis of COVID-19, hospital policies regarding the separation of parents and babies, along with reduced access to lactation care has disrupted breastfeeding for a number of families before it has been established.

In response to social distancing guidelines, many IBCLCs who previously provided care in an office setting or in clients homes were able to quickly pivot to providing care via Telehealth. When necessary, many have combined these visits with doorstep drop off of lactation assistive tools, pumping supplies, and infant scales to assess milk intake, when needed. Our organization created a directory of IBCLCs available via telehealth and virtual support groups. However, in underserved and lower income communities, these services have been less available and, overall, fewer families are reaching out because of financial concerns.

Some examples of consequences of COVID-19 on lactation and lactation care are listed below:

- Breast infections (mastitis), which might be preventable with access to lactation care, can cause fever and put parents under suspicion for COVID infection. This could potentially lead to hospitalization for parents and separation from babies
- Undiagnosed slow weight gain in infants due to less frequent weight checks and limited access to lactation support
- Increased burden on volunteer breastfeeding counselors, particularly in communities of color, due to income disparities
- Families unable to access telehealth care and support groups due to inadequate wifi and cost burden of technology
- Increase in formula feeding resulting in known health risks, economic burden of formula costs and risk of compromised nutrition due to supply chain problems and hoarding of formula
- IBCLCs and other lactation providers being furloughed or applying for PPP loans due to lost income, while families needing care go without because insurers and Medicaid do not reimburse lactation care providers.



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Recommendations:

Funding is critically needed to support community led infant and young child feeding response initiatives. We recommend financial and policy-based actions to form a comprehensive lactation model that would integrate community based peer counselors, International Board Certified Lactation Consultants and the organizations that support them into the current perinatal care system. As such, we propose the following:

- Designate all lactation providers as essential workers.
- Provide sustainable funding for community based organizations that train breastfeeding support counselors, including those that provide birthing support. This funding will allow counselors to be paid for their work in supporting breastfeeding families in their community through virtual (and when possible, in person) breastfeeding education, support groups, individual check ins and referral to clinical lactation care of an IBCLC when needed.
- Increase funding for said organizations to support their initiatives to increase the number of IBCLCs of color to provide clinical lactation care when needed.
- Create and fund educational programs at community colleges to increase the number of IBCLC-level providers of color. This addresses the racial and economic disparity in the field and provides birthing families access to the full range of lactation care providers within their own communities.
- Support policy and legislative changes that enable insurance carriers and Medicaid to reimburse for IBCLC visits, including telehealth visits, removing financial barriers in accessing the lactation provisions of the ACA. Lack of insurance reimbursement increases disparities in care when acute or medically complex situations arise. Currently, privately insured families must pay out of pocket and seek reimbursement. Families insured through Medicaid have no access to reimbursement for lactation consultations outside of hospital settings. This is difficult in the best of times, but with the unemployment rate topping out at more than 15% at the height of the pandemic, people are unable to pay upfront even if they do have access to care.
- Include a lactation counseling/screening visit with an IBCLC in the recommended prenatal visit schedule for all expectant families. This will identify those at risk for breastfeeding difficulties and help plan for appropriate lactation care and follow up in the postpartum period either with community based peer counselors or IBCLCs in cases of potentially significant clinical issues.
- Integrate lactation care providers in postpartum care delivery in the form of: routine follow up calls by peer counselors, standard IBCLC consults during the



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- first week postpartum, and timely referral to IBCLCs by pediatric and obstetric providers for families in need of clinical lactation care.
- Increase the availability of evidence based birthing practices to reduce birth interventions which not only increase risk of complications but also disrupt the initiation of breastfeeding
 - Require physicians, nurses, and other healthcare providers working with childbearing families to complete continuing education regarding systemic racism, oppression, and healthcare disparities as a mandate for securing or renewing a state license to practice.
 - Fund online cultural competency training provided by experienced providers of color in positions of power in the community. Such programs already exist (Shafia Monroe has one that is called Working with Diverse Populations in Maternal and Child Health).
 - Improve wifi access and provide tech devices to families without them to enable access to Telehealth consultations and online support groups for new families just as schools have provided technology to students who would be unable to afford otherwise.
 - If breastfed infants require supplementation, pasteurized banked donor human milk should be made available and should be reimbursed by insurers, including Medicaid.

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