

ASSEMBLY WOMEN AND CHILDREN COMMITTEE

STATEMENT TO

ASSEMBLY, No. 821

with committee amendments

STATE OF NEW JERSEY

DATED: FEBRUARY 7, 2022

The Assembly Women and Children Committee reports favorably and with committee amendments Assembly Bill No. 821.

As amended by the committee, this bill requires every hospital that provides inpatient maternity services and every birthing center licensed in the State pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) to offer a person who has given birth at the hospital or birthing center: (1) at least one in-person, one-on-one consultation with a lactation consultant prior to that person's discharge from the hospital or birthing center; or (2) lactation counseling or consultation with a lactation consultant conducted remotely through live voice communication, if appropriate.

The counseling provided by the lactation counselor is to comprise of: (1) breastfeeding education and support services, including educating the person who has given birth and the person's family about the impact of breastfeeding and human lactation on health and what to expect in the normal course of breastfeeding; (2) advocacy for breastfeeding as the norm for feeding infants and young children; (3) breastfeeding support and encouragement in order to help the person who has given birth meet their breastfeeding goals; (4) the implementation of a lactation care plan for, and the provision of lactation education to, the person who has given birth including demonstration and instruction on how to breastfeed; (5) recommendations on assistive devices, including nipple shields and supplemental nursing systems, and how to use and purchase such devices; and (6) the distribution of informational literature on breastfeeding, including, but not limited to, information on the health benefits of breastfeeding.

The bill additionally establishes full-time equivalent staffing ratios for lactation consultants, which hospitals providing inpatient maternity services and birthing centers licensed in the State, pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) are required to institute. Pursuant to the committee amendments, a hospital that assigns a lactation consultant to lactation support duties may not reassign the consultant to non-lactation related duties during the same hospital shift.

As used in the bill, “lactation counselor” means an individual or a licensed health care provider who is : qualified to use the credential “IBCLC,” denoting certification as a lactation consultant as conferred by the International Board of Lactation Consultant Examiners,” and has demonstrated core competencies for the initiation and maintenance of infant feeding that are developed using evidence-based reference materials, including, but not limited to, “Implementing the Joint Commission Perinatal Care Core Measure on Exclusive Breastmilk Feeding,” or any superseding standards.

This bill was pre-filed for introduction in the 2022-2023 session pending technical review. As reported, the bill includes the changes required by technical review, which has been performed.

COMMITTEE AMENDMENTS

The committee amended the bill to replace the term “lactation counselor” with “lactation consultant.”

The committee also amended the bill to specify that lactation consultants provide breastfeeding support and encouragement during the entire time a parent is breastfeeding, instead of stating that lactation consultants offer encouragement during weaning, which typically does not occur during an inpatient maternity stay in a hospital.

The committee further amended the bill to clarify that assistive devices include nipple shields and supplemental nursing systems, rather than breast milk pumps.

The committee amended the bill to specify that every hospital that provides inpatient maternity services and every birthing center licensed in the State pursuant to P.L. 1971, c.136 (C.26:2H-1 et seq.) is to institute staffing ratios for lactation consultants, as recommended in 2021 by the United States Lactation Consultant Association.

The committee amendments specify that a lactation consultant previously assigned to provide lactation support in a hospital may not be reassigned to non-lactation related duties during their hospital shift.

The amendments adopted by the committee define a lactation consultant as an individual who is credentialed as an International Board Certified Lactation Consultant, or IBCLC, by the International Board of Lactation Consultant Examiners, and demonstrates core competencies concerning breastfeeding that are developed using evidence-based reference materials, such as “Implementing the Joint Commission Perinatal Care Core Measure on Exclusive Breastmilk Feeding.” The amendments additionally specify that in no case is a lactation consultant who provides services in an inpatient maternity hospital or birthing center to be required to be a registered nurse.