Nebraska Breastfeeding Coalition

July 14, 2026

Knowledge Brief: Licensure of IBCLCs in Nebraska
Focus Group: IBCLCs
Prepared by: The Nebraska Breastfeeding Coalition

It is standard practice for health care providers to be licensed in Nebraska:

- Physicians, nurse practitioners, physician assistants, certified nurse midwives, RNs (registered nurses), LPNs, LMHPs (counselors), LMNTs (dieticians), massage therapists, acupuncturists, medication aides, dentists, dental hygienists, pharmacists, pharmacy technicians – even veterinary technicians - are all licensed in Nebraska.

Which raises the question:

- Why aren't IBCLCs licensed? Would it benefit the public and the profession if they were acknowledged as a licensed provider?

What is State Licensure:

- The Nebraska Department of Health and Human Services oversees licensure of health care professions and sets standards that must be met before a license is awarded. A license has a defined scope of practice, must be renewed every 2 years, and only a licensed provider can use the designated title in the state (i.e. if you practice as a registered nurse in Nebraska, you must be licensed as a registered nurse.)

Nebraska requires a license to protect the health of the public:

- If a Nebraskan seeks the care of a physician or a registered nurse or any licensed provider, they can be assured that the practitioner has met certain criteria set by the state.

Five states in the US license IBCLCs, five states are introducing legislation in the coming year, and 20 states are in the process of developing legislation:

- To become a licensed profession in Nebraska, IBCLCs must present as a group to the NE DHHS and undergo a 407 Credentialing Review Process, which examines whether licensure is needed to protect the public. If approved, legislation must be introduced and passed in the Nebraska legislature to license the occupation.

Why would Licensure Protect the Public in Nebraska?

(Identifies the IBCLC as a Clinical Care Provider.) An IBCLC is the only lactation provider who must complete 1) 14 college-level health education courses, 2) 95 hours of lactation education, 3) 300-1,000 hands-on, supervised clinical lactation hours, and 4) pass an international exam. A clinical lactation provider is a specialist who is skilled in assessment, identification of clinical concerns, problem solving, development of a health care plan, and communication with the mother and infant's health care providers. These skills go beyond education, support, and counseling.

- **(Recognizes Risk Appropriate Care)** An increasing number of mothers are experiencing chronic illnesses that impact the breastfeeding process, and 10% of infants are born prematurely. Both of these populations benefit from a clinical lactation provider when facing breastfeeding difficulties. While all levels of breastfeeding/lactation providers are vital to meet the wide variety of needs of families, currently, the public has no way of distinguishing between a clinical lactation provider, who can provide risk-appropriate care, and a breastfeeding educator/peer counselor/breastfeeding specialist/lactation counselor who delivers support, counseling, and education.

- **(Integrates Clinical Lactation Care into the Licensed Health Care Team)** Many mothers and infants receive early breastfeeding support from a hospital nurse or from their physician and/or a clinic nurse. If a mother and infant require more specialized clinical care, it best serves the mother if her provider can make a referral to another licensed provider. From a liability perspective, this may increase MD referrals and help integrate the IBCLC into the health care team.

- **(Diversifies the IBCLC Work Force)** Many Nebraska IBCLCs are licensed in another capacity, usually as an RN. However, Nebraska has a growing population of valuable IBCLCs who are not licensed in another capacity. These IBCLCs often serve vulnerable and underserved populations.

  Licensure would allow an entry-level breastfeeding educator to work their way to becoming a Certified Lactation Counselor (CLC) or Certified Breastfeeding Specialist (CBS) and then become an IBCLC once they have gained the necessary clinical hours, health education courses, and lactation education without taking on the financial burden of attending nursing school and becoming an RN.

  Licensed IBCLCs would become eligible for additional employment opportunities, thereby increasing access to care for diverse populations of families. It would also open up a wider range of insurance reimbursement options. The Affordable Care Act opened up insurance reimbursement for private insurance plans; however, currently, Medicaid will only reimburse an IBCLC if they are licensed in another capacity.

How might IBCLC Licensure Impact Other Providers?

- **(Preserves Accessibility to Various Levels of Breastfeeding Support)** Nebraska has worked hard to make a wide variety of breastfeeding resources available for families. Family support specialists, doulas, WIC peer counselors, La Leche League Leaders, CLCs, and CBSs are all vital parts of this landscape of support. Licensure of IBCLCs would not impact individuals who provide education, support, or counseling, but it would help guide families with high-risk needs to appropriate clinical care.

- **(Respects the Scope of Practice of Current Licensed Providers)** At the same time, licensure of IBCLCs would not interfere with any licensed provider who offers breastfeeding support as part of their role as a physician, nurse midwife, registered nurse, or other perinatal health care clinician.

- **(No Need for Double Licensure)** If an IBCLC is already licensed in another capacity (e.g., as an RN), the IBCLC would not be required to obtain licensure as an IBCLC. She could continue to practice in her capacity as an RN, while also referring to herself as an IBCLC.

FAQs

Would licensure "medicalize" the IBCLC?

- Possibly. Bringing the IBCLC into the arena of licensed providers and recognizing the IBCLC as a clinician has the potential for the IBCLC to have a more medical "appearance."

Would licensure restrict the practice of an IBCLC in any way?

- IBCLCs have certain restrictions based upon the code of ethics they agree to upon certification by IBLCE. Most likely, state licensure would require them to adhere to the restrictions that are already placed upon them by IBLCE.

Would licensing IBCLCs help to legitimize the lactation workforce in the eyes of the medical community?

- Yes, licensure may make IBCLCs more visible and help the medical community see them as a vital part of support for a new family.

Would licensure "force" other breastfeeding support educators and counselors, including doulas, to consider licensure?

- No, unless they as a group decide to pursue licensure.

If IBCLCs are licensed in Nebraska, could an IBCLC practice in Nebraska without licensure?

- No. If IBCLCs become licensed, anyone who practices as an IBCLC in the state would have to be licensed. This is true for all licensed health care providers in Nebraska.

If you are an IBCLC and you support pursuing licensure for IBCLCs, please "register" to be part of the NE BFC - IBCLC 407 Committee. We will keep you up to date and informed on the process.
Feel free to reach out to the NE BFC at info@nebreastfeeding.org for information at any time.

Developed by the NE BFC - IBCLC 407 Work Group. For additional information, please contact Ann Seacrest (annseacrest@ars-health.com) or NE BFC (info@nebreastfeeding.org).

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