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December 16, 2021

To: CAPT Gregory Gorman
Defense Health Subcommittee
Falls Church, VA

BLUF: Appeal to expand the new lactation provider classes in the TRICARE Childbirth and Breastfeeding Support Demonstration to achieve project goals.

As the [U.S. Breastfeeding Committee-Affiliated Lactation Support Provider \(LSP\) Constellation](#),* we read the TRICARE Demonstration Project announcement with care, and we are concerned. We are writing to articulate our concerns while implementation guidance is being drafted.

Thank you for including the [Lactation Support Provider \(LSP\) Descriptor Table](#) as the citation of record within the announcement. Our collaborative of national lactation training, mentoring, and accreditation organizations labored diligently to create that table as a representation of the lactation field, and many of our organizations supported [the Mom2Mom Global dba Breastfeeding in Combat Boots sign-on letter](#) in which the Table was brought to your attention. The Table is endorsed by medical and public health institutions in recognition that the LSP approach is inclusive and equitable. **It will take the full spectrum of Lactation Support Providers to address family needs and realize project impact, thereby we respectfully request that you include all LSPs by category, per the LSP Descriptor Table.**

Concern 1:

Limiting military family access to only “Certified Lactation Counselors” (a trademarked term) and “Lactation Consultants”, is contradictory to the original inclusive intent of the NDAA.

- Concerns with the current Demonstration Project provider list:
 - Excludes the LSP Descriptor Table category of Breastfeeding Counselors other than the trademarked term “Certified Lactation Counselors”
 - Excludes the LSP Descriptor Table categories of Breastfeeding Peer Counselors and Lactation Educators entirely
- Call to Action related to the provider list:
 - Include Lactation Support Providers by category, per [LSP Descriptor Table](#), without limits to certifying organizations or trademarked terms:
 - Lactation Consultants
 - Breastfeeding Counselors
 - Breastfeeding Peer Counselors
 - Lactation Educators

Concern 2:

Culturally congruent care is imperative, and there is greater racial and language diversity amongst provider titles and types currently excluded from the demonstration project. (See M2M letter.)

Military families face many barriers to care and limiting the provider classes will exacerbate these issues. If they have to pay out of pocket for culturally congruent care or care that is geographically accessible, the project goals will not be met.

Concern 3:

Limiting the demonstration to non-clinical care is problematic. The statement, “neither doulas nor lactation consultants/counselors are qualified to provide clinical care,” excludes categories of lactation support providers that *do clinically assess and treat*, based on their extensive training and practices as defined by their professional boards. This interrupts these providers’ vital role as members of the health care team.

Concern 4:

Infant mortality rates cited in the project rationale are not disaggregated by race, which is critical to address inequities and health disparities, for which human milk is protective. National data is collected and disaggregated by race, and the military should follow this practice if not doing so.

Again, our primary request is alignment of the TRICARE Demonstration Project’s provider classes with the LSP Descriptor Table categories.

Additionally, we welcome a meeting with the implementation drafting committee within the coming weeks to provide support and clarity for the requested changes.

As representatives of the lactation field, the Lactation Support Provider (LSP) Constellation and key stakeholders such as Mom2Mom Global dba Breastfeeding in Combat Boots, have the lived experience and policy acumen to inform comprehensive and nuanced project design. Lactation leaders would like to partner with you to achieve your stated goals, without further loss of time, revenue, and lives.

Sincerely,



Amelia Psmythe Seger (she/her/hers)

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**The USBC is an organization of organizations. Opinions expressed by the USBC are not necessarily the position of all member organizations and opinions expressed by USBC representatives are not necessarily the position of the USBC.*

cc:

Senator Richard Blumenthal (D-CT)

Senator Kristen Gillibrand (D-NY)

Lieutenant General R. Scott Dingle, U.S. Army Surgeon General and Commanding General, U.S. Army Medical Command

Rear Admiral Bruce L. Gillingham, Surgeon General of the U.S. Navy

Lieutenant General Robert I Miller, Surgeon General of the U.S. Air Force

Rear Admiral James L. Hancock, Medical Officer of the Marines Corp