

No. S23A0017

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**In the Supreme Court of Georgia**

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Brad Raffensperger,

*Appellant,*

v.

Mary Nicholson Jackson and  
Reaching Our Sisters Everywhere, Inc.,

*Appellees.*

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On Appeal from the Fulton County Superior Court  
Case No. 2018CV306952

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**AMICUS BRIEF OF HEALTHY CHILDREN PROJECT, INC.  
IN SUPPORT OF APPELLEES**

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## INTRODUCTION

When the Georgia legislature adopted the Georgia Lactation Consultant Practice Act (the “Act”) O.C.G.A. §§ 42-22A-1 to 13, it acknowledged “that the application of specific knowledge and skills related to breastfeeding mothers and babies is important to the health of mothers and babies and acknowledge[d] further that the rendering of sound lactation care and services in hospitals, physician practices, private homes, and other settings requires trained and competent professionals.” O.C.G.A. § 43-22A-2. The principal sponsor of the Act has stated that its purpose was intended to “expand access to breastfeeding support in Georgia, not reduce it”. R-820. Despite these statements, the legislature adopted a licensing scheme that, if implemented, will reduce access to care by reducing the number of trained and competent lactation care professionals available to mothers and babies in Georgia. Specifically, the Act will, without justification, prevent qualified lactation care providers from practicing unless they possess certification as an International Board Certified Lactation Consultant (“IBCLC”). The Superior Court correctly concluded that the Plaintiffs were entitled to summary judgment on their claim that the Act “violates the equal protection guarantees of the Georgia Constitution”. R-4920. Accordingly, the decision of the Superior Court should be affirmed.

Healthy Children Project, Inc. (“Healthy Children”) submits this brief to support the request of Appellees that this Court affirm the decision of the Superior Court.

### STATEMENT OF INTEREST

Healthy Children is a non-profit, tax-exempt organization established in 1993 to improve child health outcomes in the United States and around the world.<sup>1</sup> Healthy Children promotes healthy breastfeeding through education, collaboration, and research.<sup>2</sup> Through its Center for Breastfeeding, Healthy Children operates the Lactation Counselor Training Course, “a college-level course designed to provide up-to-date, research-based information and clinical competency validation for the provision of professional lactation care.”<sup>3</sup> Healthy Children is the largest provider of lactation management for health-care providers and is accredited by the National College Credit Recommendation Service. R-702. Healthy Children trains over 4,000 participants annually throughout the United States and in U. S. military facilities

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<sup>1</sup> Healthy Children’s international collaborators include but are not limited to the Egyptian Ministry of Health, the Karolinska Institute and Hospital in Sweden, and Latvian Ministry of Health. Healthy Children, *Global Impact*, available at: <https://centerforbreastfeeding.org/about/global-impact/>.

<sup>2</sup> For example, Healthy Children faculty members, Karin Cadwell and Cynthia Turner-Maffei, have published *Case Studies in Breastfeeding: Problem-Solving Skills and Strategies* (2019).

<sup>3</sup> Healthy Children, *Lactation Counselor Training Course*, available at: <https://centerforbreastfeeding.org/lactation-counselor-training-course/lactation-counselor-training-course/>.

around the world. R-702. Heathy Children has trained hundreds of CLCs in Georgia through partnerships with hospitals, the State of Georgia, and the federal Women, Infant, and Children (“WIC”) program. R-702.

In addition, the Academy of Lactation Policy and Practice (“ALPP”), a division of Healthy Children operates the Certified Lactation Counselor® (“CLC”®) certification program. The CLC certification program “identifies a professional in lactation counseling who has demonstrated the necessary skills, knowledge, and attitudes to provide clinical breastfeeding counseling and management support to families who are thinking about breastfeeding or who have questions or problems during the course of breastfeeding/lactation.”<sup>4</sup>

More than *seven hundred* CLCs certified by ALPP provide vital lactation care and services in Georgia, including rural and underserved counties. R-719. Healthy Children is quite familiar with the skills necessary to promote healthy breastfeeding and the respective qualifications of CLCs and IBCLCs. A majority of Healthy Children’s faculty members possess certification as IBCLCs as well as other qualifications.<sup>5</sup> Moreover, Karin Cadwell, the Executive Director of Healthy

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<sup>4</sup> ALPP, *Certifications*, available at: <https://www.alpp.org/certifications/certifications-clc>.

<sup>5</sup> Healthy Children, *Faculty*, available at: <https://centerforbreastfeeding.org/about/faculty/>.

Children and an expert witness in this case, co-founded the International Lactation Consultant Association which created the IBCLC certification. R-701, 702.

Healthy Children believes that expectant, nursing mothers, and babies are best served when lactation care options are expanded, rather than restricted. Recognizing that the licensure of lactation care providers has the potential to reduce access to care, Healthy Children has offered comments on proposed licensure and reimbursement legislation in several states, including Georgia, and before the Federal Trade Commission.

Because of its experience and expertise, Healthy Children believes its submission will assist the Court in its deliberations in this case. Although this brief is principally focused on the effect of the Act on CLCs, Healthy Children believes that breastfeeding families need access to all types of lactation care providers.

## **ARGUMENT**

### **I. The Superior Court correctly concluded that CLCs and other qualified lactation care providers are similarly situated for purposes of equal protection analysis.**

As this Court has recognized, it has “consistently treated individuals who perform the same work as being similarly situated for equal protection purposes. *Jackson v. Raffensperger*, 308 Ga. 736, 741 (2020). The Superior Court correctly concluded that “the evidence presented demonstrates that, because the two classes

of providers do the same type of work, they are similarly situated for purposes of equal protection analysis”. R-4913.

CLCs are qualified to provide lactation care and services. Candidates who have successfully completed the CLC examination have demonstrated the necessary skills, knowledge, and attitudes to provide lactation care and services.<sup>6</sup>

Both CLCs and IBCLCs provide lactation care and services in accordance with nearly identical scopes of practice.<sup>7</sup> Both CLCs and IBCLCs provide families with evidence-based information on breastfeeding, conduct comprehensive assessments of mothers and babies, and use counseling skills to support them. Both

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<sup>6</sup> The Secretary mischaracterizes the qualification of CLCs by citing only one pathway to sit for the CLC examination. Def. Br. at 10. In fact, there are three pathways to sit for the CLC examination. The first pathway, the Comprehensive Course Pathway, requires a candidate to successfully complete the Healthy Children Certified Lactation Counselor training course which is a 52 hour, 3-college credit course based upon the WHO/UNICEF Breastfeeding Counseling Training Course. The second pathway, the Aggregate Pathway, requires a candidate to demonstrate: (1) proof of current licensure as a health professional or hold a bachelor’s degree or higher; (2) proof of completion of forty-five hours that directly relates to the WHO/UNICEF Breastfeeding Course, which may be collected from different courses; and (3) proof of mastery of the skills and competencies necessary for breastfeeding counseling through directly supervised lactation care. The third pathway, the Alternate Pathway, requires candidates to be a graduate of a Commission on Accreditation of Allied Health Education Programs approved, post-secondary, lactation consultant program. R-4488.

<sup>7</sup> The CLC scope of practice may be found at: <https://www.alpp.org/scope-of-practice/scope-practice-clc>. The IBCLC scope of practice may be found at: <https://iblce.org/wp-content/uploads/2018/12/scope-of-practice-2018.pdf>. Exhibit A is a side-by-side comparison of the respective scopes of practice of CLCs and IBCLCs.



CLC's and IBCLCs must refer to health care professionals in the event of any medical problems requiring diagnosis and treatment. Both CLCs and IBCLCs subscribe to a code of ethics. Both the CLC and IBCLC certification programs require continuing education to maintain certification.

While there are distinctions between the pathways to sit for the CLC examination and IBCLC examination, these simply reflect a difference in training philosophy rather than a difference in the ability of the certificants to provide lactation care and services. The CLC training program employs a more modern competency verification program while the IBCLC training program employs an apprenticeship model.<sup>8</sup>

Both the CLC and IBCLC certification programs have been accredited by nationally recognized accreditation programs. The CLC certification program has been accredited by the prestigious American National Standards Institute ("ANSI").<sup>9</sup> R-702. The IBCLC certification program is accredited by the National Commission for Certifying Agencies ("NCCA").

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<sup>8</sup> Although IBCLCs are required to take health science courses and obtain varying amounts of direct patient care hours in order to take the IBCLC examination, there is no applicable set of standards or curriculum for these requirements. As a result there can be gaps in the training of IBCLCs. In contrast, the CLC curriculum ensures training in a comprehensive range of lactation issues. R-4486-4487.

<sup>9</sup> The ANSI accreditation program is based upon the International Standard ANSI/ISO/IEC 17024. More information regarding the ANSI accreditation program is available at: <https://www.ansi.org/Accreditation/credentialing/personnel-certification/Default>.

There is no empirical evidence that interventions by IBCLCs produce higher quality outcomes for mothers and babies than do interventions by CLCs. R-4483. To the contrary, a review of the effectiveness of lactation consultants and counselors on breastfeeding outcomes found:

Overall, the results were consistent and provide evidence for the use of lactation consultants and lactation counselors [IBCLCs and CLCs] in health systems and local communities. Breastfeeding support interventions using these professionals increased the number of women initiating breastfeeding, improved any breastfeeding rates, and improved exclusive breastfeeding rates.<sup>10</sup>

Both CLCs and IBCLCs have been recognized as qualified lactation care providers by the Centers for Disease Control (“CDC”) and other prominent health care organizations. In its *2014 Breastfeeding Report Card*, the CDC recognized CLCs as lactation care professionals and identified the number of CLCs per thousand live births as among its Breastfeeding Support Indicators, along with the number of IBCLCs per thousand live births.<sup>11</sup>

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<sup>10</sup> Patel and Patel, *The Effectiveness of Lactation Consultants and Lactation Counselors on Breastfeeding Outcomes*, *Journal of Human Lactation*, R-765-766 (emphasis supplied).

<sup>11</sup> Centers for Disease Control and Prevention, *2014 Breastfeeding Report Card*, at 2, 5 (“*2014 Breastfeeding Report Card*”). Available at: <https://www.cdc.gov/breastfeeding/pdf/2014breastfeedingreportcard.pdf>. In its 2022 Breastfeeding Report Card, the CDC employed different data to assess breastfeeding practices.

Both CLCs and IBCLCs meet the definition of approved lactation care providers set forth in the *Model Policy Payer Coverage of Breastfeeding Support and Counseling Services, Pumps and Supplies* (“*Model Policy*”)<sup>12</sup> created by the United States Breastfeeding Committee (“USBC”)<sup>13</sup> and the National Breastfeeding Center (“NBfC”). The *Model Policy* recommends that “approved lactation care providers” be eligible for reimbursement and defines “approved lactation care providers” to include:

those who ... have individual certification awarded by an independently-accredited program that measures assessment of predetermined standards for knowledge, skills, or competencies in a health-related profession, substantially equal to those articulated by the National Commission for Certifying Agencies (NCCA), the Institute for Credentialing Excellence (ICE), and American National Standards Institute (ANSI).<sup>14</sup>

Under this definition, both CLCs and IBCLCs would be eligible for reimbursement as approved lactation care providers.

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<sup>12</sup> USBC, NBfC, *Model Policy Payer Coverage of Breastfeeding Support and Counseling Services, Pumps and Supplies*, 3rd rev. ed. (2016).

<sup>13</sup> The USBC describes itself as an “independent nonprofit organization and as “coalition of more than 100 organizations that work collaboratively to drive efforts for policy and practices that create a landscape of breastfeeding support across the United States”. USBC, <https://www.usbreastfeeding.org/about-the-usbc.html>. Healthy Children and the International Board of Lactation Consultant Examiners, which certifies IBCLCs, are members of the USBC.

<sup>14</sup> *Id.* *Model Policy* at 8, n8.

Although other providers of lactation care and services may not have certification by a nationally recognized accreditation program, all types of lactation care providers have a role in supporting breastfeeding families. R-707.

The Secretary makes several arguments in an attempt to establish that IBCLCs are not similarly situated to other qualified lactation care providers that do not withstand scrutiny.

First, the Secretary argues that “[t]he record demonstrates that IBCLCs are uniquely situated by virtue of their education and training to provide a different type of service than non-IBCLCs”. Def. Brief at 20. However, there is no empirical evidence that to support the proposition interventions by IBCLCs produce higher quality outcomes for mothers and babies than do interventions by CLCs. R-4483.

Second, apparently accepting self-serving descriptions from IBCLCs, the Secretary claims that “IBCLCs are the ‘go to’ for referrals of complex lactation problems because of their unique training. While it may be true that other providers of lactation care and services make referrals to IBCLCs, it is also true that IBCLCs make referrals to CLCs. R-4490.

Third, “nothing in the law prevents those who are currently eligible licensure from obtaining the IBCLC credential and then applying for a license”. Def. Brief at 20. While there may be nothing in the law that prevents an individual from obtaining the IBCLC credential, record evidence shows that the expense and time involved in

obtaining the IBCLC credential can be an insurmountable barrier. R-669, 706, 908. As a consequence, requiring certification as an IBCLC as qualification for providing lactation care and service can be expected to reduce access to care and increase the cost of those services.<sup>15</sup> This argument does nothing to show that IBCLCs and CLCs are different for purposes of equal protection, it just highlights the anti-competitive nature of the licensing regime which attempts to drive qualified lactation care providers from one nationally recognized credential to another.

The Secretary's focus on education as a basis for claiming that IBCLCs are different from other providers of lactation care and services ignores the importance of experience in the provision of these services (as is true in any profession). The case of the Plaintiff, Mary Jackson, illustrates the flaw in the Secretary's understanding of this critical aspect of the profession. Ms. Jackson, a CLC, has over 31 years of experience as a lactation care professional and has trained doctors and nurses in breastfeeding topics. R-648. Employed by Grady Memorial Hospital, Jackson provides services that fall within the Act's definition of lactation care and services, particularly among African-American women. R-650-652. The Secretary does not dispute that Ms. Jackson provides these services. R-4660. However,

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<sup>15</sup> Economic studies "have demonstrated far more cases where occupational licensing has reduced employment and increased wages of licensed workers than where it has improved the quality and safety of services". Kleiner, *Reforming Occupational Licensing Policies*, at 2 Brookings Institute (2015), available at: [http://www.hamiltonproject.org/papers/reforming\\_occupational\\_licensing\\_policies](http://www.hamiltonproject.org/papers/reforming_occupational_licensing_policies).

because Ms. Jackson does not possess certification as an IBCLC, Grady Hospital has informed Ms. Jackson that, if the law goes into effect, she will no longer be able to provide lactation care and services.<sup>16</sup> R-652. It is apparent that Grady Hospital considers Ms. Jackson qualified to provide lactation care and services within the meaning of the Act. It is plain that Ms. Jackson is similarly situated to IBCLCs eligible for licensure under the Act. Yet, unlike individuals who possess the IBCLC certification, the Act will deprive Ms. Jackson of her ability to practice her chosen profession.

Ms. Jackson is not an outlier. Healthy Children has been training CLCs in Georgia for years and hundreds of these experienced CLCs are similarly situated to IBCLCs. R-702.

**II. The Act treats CLCs and other qualified lactation care providers differently by depriving them of the ability to practice their profession.**

Although the Act plainly deprives qualified lactation care providers of the ability to provide services unless they possess certification as an IBCLC, the Secretary advances several flawed arguments to suggest the contrary.

First, the Secretary argues that as a result of exemption for perinatal and childbirth educators that allows providers to perform “educational functions consistent with the accepted standards of their respective occupations” [O.C.G.A §

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<sup>16</sup> Amicus Curiae Southeastern Lactation Consultant Association advances a similar flawed argument stating “[e]ven if some CLCs, like Mary Jackson, perform hands-on care (R26) it does not mean that they have the foundational education or training to do so”. Brief at 13.

43-22A-13(2)], “there is nothing in the Act that prevents the provision of lactation support and education”. Def. Brief at 5, 12. The Secretary’s argument is similar to assurances provided to Healthy Children in 2016 by Representative Sharon Cooper, sponsor of the Act and Chair of the Georgia Health and Human Services Committee, who stated “the law specifically allows other professionals and educators, including the ‘certified lactation counselors’ you educate to continue their good work in educating Georgia’s breastfeeding families.” R-718, R-820.

As a starting point, it should be understood that “perinatal and childbirth educators’ are *not* lactation care providers. They are separate professionals certified by organizations such as Lamaze and the International Childbirth Education Association (ICEA). As the name suggests, perinatal and childbirth educators specialize in educating families about *childbirth*, not lactation. R-4480 (emphasis in the original). CLCs are not perinatal or childbirth educators. They are trained and certified lactation care professionals.

Beyond that, the argument that the education exemption allows CLCs to practice ignores the reality that the Act’s broad definition of lactation care and services includes the full scope of practice of CLCs scope of practice. R-714. A comparison of the Act’s definition and the CLC scope of practice demonstrates the overlap.

<p><b>The Act’s Definition of Lactation Care and Services, O.C.G.A. §43-22A-3(5)(A)–(F)</b></p>	<p><b>CLC Scope of Practice</b></p>
<p>(A) Lactation assessment through the systematic collection of subjective and objective data</p>	<ul style="list-style-type: none"> <li>• “Ability to recognize one’s own and others’ attitudes, values, and expectations about infant feeding and healthy lifestyles.”</li> <li>• “Ability to assess physical, nutritional, and psychosocial aspects and the mental status of the breastfeeding dyad.”</li> <li>• “Monitor and evaluate behavioral, cultural, and social conditions predisposing mothers and babies to an uncomplicated breastfeeding experience.”</li> <li>• “Assess for, monitor, and evaluate physical conditions that predispose mothers and babies to a complex breastfeeding experience.”</li> <li>• “Assess breastfeeding using a multi-faceted approach.”</li> <li>• “Conduct comprehensive assessment of mother and child related to breastfeeding and human lactation.”</li> <li>• “Assess the needs of breastfeeding individuals and babies who are at risk of, or currently experiencing, lactation difficulties.”</li> </ul>
<p>(B) Analysis of data and creation of a lactation care plan</p>	<ul style="list-style-type: none"> <li>• “Develop an evidence based care plan specific to the needs identified through assessment and counseling and implement it</li> </ul>



	<p>to help mothers meet their personal breastfeeding goals.”</p>
<p>(C) Implementation of a lactation care plan with demonstration and instruction to parents and communication to the primary health care provider</p>	<ul style="list-style-type: none"> <li>● “Ability to use appropriate, effective, and client-centered communication skills.” .</li> <li>● “Ability to incorporate evidence based approaches to clinical practice and make appropriate referrals operating on the continuum of the health care team.”</li> <li>● “Develop an evidence based care plan specific to the needs identified through assessment and counseling and implement it to help mothers meet their personal breastfeeding goals.”</li> <li>● “Work collaboratively within the health care team.”</li> </ul>
<p>(D) Evaluation of outcomes</p>	<ul style="list-style-type: none"> <li>● “Ability to incorporate evidence based approaches to clinical practice and make appropriate referrals operating on the continuum of the health care team.”</li> <li>● “Identify and advocate for aspects of breastfeeding management programs that facilitate optimal health outcomes.”</li> <li>● “Assess the needs of breastfeeding individuals and babies who are at risk of, or currently experiencing, lactation difficulties, providing follow up</li> </ul>

	care, and triaging referral to other care providers as needed.”
(E) Provision of lactation education to parents and health care providers	<ul style="list-style-type: none"> <li>• “Ability to identify opportunities to offer information/education within the counseling encounter to breastfeeding families, the whole family constellation, the community, health care providers, and other health care workers.”</li> <li>• “Provide needed evidence-based information regarding breastfeeding and medications, tobacco use, alcohol, and illicit drugs.”</li> <li>• “Provide needed evidence-based information regarding complementary and alternative therapies.” “Counsel and educate pregnant individuals and families regarding breastfeeding.”</li> </ul>
(F) The recommendation and use of assistive devices	<ul style="list-style-type: none"> <li>• “Ability to utilize reliable tools to assess effective/ineffective breastfeeding and milk transfer.”</li> </ul>

R-714 – 716 (citations omitted).

The Georgia Attorney General chose not to ignore that reality of the overlap. The Attorney General reviewed the Act and concluded that the definition of “lactation care and services” in the Act encompassed activities included in the CLC

scope of practice and concluded further that “the Act prohibits any person, including a CLC, who is not a licensed lactation consultant and who does not fall within one of the Act’s exemptions, from practicing the types of acts and services that the Act defines as ‘lactation care and services.’” R-4466. In reviewing the Act, the Attorney General was aware of the perinatal education exemption but concluded that the exemption did not apply to the scope of practice of CLCs. As a result, enforcement of the Act will treat CLCs, who are not otherwise exempt, differently from IBCLCs despite being similarly situated. It will deprive CLCs of the ability to provide services needed by mothers and babies in Georgia. Apparently, Grady Hospital interprets the Act in the same way as the Georgia Attorney General. The Act will have an identical adverse effect on other qualified lactation care providers who do not possess the IBCLC certification.

Second, the Secretary attempts to suggest that the Act does not treat similarly situated lactation providers similarly by claiming that the Act “carefully defines terms so that only *specialized, clinical* lactation care is covered by its licensure requirements” (original emphasis) Def. Brief at 6. The Secretary’s use of the term *clinical* contradicts the common understanding of the term within the medical and lactation care professions, which is care involving direct observation of a patient. Under this definition, CLCs, consistent with their scope of practice, provide clinical lactation care. As the Attorney General recognized, the broad definition of lactation

care and services is not limited to specialized lactation care but encompasses services that fall within the scope of care of other providers. Similarly, the Secretary argues that this higher level of clinical care is required for mothers or babies who have medical issues. This is simply inaccurate. CLCs and other non-IBCLC lactation care providers are trained to spot high risk issues quickly and make appropriate referrals. R-4482.

The Superior Court found that “the non-IBCLCs documented in the record are ‘engaged in lactation care and services,’ and doing it safely”. R-4917. This is a correct interpretation of the record. The Secretary has admitted that he was unaware of any evidence that any mother or baby was harmed by a person providing lactation care and services before or after passage of the Act. R-617. Although the Secretary argues that there is confusion “regarding the scopes of practice and credentials of the different providers” [Brief of Appellant (“Def. Brief.”) at 11], if anything, it is the Act that creates confusion by suggesting that IBCLCs are the only providers qualified to provide lactation care and services when plainly they are not. R-4492. The confusion created by the Act will result in significant harm “[s]ince many Georgia families cannot afford the services of IBCLCs, live in rural areas where IBCLCs are not available, or do not want to use IBCLCs because they cannot provide culturally appropriate care”. R-4492. The record is devoid of evidence that any

unqualified provider has ever fraudulently provided lactation care and services for money.

Preventing qualified providers from providing needed services to Georgia families is contrary to the purported purpose of the Act. Allowing untrained volunteers and exempt professionals to provide lactation care and services<sup>17</sup> while prohibiting qualified providers from doing so harms rather than protects the public.

### **CONCLUSION**

In sum, CLCs and IBCLCs are similarly situated and the exclusionary licensure provisions of the Act violate the equal protection rights of the Plaintiffs. For these reasons, this Court should affirm the Superior Court's decision.

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<sup>17</sup> Exempt professionals, such as doctors and nurses, are not trained to provide the same level of lactation care as are CLCs. Because these professionals have not received training in breastfeeding support, these professionals refer patients to lactation care professionals. R-705. Similarly, Mary Jackson and ROSE have trained doctors, nurses and other professionals regarding breastfeeding support. R-648, 650, 651, 943.

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that I have this 27th day of October, 2022 filed a PDF copy of this **AMICUS BRIEF OF HEALTHY CHILDREN IN SUPPORT OF APPELLANTS** using the Court’s SCED E-Filing system, making it available to the Clerk and Court. I FURTHER CERTIFY that I have this day electronically served a copy of this **Amicus Brief** upon the following counsel of record:

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**EXHIBIT A**

<p align="center"><b>Certified Lactation Counselor® (CLC®)</b></p>	<p align="center"><b>International Board Certified Lactation Consultant® (IBCLC®)</b></p>
<p>Adhere to the ALPP Code of Ethics and the professional standard within this code, as well as all laws pertinent to the community which the CLC practices;</p> <p>Adhere to the Documentation Guidelines for CLC Practice;</p> <p>Coordinate care consistent with standards of professional ethics and behavior.</p>	<p>Working within the framework defined by the IBLCE Code of Professional Conduct and the Clinical Competencies for IBCLC Practice.</p>
<p>Integrate knowledge and evidence from a minimum of 52 hours of training based upon the footprint of the World Health Organization/UNICEF Breastfeeding Counseling Training Course and the CLC Job Task Analysis when providing care for breastfeeding families.</p>	<p>Integrating knowledge and evidence from the disciplines defined in the Detailed Content Outline when providing care for breastfeeding families.</p>
<p>Adhere to the ALPP Code of Ethics and the professional standard within this code, as well as all laws pertinent</p>	<p>Working within the legal framework of the respective geopolitical regions or settings.</p>



to the community in which the CLC practices.	
Maintain knowledge and skills through regular continuing education.	Maintaining knowledge and skills through regular continuing education.
Promote breastfeeding as the optimal method of infant feeding and care;  Identify and advocate for aspects of breastfeeding management programs that facilitate optimal health outcomes.	Acting as an advocate for breastfeeding as the child-feeding norm.
Ability to identify opportunities to offer information/education within the counseling encounter to women, the whole family constellation, the community, health care providers, and other health care workers;  Counsel and educate pregnant individuals and families regarding breastfeeding.	Educating families, health professionals and the community about breastfeeding and human lactation.
Ability to apply the concept of an individualized approach to counseling and management of breastfeeding, from preconception to weaning;	Providing comprehensive, skilled care and evidence-based information for breastfeeding and human lactation, from preconception to weaning, for breastfeeding families.

<p>Construct and maintain conditions that predispose mothers and babies to an uncomplicated breastfeeding experience through counseling, education, clinical management, and support;</p> <p>Monitor and evaluate behavioral, cultural, and social conditions predisposing mothers and babies to an uncomplicated breastfeeding experience.</p>	
<p>Knowledge of programs, policies and legislation on state, national, and international levels that promote, protect and support breastfeeding;</p> <p>Facilitate the development of, and advocate for, public health strategies and/or policies that serve to protect, promote and support breastfeeding.</p>	<p>Facilitating the development of policies which protect, promote and support breastfeeding</p>
<p>Ability to assess physical, nutritional, and psychosocial aspects and the mental status of the breastfeeding dyad;</p> <p>Monitor and evaluate behavioral, cultural, and social conditions that</p>	<p>Acknowledging parental and child health and mental status in the context of breastfeeding.</p>

predispose mothers and babies to a complex breastfeeding experience.	
Conduct comprehensive assessment of mother and child related to breastfeeding and human lactation;  Assess breastfeeding using a multi-faceted approach.	Perform comprehensive maternal, child and feeding assessments related to breastfeeding and human lactation.
Develop an evidence-based care plan specific to the needs identified through assessment and counseling and implement it to help mothers meet their personal breastfeeding goals.	Develop and implement an individualized feeding plan in consultation with the client.
Assess for, monitor, and evaluate physical conditions that predispose mothers and babies to a complex breastfeeding experience.	N/A
Provide needed evidence-based information regarding breastfeeding and medications, tobacco use, alcohol, and illicit drugs.	Provide evidence-based information regarding use, during breastfeeding and human lactation, of medications (over-the-counter and prescription), alcohol, tobacco and addictive drugs, and herbs or supplements, and their potential impact on milk production and child safety.

Provide needed evidence-based information regarding complementary and alternative therapies.	Providing evidence-based information regarding complementary and alternative therapies during lactation and their impact on milk production and the effect on the child.
Ability to assess physical, nutritional, and psychosocial aspects and the mental status of the breastfeeding dyad.	Integrating cultural, psychosocial and nutritional aspects of breastfeeding and human lactation
Develop an evidence-based care plan specific to the needs identified through assessment and counseling and implement it to help mothers meet their personal breastfeeding goals.	Providing support and encouragement to successfully meet breastfeeding goals
Use counseling skills and techniques that are supportive to breastfeeding mothers and babies, practicing in a clinically competent manner.	Using effective counselling skills when interacting with clients and health care team members.
Use counseling skills and techniques that are supportive to breastfeeding mothers and babies, practicing in a clinically competent manner;  Provide care supportive of the whole family constellation when providing counseling.	Using the principles of family-centered care while maintaining a collaborative, supportive relationship with clients

<p>Ability to identify opportunities to offer information/education within the counseling encounter to women, the whole family constellations, the community, health care providers, and other health care workers.</p>	<p>Using principles of adult education when teaching clients, health care providers and others in the community.</p>
<p>Ability to utilize reliable tools to assess effective/ineffective breastfeeding and milk transfer.</p>	<p>N/A</p>
<p>Maintain documentation that is factual, accurate, current (timely), organized, and compliant with standards as outlined in the ALPP Code of Ethics and the Documentation Guidelines for Certified Lactation Counselors.</p>	<p>Recording all relevant information, truthfully and fully, concerning care provided and, where appropriate, retaining records for the time specified by the local jurisdiction</p>
<p>Report safety issues to the appropriate authority, following the laws relating to confidentiality;</p> <p>Report violations of Scope of Practice to ALPP as outlined in the ALPP Code of Ethics.</p>	<p>Reporting, when necessary, truthfully and fully to the client's primary health care provider, to the health care system, and/or to the appropriate social services.</p>
<p>Maintain documentation that is factual, accurate, current (timely), organized, and compliant with standards as outlined in the ALPP Code of Ethics and the</p>	<p>Respecting their privacy, dignity and confidentiality</p>

Documentation Guidelines for Certified Lactation Counselors.	
Disclose any financial or other conflicts of interest in relevant organizations providing goods or services.	Providing information that is evidence-based and free of conflict of interest.
Assess the needs of women and babies who are at risk of, or currently experiencing, lactation difficulties, providing follow-up care, and triaging referral to other care providers as needed.	Provide follow-up services as required; make referrals to other health care providers and community support resources when necessary.
Ability to incorporate evidence based approaches to clinical practice and make appropriate referrals operating on the continuum of the health care team.	Make referrals to other health care providers and community support resources when necessary.
Work collaboratively within the health care team.	Work collaboratively and interdependently with other members of the health care team to deliver coordinated services to families.
Notify ALPP if convicted of criminal misconduct as outlined in the ALPP Code of Ethics.	Reporting to IBLCE if they have been found guilty of any offence under the criminal code of their country or jurisdiction in which they work.

<p>Report to ALPP if sanctioned by another profession(s).</p>	<p>Reporting to IBLCE if they have been sanctioned by another profession.</p>
<p>Report violations of Scope of Practice to ALPP as outlined in the ALPP Code of Ethics.</p>	<p>Reporting to IBLCE any IBCLC who is functioning outside this Scope of Practice</p>