

Issue Brief

State Opportunities and Strategies for Breastfeeding Promotion through the Affordable Care Act

The Role of AMCHP

AMCHP supports state maternal and child health (MCH) programs and provides national leadership on issues affecting women and children. We work with partners at the national, state and local levels to promote women's health; provide and promote family-centered, community-based, coordinated care for women and children; and facilitate the development of community-based systems of services for women, children and their families.

The AMCHP National Center for Health Reform Implementation provides state MCH leaders and their partners with the information, tools and resources to optimize the opportunities presented by the Patient Protection and Affordable Care Act (ACA) for improving services, systems and health outcomes for MCH populations.

Introduction

Breastfeeding is recognized as the best source of nutrition for most infants¹ and strategies to support breastfeeding mothers and babies are some of the most effective measures to protect and promote the health of all infants. According to a report published by the Agency for Health Research and Quality, the evidence is clear that breastfeeding reduces sudden infant death syndrome, gastrointestinal infections, upper and lower respiratory diseases, childhood leukemia, asthma, ear infections, childhood obesity, and diabetes mellitus type 2 risk for children, as well as rates of hospitalization.² Mothers also benefit from breastfeeding. Research shows that women who breastfeed have a decreased risk of breast and ovarian cancers.³ Additionally, a recent study estimates that as a result of less-than-recommended breastfeeding rates, the United States annually incurs \$17.4 billion in economic costs.⁴

Breastfeeding is a national priority as reflected in the Healthy People 2020 objectives. The Healthy People 2020 objectives for breastfeeding are: increase the proportion of infants who are breastfed ever, at six months, at one year, exclusively through three months, exclusively through six months as well as lactation support, worksite lactation support, reduction in formula use, increasing baby-friendly hospital births.⁵ The Centers for Disease Control and Prevention (CDC) annual report card indicates that in 2013, 77 percent of mothers initiate breastfeeding after the birth of a child. Yet, breastfeeding rates fell to 49 percent nationally after six months.⁶ Disparate rates among racial and ethnic groups persist with 55 percent of African American women initiating breastfeeding. However, while these rates are improving, breastfeeding rates among African American women remain lower than the rates of other racial or ethnic group in the United States, particularly among those living in the south.⁷

Persistent barriers for women to initiate and continue to exclusively breastfeed include a lack of accommodation to breastfeed or express milk at the workplace, experience or understanding among family and community members of how to best support breastfeeding mothers, opportunities for breastfeeding mothers to communicate and support each other, up-to-date instruction and information on breastfeeding from health care professionals. Additionally, some hospital policies whereby new mothers are provided infant formula can have a negative influence on both the initiation and duration of breastfeeding.⁸

Breastfeeding promotion is currently a significant focus of national health policy. In January 2011, the U.S. Surgeon General released *The Surgeon General's Call to Action to Support Breastfeeding*. The call to action summarizes research on the health benefits of breastfeeding and outlines action steps many entities can take to support health breastfeeding practices. The U.S. Baby-Friendly Hospital Initiative encourages and recognizes hospitals and birthing centers that offer an optimal level of care for infant feeding practices and have implemented the *Ten Steps for Successful Breastfeeding for Hospitals* outlined by the World Health Organization (WHO). To underscore the importance of breastfeeding, the American Academy of Pediatrics reaffirmed its recommendation of exclusive breastfeeding for about six months, followed by continued breastfeeding as complementary foods are introduced for one year or longer as mutually desired by mother and infant in an updated policy statement.⁹ Moreover, the *Patient Protection and Affordable Care Act (ACA)* provides states and communities additional opportunities to strengthen breastfeeding support.

About this Issue Brief

This issue brief explores how states and communities can capitalize on the opportunities presented by the ACA to advance breastfeeding. In particular, it examines state partnerships; financing of breastfeeding support and counseling services; promoting worksite accommodations; and utilizing the Maternal, Infant and Early Childhood Home

Visiting (MIECHV) program to improve referral and tracking. This issue brief also highlights some of the best practices of state Title V maternal and child health (MCH) programs and their partners and offers strategies for states interested in developing similar efforts. Local and community partners are integral for success of implementing breastfeeding policies and programs however, the focus of this issue brief is largely at the state level.

This paper is part of a national project, *Optimizing Health Reform to Improve Birth Outcomes*, funded by the W.K. Kellogg Foundation to strengthen the capacity of state Title V MCH programs and their partners to improve birth outcomes and infant health through health reform.

The Role of State Title V MCH Programs and Their Partners in Breastfeeding

State Title V MCH programs have a 75-year history of building comprehensive, integrated systems to ensure the health and well-being of women, children, including children with special health care needs and their families. All states and U.S. territories receive funds from the federal Title V MCH Services Block Grant (Title V MCH Block Grant). This federal program provides critical funds to states for programs, services, supports and leadership in areas that include reducing obesity, enhancing breastfeeding and improving the health and well-being of vulnerable populations.

State MCH programs promote breastfeeding by developing educational materials for new mothers and providing information about breastfeeding resources to all residents of their states through websites and toll-free telephone information lines. Many of these activities are led, coordinated, or conducted in partnership with other programs such as state health department divisions of chronic disease and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Additionally, many state MCH programs often incorporate improving breastfeeding rates into their statewide initiatives to reduce obesity. State MCH programs also work with policymakers, employers, hospitals and other partners to adopt breastfeeding friendly policies in hospitals and the workplace.

Given their expertise and the scope of public health programs that they oversee, state Title V MCH programs, WIC, and state divisions of chronic disease are well positioned to play a key role in continuing to promote and enhance breastfeeding by using the new tools and resources provided by the ACA. These provisions are outlined below and also include specific state strategies to advance breastfeeding.

Women’s Preventive Services Regulation: Lactation Support in Medicaid and New Health Insurance Plans

Under the ACA, new private health insurance plans (including those available on the new Health Insurance Marketplace) are required to provide coverage for women’s preventive health services – including breastfeeding support, supplies and counseling – with no cost sharing (they can no longer charge a patient a copayment, coinsurance, or deductible when services are delivered by a network provider).¹⁰ These breastfeeding benefits must be provided in conjunction with each birth, beginning in the first plan year (in the individual market, policy year) that begins on or after Aug. 1, 2012.

According to the Centers for Medicare and Medicaid Services (CMS), because lactation services are not specifically mentioned in the Medicaid statute or federal Medicaid regulations, not all states separately reimburse lactation services as pregnancy-related services.¹¹ Due to the multiple health benefits associated with breastfeeding, however, CMS encourages states to go beyond the requirement of solely coordinating and referring enrollees to WIC and include lactation services as separately reimbursed pregnancy-related services. Per the ACA, coverage of lactation services without cost sharing will be eligible for a one percentage point increase in the federal medical assistance percentage (FMAP) in 2013.¹²

Unfortunately, according to the United States Breastfeeding Committee (USBC),¹³ the lack of guidelines or recommendations as to who may provide and be paid for lactation care and what kinds of equipment should be covered for

breastfeeding families has created “chaos” for providers and patients.¹⁴ While the Women’s Preventive Services Guidelines are a strong step in the right direction, ambiguity and a lack of sufficient detail has caused implementation hurdles related to coverage and disrupted continuity of care.

To bridge these gaps and support both public and private payers in the implementation of breastfeeding coverage, the USBC and the National Breastfeeding Center developed recommendations entitled: *Model Policy: Payer Coverage of Breastfeeding Support and Counseling Services, Pumps and Supplies* (“Model Policy”). These recommendations identify best practices for payers to meet the requirements of the ACA and ensure adequate delivery of support for breastfeeding. According to the model policy, breastfeeding counseling services should be a covered benefit during the prenatal and postpartum periods and should include breastfeeding education and support groups as well as individual consultations to address specific problems. The model policy recommends both inpatient counseling and up to a total of six outpatient lactation consultations. Additional consultations may be covered under medically necessary circumstances identified by the recognized provider.¹⁵ (The Model Policy Breastfeeding Support & Counseling Services Benefit Guidelines are in Appendix A.)

Due to the lack of specificity around the definitions of lactation counseling and services, state MCH programs and their partners are in different stages in the development of recommendations and guidance for public and private insurance to cover this benefit. Three states – New York, North Carolina and California – are good examples of how state programs are working to define these benefits by leveraging current tools and resources. New York Medicaid received approval from CMS for a state plan amendment to provide reimbursement for breastfeeding education and lactation counseling. North Carolina drafted a proposed benchmark for coverage of lactation services provided by an International Board Certified Lactation Consultant (IBCLC). California is

in the beginning stages of utilizing information gathered from a pilot project to inform their efforts on developing guidelines for some of the components of the breastfeeding provision of the women’s preventive service regulation.

In 2012, the New York State Department of Health (NYSDOH) created a state plan amendment requiring Medicaid to reimburse for evidence-based breastfeeding education and lactation counseling consistent with the United States Preventive Services Task Force (USPSTF) recommendation. The creation of this state plan amendment was part of the priorities of Gov. Andrew Cuomo to redesign Medicaid that has occurred for the past two years.¹⁶ To date, New York is one of the only states operationalizing the benefit included in the women’s preventive service regulation in its Medicaid program.

The creation of the Medicaid state plan amendment was the result of months of work bringing together physicians, insurers, academics and advocates who have an interest in supporting breastfeeding mothers and the implementation of this new policy. Through a careful review of the USPSTF recommendation and research studies related to lactation counseling, NYSDOH staff from the

Division of Chronic Disease Prevention developed a position paper for review and then, the Office of Health Insurance Programs (Office includes the Medicaid Program) wrote and submitted the state plan amendment for coverage of lactation counseling services to CMS. This benefit was approved on Dec. 28, 2012, and implemented on Apr. 1, 2013 for Medicaid Fee-for-Service and on May 1, 2013 for Medicaid Managed Care and Family Health Plus plans.¹⁷ According to the United States Lactation Consultant Association, lack of financial reimbursement for IBCLC services has resulted in poor availability of IBCLCs in health care and public health systems.¹⁸ New York specifies that Medicaid will reimburse for separate and distinct breastfeeding services provided by IBCLCs credentialed by the International Board of Lactation Consultant Examiners (IBLCE). The IBCLCs also must be licensed and registered in New York in the following professions: physicians, nurse practitioners, midwives, physician assistants, and registered nurses. Lactation consultants receiving reimbursement via Medicaid (see Figure 1) are expected to practice within the scope of practice that is appropriate to their respective discipline and will be utilizing the codes enumerated below to bill for services.¹⁹

Figure 1. Lactation Counseling Procedure Codes²⁰

Healthcare Common Procedure Coding System (HCPCS) ²¹ Code	Code Description	Benefit Limitations
S9445	Patient Education, not otherwise classified, non- physician provider individual, per session.	<p>Individual Sessions</p> <p>\$45.00 per session.</p> <p>The initial lactation counseling session should be a minimum of 45 minutes. follow-up sessions should be a minimum of 30 minutes.</p> <p>Three sessions within 12 month period immediately following delivery.</p>
S9446	Patient Education, not otherwise classified, non- physician provider	<p>Group Sessions</p>

	group per session.	<p>\$15 per person per session.</p> <p>Up to a maximum of eight participants in a group session.</p> <p>60 minute minimum session length.</p> <p>One prenatal and one postpartum class per recipient per pregnancy.</p>
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This benefit is a separate and distinct breastfeeding service and covers outpatient counseling services, but not inpatient services (which are included in the inpatient reimbursement). For example, a physician may not bill on behalf of a Nurse Practitioner (NP) who is employed in the physician’s office. The IBCLC NP will bill for those services. The lactation counseling codes are included on the NP fee schedule. Both the NP and the physician may bill for separate and distinct services provided on the same date of service.²²²³

In addition, NY state Medicaid set minimum standards (specifications) for manual and electric breast pumps for postpartum women to ensure that all women receive high-quality pumps.

Because Medicaid often sets the standard for benefit packages in the state, insurance companies including those participating in the state exchange are expected to pick up this benefit. Researchers at New York University are studying how this benefit will be defined by insurance companies in the state. When NYSDOH staff compared their Medicaid policy to the USBC model policy, the similarities are apparent and the New York state plan amendment provides a good example of how to define the benefits included in the breastfeeding lactation support and counseling.

In 2012, the **North Carolina** Perinatal Committee of the North Carolina Child Fatality Task Force (CFTF), which included the breastfeeding coordinator for the state, designed a benchmark definition of lactation support and counseling for IBCLC coverage under the ACA provision. That benchmark specifies that lactation services are to be provided by a “trained” clinician. North Carolina

defined a trained clinician as an individual with the IBCLC credential or a physician or a physician extender, which include either a nurse practitioner or physician’s assistant.²⁴

The North Carolina draft benchmark plan requires that children and women meet the medical necessity criteria in order to receive lactation evaluation and counseling. The medical necessity criteria include:

- **Children through two years of age**
Lactation evaluation and breastfeeding counseling for children through two years of age when there is a chronic, episodic, or acute condition for which lactation therapy is a critical component of medical management.²⁵
- **Women**
Lactation evaluation and breastfeeding counseling for women when lactation success is threatened by chronic, episodic or acute conditions for which lactation evaluation and breastfeeding counseling is a critical component of medical management.²⁶

The service components for lactation evaluation and counseling include a review of the medical management, an evaluation of the medical history and treatment plan. The diagnostic lactation assessment may include the medical history, exam, review, and interpretation of the laboratory data; observation of breastfeeding and equipment such as breast pumps if medically indicated. Additionally, the service components will include counseling on lactation management of medical conditions; referral for additional testing and or medical

interventions and treatment and communicating all relevant information concerning care provided to recipient's primary care provider.²⁷

It is important to note that this proposal is in the initial phases of development and was submitted for consideration by the state Medicaid agency. Additionally, it is the hope that other insurers will pick up this benefit in the state.

The **California** Department of Public Health (CDPH) and partners, with supplemental funding to the obesity grant from the CDC, is implementing a breastfeeding friendly healthcare provider certification program to increase breastfeeding duration rates in California communities of color. Efforts are focused on enhancing the capacity of community safety-net health clinics that offer direct health care services to provide professional breastfeeding support to mothers after they return home from the hospital. Health Centers are implementing systems to provide and bill for professional breastfeeding support services and pumps as required by the ACA. Fifteen community clinics serving families in high-risk ethnic groups and communities that have chronically low breastfeeding duration rates were selected and funded to:

- Participate in a statewide collaborative to develop model policies that will be used to designate a community clinic as "Breastfeeding-Friendly Certified," in similar fashion to the designation of a hospital as Baby-Friendly and pilot test these model policies
- Improve staff skills in lactation support and in billing Medicaid for pumps and other lactation support services through training and technical assistance to the recipient clinics, enabling them to sustain continuation of these activities beyond the term of the grant
- Disseminate the materials developed through the collaboration and pilot testing of the policies and billing process, thus encouraging other community clinics to undertake Breastfeeding-Friendly

Certification and obtain reimbursement for lactation services²⁸

The information gathered from this program will be used to inform California state efforts in promoting and developing guidelines for the breastfeeding provision of the women's preventive services regulation.

Worksite Accommodations for Nursing Mothers

The ACA amended Section 7 of the *Fair Labor Standards Act (FLSA)* that requires employers provide reasonable breaks for an employee to express breast milk for her nursing child for one year after the birth of the child. In addition, employers are required to provide a place – other than a bathroom – that is shielded from view and free from intrusion from coworkers and the public for nursing mothers to express breast milk during the workday.²⁹ These requirements, however, do not preempt state laws providing greater protection to employees. Employers with fewer than 50 employees are not subject to FLSA break time requirement if compliance with the provision would impose an undue hardship.³⁰

Some MCH programs, state breastfeeding coalitions and state departments of labor are partnering in efforts to assist employers with the implementation of the changes to the FLSA and recognizing businesses that accommodate lactating women. Additionally, the U.S. Department of Health and Human Services (HHS) Office on Women's Health created the *Business Case for Breastfeeding*, which is a comprehensive program to educate and support employers in creating a workplace that is supportive to breastfeeding mothers.³¹ Nebraska and Oregon have conducted robust outreach to businesses within their state. The work of these states is highlighted below.

The **Nebraska** Department of Health and Human Services – Division of Public Health, and Department of Labor embarked on a joint project to inform businesses throughout the state about the changes in the FLSA. A list of businesses categorized by the largest number of employers serving the greatest number of women of

childbearing age was initially developed. After this process the departments prioritized sending information to 4,200 businesses based in Nebraska on the number of women of child bearing age employed. In May 2012, the agencies issued a joint letter informing these businesses throughout the state about the amendment to FSLA.³² Information and assistance was offered to help develop worksite policies and support for breastfeeding employees including employee's rights, quick assessment, and guidance for businesses, breastfeeding-friendly worksites examples and program suggestions and a resource request.

The quick assessment for businesses includes five steps to create and implement workplace breastfeeding support.

- 1) Identify the essentials needed by a nursing mother in the workplace
- 2) Provide reasonable breaks for pumping
- 3) Write a simple, straightforward breastfeeding policy
- 4) Share the breastfeeding policy to all employees
- 5) Plan your employee's return to work prior to her maternity leave³³

Additionally, the Nebraska Department of Health and Human Services – Division of Public Health in collaboration with other partners developed program suggestions and recommended room layouts for businesses.³⁴ The Nebraska Department of Health and Human Services – Division of Public Health is tracking the recipients of the materials including requests for technical assistance. The second phase of this project is being led by the Nebraska Breastfeeding Coalition – a network of individual members and organizational partners dedicated to improving the health of Nebraskans by making breastfeeding the norm through education, advocacy, and collaboration—awards businesses who have created a breastfeeding friendly work environment.³⁵ As of August 2013, 15 businesses were recognized for their work.

The **Oregon** Public Health Division is working with community and public partners to protect, promote

and support breastfeeding at every level – home, work environment, health care system, and public settings.³⁶ Oregon is a longstanding leader in ensuring workplace accommodation for breastfeeding women. In fact, the change in the federal law was modeled from the 2007 Oregon Wage and Hour Law (H.B. 2372). The Oregon state law applies to employers who employ 25 or more employees and a reasonable rest period is defined as no less than 30 minutes during each four-hour work period. The law also specifies that the worksite accommodations must include a private location, which is a place other than a public restroom or stall where the employee may express milk concealed from view and without intrusion by other employees or the public.³⁷ The Oregon Bureau of Labor and Industries provides technical assistance for employers and also enforces a fine \$1000 penalty per violation of the law.

The Oregon Health Authority (OHA) oversees the state Public Health Division, which includes the WIC and state Title V MCH programs, has agency-wide breastfeeding friendly policies to support nursing mothers and to set an example for other employers. The Oregon Health Authority also provides a [free employer packet](#) to help other Oregon employers become Breastfeeding Mother Friendly Employers. This employer packet includes information about the minimum support needed to help working mothers continue breastfeeding which includes:

- A written breastfeeding policy that describes the worksite accommodations available to breastfeeding employees
- A flexible 30 minute break for each four hours worked is provided for a woman to nurse her child or express her milk
- A private area with an electric outlet is available for nursing or expressing milk
- A place to store breast milk in either a refrigerator or a mother can bring a small ice chest or thermos from home³⁸

Additionally, the employer packet provides sample breastfeeding support policies for businesses. Oregon is currently in the process of phasing out their breastfeeding mother friendly recognition program because workplace accommodations are now required by state and federal law.

As employers, nursing mothers and states navigate the new laws, Oregon and Nebraska serve as strong examples of how these new policies can look “on the ground.” It is important for state Title V agencies and partners to continue to move these important supports forward and ensure that businesses have the tools and resources available to accommodate lactating women.

Maternal Infant and Early Childhood Home Visiting Program

The ACA authorized the creation of the MIECHV program under a new section of Title V. MIECHV provides \$1.5 billion over five years to states, tribes and territories to develop and implement one or more evidence-based home visitation models. This provision responds to the diverse needs of children and families in communities at risk and provides an unprecedented opportunity for collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs.

State MCH programs have a long history of utilizing home visiting strategies to improve the health of vulnerable families. Prior to passage of ACA, nearly 40 states managed or financed home visiting programs. A majority of these programs are managed by state MCH programs. For pregnant women and mothers with new babies, these programs deliver educational visits, provide parent education, and link new mothers and families to needed health and social services.

As part of the MIECHV program the grantees must establish and collect data on quantifiable and measurable three-to-five year benchmarks demonstrating that the home visiting program results in improvements in many areas including improving maternal and newborn health. The

MIECHV program has the potential to be an important building block towards improving states referrals and tracking of breastfeeding initiation and duration of women participating in the MIECHV program. Home visiting can provide information to mothers about breastfeeding, answer their questions and provide linkages to community programs.

Improving breastfeeding rates remains a top priority in **California**. With the passage of the ACA the state Title V MCH program saw a key opportunity to further promote breastfeeding and embarked on a process to develop a MIECHV benchmark indicator related to breastfeeding. The indicator was developed with input from breastfeeding experts and in conjunction with the regional project officer from the Health Resources and Services Administration and the MIECHV Technical Assistance Coordination Center (TACC).³⁹ The State aligned their benchmark plan to the data forms from Nurse Family Partnership and Healthy Families America, then created state specific data forms and a supplemental data schedule. The benchmark indicator will capture data related to the mom’s actual duration of breastfeeding. The indicator is as follows:

“Average number of weeks target women breastfed their infant up to 6 months of their child’s age.”

Additionally, some home visitors are receiving training to become lactation counselors. Home visitors also are partnering with other service providers like WIC and consultants in the area to help connect women with lactation support and services. The creation of the breastfeeding indicators will inform state continuous quality improvement around breastfeeding and the MIECHV program and ultimately, an intended continual increase in the duration of breastfeeding among MIECHV program participants.

Policy Implications

This issue brief highlights a range of strategies that state Title V MCH programs, Medicaid agencies, chronic disease directors, state departments of labor and other groups can use to promote and improve breastfeeding through the ACA. These strategies include the following:

- Partner with colleagues in chronic disease and Medicaid to develop and implement model benchmark policies for public and private insurance coverage of lactation counseling, support and supplies
- Partner with state labor departments and provide resources to employers to help guide implementation of worksite accommodations and reasonable break time for nursing mothers
- Partner with state breastfeeding coalitions to implement a breastfeeding friendly

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workplace accommodation recognition program

- Create and use breastfeeding benchmark indicators, data and information regarding breastfeeding women participating in the MIECHV program
- Ensure MIECHV and other home visitors receive training about breastfeeding resources and information available to participants

Conclusion

The benefits of breastfeeding are well documented for improving the health and well-being of women and children. Many states and communities readily acknowledge the importance of breastfeeding and are leading efforts to improve and enhance breastfeeding policies, data, and accommodations for lactating women throughout the country. The ACA provides states and communities with new opportunities to improve breastfeeding rates that will ultimately lead to improvements in child health.

Appendix A

Model Policy: Payer Coverage of Breastfeeding Support and Counseling Services, Pumps and Supplies (copublished by the United States Breastfeeding Committee and the National Breastfeeding Center)

Breastfeeding Support & Counseling Services Benefit Guidelines

	Coverage	Permitted Providers	Coverage Criteria	Member Costs, Exclusions, Maximums
Education & Support				
Prenatal/postpartum breastfeeding classes	Covered benefit for one class series in the prenatal period and one class series up to 12 months postpartum	Approved lactation care providers, licensed providers (such as MD, APRN, DO, PA) contracted network providers, RN-certified childbirth/breastfeeding educators and registered dietitians (RD, RDN, LDN)	No referral or prior authorization required	No cost to member Prenatal and postpartum series up to a total of 18 class weeks.
Breastfeeding support groups	Covered benefit for one monthly meeting up to a maximum of 12 meetings	Approved lactation care providers, licensed providers (such as MD, APRN, DO, PA), contracted network providers, RN certified childbirth/breastfeeding educators and registered dietitians (RD, RDN, LDN)	No referral or prior authorization required	No cost to member One monthly meeting up to a total of 12 meetings
Lactation Counseling				
In-patient hospital	Covered benefit included as part of inpatient stay for facility employed providers; separately payable	Network hospitals, employed approved lactation care and/or licensed providers; in-network non-employee providers	No referral or prior authorization required	No cost to member

	service (with place of service code) for non-employee in-network providers			
Outpatient hospital, home, provider office/clinic	Covered benefit for six outpatient lactation consultation visits per birth up to two hours per visit	Approved lactation care providers (such as MD, APRN, DO, PA); non-licensed providers, RN and RD, RDN, LDN may bill as 'incident to 'physician services	No referral or prior authorization required; prior authorization required beyond six visits.	No cost to member Up to six visits per birth, up to two hours per visit.

1 United States. Department of Health and Human Services. Centers for Disease Control and Prevention. *Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies*. Atlanta: U.S. Department of Health and Human Services; 2013.

2 IOM (Institute of Medicine). 2011. *Clinical Preventive Services for Women: Closing the Gaps*. Washington, DC: The National Academies Press: 110

3 United States. Department of Health and Human Services. *The Surgeon General's Call to Action to Support Breastfeeding*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2011: 1

4 Bartick MC, S. A. (2013). Cost analysis of maternal disease associated with suboptimal breastfeeding. *Obstetrics and gynecology*. 111-119.

5 United States. Department of Health and Human Services. *Healthy People 2020*. HealthyPeople.gov Web. 11 Nov. 2013.

6 United States. Department of Health and Human Services. Breastfeeding Report Card: United States 2013; U.S. Department of Health and Human Services, National Center for Chronic Disease Prevention and Promotion; 2013; 2

7 United States. Department of Health and Human Services *HHS offers moms knowledge, help, and support through a new breastfeeding initiative, It's Only Natural* 15 April 2013. hhs.gov Web. 8 August 2013.

8 United States. Department of Health and Human Services. *The Surgeon General's Call to Action to Support Breastfeeding*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2011:10-15

9 Pediatrics. Breastfeeding and the Use of Human Milk. Feb. 27, 2013.

10 United States. Department of Health and Human Services Health Resources and Services Administration. *Women's Preventive Services Guideline* Health Resources and Services Administration. Web. August 2013 <http://www.hrsa.gov/womensguidelines/>

11 United States. Department of Health and Human Services Centers for Medicaid and CHIP Services. *Medicaid Coverage of Lactation Services*. Web. September 2013.

12 IBID

13 The United States Breastfeeding Committee an independent nonprofit organization of [nearly 50 organizations](#) that support its mission to improve the Nation's health by working collaboratively to protect, promote, and support breastfeeding.

14 United States Breastfeeding Committee. *Model Policy for Insurers Aims to Calm Chaos Surrounding Mandated Coverage of Breastfeeding Support, Supplies, and Counseling*. 18 July 2013. USBreastfeeding.org. Web. August 2013.

15 United States Breastfeeding Committee, National Breastfeeding Center. *Model Policy: Payer Coverage of Breastfeeding Support and Counseling Services, Pumps and Supplies*. Washington, DC: United States Breastfeeding Committee and National Breastfeeding Center; 2013: 8.

16 New York. Department of Health. *Redesigning New York's Medicaid Program*. New York Department of Health. http://www.health.ny.gov/health_care/medicaid/redesign/ Web. Dec. 2013

17 As of September 2013 3, 495,196 individuals were enrolled in NY Medicaid Managed Care and 434,577 individuals are enrolled in Family Health Plus. http://www.health.ny.gov/health_care/managed_care/reports/enrollment/monthly/2013/docs/en09_13.pdf

18 Gutowski JL, Walker M, Chetwynd E. *Containing Health Care Costs Help in Plain Sight. International Board Certified Lactation Consultants: Allied Health Care Providers Contribute to the Solution*. Morrisville, NC. United States Lactation Consultant Association. 2010: 15.

-
- 19 Gregg, Deborah J. *NYS Coverage of Lactation Counseling Services and Breast Pumps*. August 2013. Microsoft Powerpoint file.
- 20 New York State. *New York State Medicaid Update. Volume 29 Number 4*. New York: March, 2013: 6 Web.
- 21 Healthcare Common Procedure Coding System (HCPCS) is a coding system used to provide a standardized coding system for describing the specific items and services provided in the delivery of health care. Such coding is necessary for Medicare, Medicaid, and other health insurance programs to ensure that insurance claims are processed in an orderly and consistent manner.
- 22 Gregg, Deborah J. *NYS Coverage of Lactation Counseling Services and Breast Pumps*. August 2013. Microsoft Powerpoint file.
- 23 New York State. *New York State Medicaid Update. Volume 29 Number 4*. New York: March, 2013: 6 Web.
- 24 Draft proposal for the Benchmark Definition of Lactation Support and Counseling under ACA in North Carolina.
- 25 IBID.
- 26 IBID
- 27 IBID
- 28 California State. Department of Public Health California Obesity Prevention Program (COPP) CDC-RFA-DP08-8050501PPHF12 – Supplemental Project Narrative. August 2013.
- 29 United States. Department of Labor. *Fact Sheet #73: Break Time for Nursing Mothers under the FLSA*. Washington: August 2013. Web. 24 September 2013
- 30 United States. Department of Labor. *Fact Sheet #73: Break Time for Nursing Mothers under the FLSA*. Washington: August 2013. Web. 24 September 2013
- 31 United States. Department of Health and Human Services. *Business Case for Breastfeeding*. Web. Aug. 1, 2010. <http://www.womenshealth.gov/breastfeeding/government-in-action/business-case-for-breastfeeding/>
- 32 Lang, Catherine; Schaefer, Joann. "Letter to Employer" May 2012. Nebraska Dept. of Labor. Web. July 2013 http://www.dol.nebraska.gov/employers/breastfeeding/BF_Letter_DHHS_DOL_3%2012.pdf
- 33 Nebraska State. Nebraska Department of Health and Human Services, Nebraska Breastfeeding Coalition, Nebraska Women's Health Advisory Council, and MilkWorks *Fair Labor Standard Act in Support of Nursing Mothers Quick Assessment for Businesses*. Nebraska Web. July 2013.
- 34 Nebraska State. Nebraska Department of Health and Human Services, Nebraska Breastfeeding Coalition, Nebraska Women's Health Advisory Council, and MilkWorks *Breastfeeding-Friendly Worksites Examples & Program Suggestions* Nebraska. Web. July 2013
- 35 Nebraska Breastfeeding Coalition. *About Us*. <http://nebreastfeeding.org/about-us/> Web. Dec. 2013.
- 36 Oregon State. Health Authority. *Breastfeeding. Working to Create a Community that Supports Breastfeeding* Oregon. Health Authority. Web. Dec. 2013. <http://public.health.oregon.gov/HealthyPeopleFamilies/Babies/Breastfeeding/Pages/index.aspx>
- 37 Oregon State. Bureau of Labor and Industries. *Technical Assistance for Employers Breaks: Rest Periods for Expression of Breast Milk* Portland: Oregon Bureau of Labor and Industries. Web. August 2013
- 38 Oregon State. Health Authority. *How to become a Breastfeeding Mother Friendly Employer* Portland: Oregon. Health Authority. Web. August 2013
- 39 TACC provides support to HRSA grantees in implementing MIECHV-funded home visiting programs. The TACC brings extensive experience and a wealth of expertise in achieving high quality program implementation, creating integrated service systems, and improving program outcomes. Supportive services include facilitating connections with technical experts, offering opportunities for shared learning, and identifying best practices. Services are provided in multiple formats including webinars, phone calls, email, an interactive website portal, along with in-person opportunities for regional meetings and individual site visits.