FEDERAL SUPPORT FOR BREASTFEEDING

For nearly all infants, breastfeeding is the best source of infant nutrition and immunologic protection, and provides remarkable health benefits to mothers as well (2011, Surgeon General, Call to Action).

Recognizing the health benefits of breastfeeding, the Patient Protection and Affordable Care Act of 2010 (ACA) provides two major provisions to encourage mothers to achieve their breastfeeding goals: (1) reasonable break time to express milk and (2) health insurance benefits to defray the costs associated with providing breast milk to infants, including coverage of breastfeeding education and supplies in non-grandfathered health insurance plans. Prior to the ACA, the IRS agreed to include breastfeeding supplies as an eligible expense for health savings accounts (HSAs) and flexible spending accounts (FSAs) based on the successful advocacy of the American Academy of Pediatrics (AAP).

The purpose of this document is to provide information on ACA federal breastfeeding benefits and guidance on common access questions.

Patient Protection and Affordable Care Act of 2010 (ACA)

Reasonable Break Time for Nursing Mothers

Section 4207 of the ACA requires employers with 50 or more employees to provide reasonable break time and a private, non-bathroom space for nursing mothers to express breast milk during the workday for up to one year after the child’s birth. The new requirements became effective when the ACA was signed into law on March 23, 2010.

The current law only applies to non-exempt employees in jobs that are covered by the overtime provisions of the Fair Labor Standards Act (FLSA).

Twenty-four states, Puerto Rico, and the District of Columbia also have policies supporting breastfeeding in the workplace. Currently, advocates are working to extend the reasonable break time allowance to exempt employees (salaried employees) and to expand Civil Rights Act of 1964 to protect breastfeeding women from being fired or discriminated against in the workplace. For more information, you can go to the Department of Labor’s wage and hour division website at http://www.dol.gov/whd/nursingmothers/
Women’s Preventive Services

The ACA requires health insurance support for breastfeeding pump rental and breastfeeding educational services within Section 2713, which outlines the health insurance benefits under the Women’s Preventive Health Services provision.

Section 2713 benefits include: well-woman visits, gestational diabetes screening, human papilloma virus (HPV) testing, sexual transmitted infection (STI) counseling, human immunosuppressive virus (HIV) screening and counseling, contraception counseling, breastfeeding counseling and supplies and domestic violence screening and counseling. Coverage of women's preventive services in the ACA were based on consensus recommendations from the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP) the American College of Obstetricians and Gynecologists (ACOG), and the Institute of Medicine and others based on scientific evidence of interventions that support optimal health, reduce health care costs and promote well-being across the life span. The following outlines specific federal ACA breastfeeding benefits and resources:

- **Coverage for breastfeeding education.** As announced in the Health Resources and Services Administration (HRSA) 2011 guidance, breastfeeding benefits for non-grandfathered health insurance plans include pre- and postnatal counseling by a trained provider in conjunction with each child. Women may access comprehensive lactation support and counseling from trained providers. The benefits are available at no cost share to consumers.

- **Breastfeeding supplies benefits.** The ACA requires non-grandfathered health insurance plans to cover the cost of breast pump rental and purchase at low or no cost to consumers.

- **Insurance Coverage.** The breastfeeding coverage applies to all health plans except grandfathered plans. Under the law, 23 preventive health services for women are to be covered with no copayment, co-insurance or deductible in non-grandfathered plans. Many private employers already cover these services. For more information about Women’s Preventive Health Services visit [www.healthcare.gov](http://www.healthcare.gov).

- **The National Breastfeeding Helpline.** The National Breastfeeding Helpline from the U.S. Department of Health and Human Services’ (HHS) Office on Women’s Health has trained breastfeeding peer counselors to provide support by phone. The counselors can help answer common breastfeeding questions. They can also help you decide if you need to see a doctor or lactation consultant. The Helpline (800-994-9662), is available for all breastfeeding mothers, partners, prospective parents, family members, and health professionals seeking to learn more about breastfeeding. The Helpline is open from Monday through Friday, from 9 a.m. to 6 p.m., EST. Help is available in English and Spanish.
FAQ: Frequently Asked Questions

How long after childbirth is a woman eligible for breastfeeding benefits?

Coverage of comprehensive lactation support and counseling and costs of renting or purchasing breastfeeding equipment extends for the duration of breastfeeding. For more information, please go to http://www.hrsa.gov/womensguidelines/ for more information.

Does the ACA require coverage for the cost of purchasing breastfeeding supplies?

Yes. The law requires health insurance companies to cover the cost of renting breastfeeding supplies and the purchase of a pump.

My insurance company only covers the cost of a manual pump but I need an electric pump.

The ACA benefits allow for coverage of both electric pumps and manual pumps, if electrical pumps are not available. Cover includes one breast pump every three years. Also, the health care rules allow health insurers to retain flexibility over the types of breast pumps and supplies covered within their plans. However, insurers often follow the recommendations of doctors’ recommendations on what is medically appropriate.

Pre-authorization from physicians may be necessary. For more information, contact your insurance company. Supplies of electrical breast pumps may be limited; therefore, prenatal women are encouraged to select and purchase breast pumps early.

What does the health care law say about lactation support?

Women’s Preventive Services allows for low or no cost coverage of up to six counseling sessions by a qualified lactation expert.

Why does my health insurance plan not provide breastfeeding coverage?

All insurance companies do not currently provide benefits consistent with the ACA’s requirements for Women’s Preventive Services. The ACA allows plans in existence before the law’s enactment (also known as “grandfathered plans”) to remain largely unchanged. Employer health plans or those on the individual market in existence when the legislation was signed into law have been exempted from some, but not all, of the insurance reforms in the bill. This guarantee grew from the promise that Americans with health insurance could “keep the coverage they have.”

How do I know if my insurance plan follows the health care law?

The health reform law’s breastfeeding coverage benefit applies to all health plans except for grandfathered plans. To understand your employer’s health insurance plan status, speak to your human resources representative. That person should be able to tell you if your insurance plan covers breastfeeding services.

Federal authorities estimate that by 2013 about half of employer-sponsored plans will lose grandfather status because of significant changes made to the scope and cost of coverage. With the new rules in place, millions of children and families covered by these plans will receive the same protections under health reform as others newly signing up for coverage.
My insurance plan is non-grandfathered but I have been unable to access this benefit. What should I do?

If your insurance plan is a non-grandfathered plan, contact the insurance company directly. Make your insurance company aware of the benefit, follow up in writing highlighting the ACA benefits and requesting a written response.

One of the barriers for breastfeeding is the cost of purchasing or renting breast pumps and nursing related supplies. When contacting your insurance company, make sure to highlight this information.

Online Resources:
AAP: Section on Breastfeeding
AAP Breastfeeding resources: Healthychildren.org
U.S. Surgeon General: Call to Action on Breastfeeding/Factsheet
Healthcare.gov: Pregnant Women and the Affordable Care Act
Affordable Care Act Rules on Expanding Access to Preventive Services for Women: Fact Sheet
Breastfeeding Equipment and Insurance Flow Chart

Non-Exempt Plan

NO

“Grandfathered” Plan with no required benefits. Still a possibility to advocate for coverage

Flexible Spending Account (FSA) Account?

YES

Can use FSA dollars for pump

NO

UNSURE

Pregnancy Benefits?

YES

Follow insurance provider instructions for pump

NO

Encourage mother to research pumps

Encourage mother to discuss with employer

Law requires health insurance companies to cover the cost of renting breastfeeding supplies & purchase of pump

Mother reimbursed for pump purchase

Proof of medical necessity needed

Insurer uses DME

Wait Period

In Stock

Hand Expression

Plan for alternative solution – purchase hand pump/rental

CODES

*Sample prescription form developed by the Physicians Committee for Breastfeeding in Rhode Island and the Rhode Island Breastfeeding Coalition

E0602 - Breast pump, manual, any type
E0603 - Breast pump, electric (AC and/or DC), any type
E0604 - Breast pump, hospital grade, electric (AC and/or DC) any type