July 17, 2013

Dear colleagues:

The Patient Protection and Affordable Care Act (ACA) – the health insurance reform legislation passed by Congress and signed into law by President Obama on March 23, 2010 – helps make preventive health affordable and accessible for all Americans by requiring health plans to cover preventive services and eliminating cost sharing for those services. Preventive services that have strong scientific evidence of their health benefits must be covered, and plans can no longer charge a patient a copayment, coinsurance, or deductible for these services when delivered by a network provider.

The United States Breastfeeding Committee (USBC) is pleased that the ACA requires coverage of preventive health services for women, including “breastfeeding support, supplies, and counseling,” further defined as “comprehensive lactation support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment.” These preventive services must be covered in conjunction with each birth, beginning in the first plan year (in the individual market, policy year) that begins on or after August 1, 2012.1

Following the launch of this new coverage requirement, the USBC began to hear from member organizations, state breastfeeding coalitions, and the public of a pressing need for greater clarity on the definition of “breastfeeding support, supplies, and counseling.” In the rapidly-changing landscape of insurance requirements under the ACA, few guidelines or recommendations existed as to who may provide and be reimbursed for lactation care, and what kinds of equipment should be covered for breastfeeding families. As a result, inconsistent interpretations have emerged among insurers and health care providers, and families seeking breastfeeding support have experienced widespread confusion and disrupted continuity of care.

As a multi-sectoral, nonprofit coalition comprised of federal government agencies, non-governmental organizations, and health professional associations, the USBC serves as a national collective voice for supporting breastfeeding as a public health imperative. As such, the USBC was asked by member and partner organizations, state breastfeeding coalitions, and federal public health administrators2 to prepare resources that could be made widely available to those seeking guidance for consistent payer coverage of breastfeeding services and equipment. The aim was to provide clear recommendations for federal and state agencies (that oversee delivery of health care services to eligible low-income families through Medicaid or similar programs), and for private insurers (that reimburse health care services through plans offered by employers or purchased by individuals).

In response to this need, the Model Policy: Payer Coverage of Breastfeeding Counseling Services, Pumps, and Supplies was created to identify best practices for payers that appropriately meet the requirements of the ACA and ensure adequate delivery of breastfeeding support, using the language, format, and terminology applicable for expedient, meaningful use by this audience. The Model Policy is intended to guide payers in determining insurance coverage. As such, it focuses on those health care professionals who are customarily credentialed by insurers3 to provide health care services in today’s insurance marketplace. This policy does not address community-based counseling and support options, offered by organizations and individuals in settings not currently covered by insurance.
Achieving equity in breastfeeding support services and access to care for all is of particular interest and concern to the USBC and breastfeeding advocates across the Nation. The USBC supports The Surgeon General’s Call to Action to Support Breastfeeding, in which Surgeon General Regina M. Benjamin emphasizes that “Everyone can help make breastfeeding easier.” Not all families will require skilled lactation care from a health care professional. Mother-to-mother support and peer counseling options are very effective means of providing support in a socially and culturally appropriate context. Breastfeeding peer counseling programs that support women enrolled in or eligible for WIC have been found to be effective at both agency and individual levels in improving breastfeeding rates.

As the health care landscape continues to evolve, innovative models are emerging for tiered care and/or partnerships between providers, so that all mothers have access to appropriate support to address common breastfeeding challenges, and receive referral to professional support in the event of complications. ‘Incident-to’ billing guidelines allow physicians to utilize non-licensed providers within their practices and for home visits to assist with patient services. Provided that these guidelines are followed appropriately, non-licensed providers may be used to follow up with patients once the initial visit has been established with the physician. ¹

The USBC is very interested in exploring and advancing these models and identifying best practices for their promotion, adoption, and spread: feedback and examples from the community are welcome. The USBC is actively seeking funding to undertake such an effort collectively, especially working with health professional associations to encourage collaboration between providers to extend the reach of reimbursement, while still meeting payers’ requirements for provider credentialing.

The Model Policy was drafted in a collaborative effort with medical, legal, regulatory, lactation, public health, and insurance experts, from the USBC Advocacy Committee and Board of Directors, and partner organizations the National Breastfeeding Center and California WIC Association. The National Women’s Law Center also provided input. In accordance with USBC publications procedures, a draft was made available to all USBC member representatives, soliciting comments and feedback. In-depth comments from nine organizations were compiled, reviewed, and considered for incorporation.

The revised draft was reviewed by USBC legal counsel, and then the USBC Board reviewed and voted to publish it jointly with the National Breastfeeding Center, on July 8, 2013. The USBC Board appreciates the collective effort of the individuals and organizations whose insight, expertise, and perspective have allowed provision of this important resource to all those supporting breastfeeding families.

Sincerely,

The USBC Board of Directors

¹ For new plans created after August 1, 2012, and for non-grandfathered plans effective August 1, 2012.
² A meeting in March 2013 between USBC and California WIC Association representatives and Mayra Alvarez, Director of Public Health Policy, Office of Health Reform, U.S. Department of Health and Human Services (DHHS), confirmed that the period for additions/changes to the federal sub-regulatory guidance had passed. DHHS suggested that documents made available from the USBC website, as the national, nonprofit breastfeeding coalition, would be a valuable resource for the public and private sectors.
³ Insurance Credentialing (Provider Credentialing) is the process of becoming contracted with insurance companies so that the provider can participate in insurance company networks.
⁴ For information on ‘incident-to’ billing guidelines, see www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se0441.pdf.