

Strategies for Providing Lactation Services

An Evidence-Based Guide for CCOs



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Acknowledgments

We are truly grateful for the insightful and thoughtful input provided by:

- Joell Archibald, Nathan Roberts, Belle Shepard, and Dustin Zimmerman, Chief Health Systems Officer Office, Provider Services, OHA
- Cara Biddlecom, Performance Management Program, OHA
- Kim Wentz, MD, OHA Medical Director Office
- Catherine Livingston, MD, MPH, Health Evidence Review Commission
- Robin Stanton, MA, RDN, LD, Oregon WIC and MCH Nutrition Consultant and Bonnie Ranno, MS, RDN, Oregon WIC Nutrition Consultant and Breastfeeding Coordinator

For more information visit

www.healthoregon.org/breastfeeding

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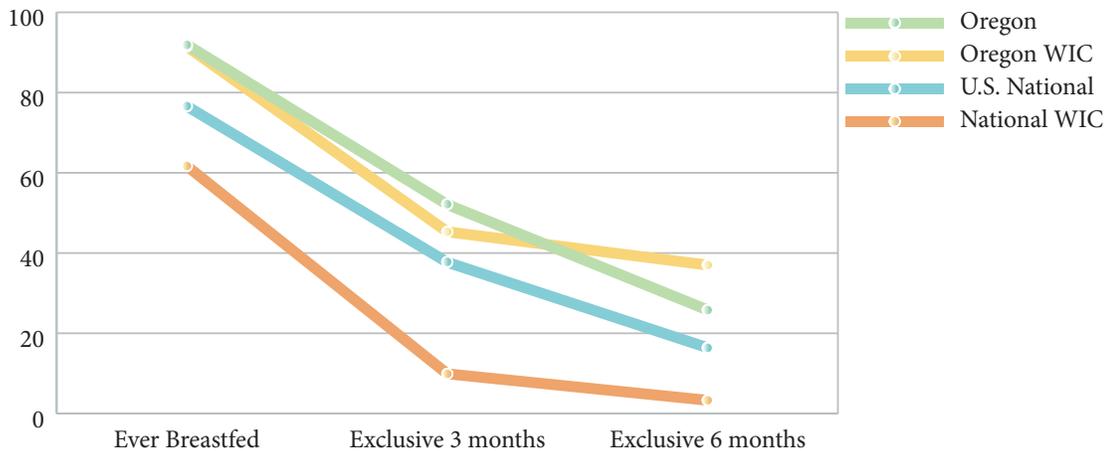
Introduction

The transformation of the healthcare delivery system for Medicaid recipients in Oregon under the 16 Coordinated Care Organizations provides a unique opportunity to implement evidence-based prevention strategies to meet the Triple Aim of improving the quality of care, improving the health of the community and reducing the cost of healthcare. Promoting and supporting breastfeeding is a key strategy to enhance the health of mothers and their children while meeting the requirements of the Affordable Care Act (ACA) and the Health Evidence Review Commission (HERC). While the ACA mandates comprehensive breastfeeding support and counseling from trained providers as well as access to breastfeeding supplies, it provides little guidance on what comprehensive breastfeeding support encompasses and how CCOs and their contracted providers can implement effective strategies.

This document outlines five key evidence-based strategies CCOs can implement to meet ACA and HERC requirements and help Oregon families achieve the rates of breastfeeding duration and exclusivity recommended by organizations as diverse as the World Health Organization (WHO), American Academy of Pediatrics (AAP), American College of Obstetricians and Gynecologists (ACOG) and the Academy of Breastfeeding Medicine (ABM). The chart below shows data for four different populations: all Oregonians, Oregon WIC participants (comparable to the CCO Medicaid population), all U.S., and all U.S. WIC participants. While Oregon breastfeeding data shows higher initiation and duration rates than for the whole U.S., there is still a significant decline from an initiation rate of 92% to less than 40% still providing only breast milk to their infants at 6 months of age.

Clearly most Oregon families want to breastfeed, and recognize the significant role breastfeeding plays for their family's health and well-being. The strategies outlined in this document can help support CCOs and healthcare providers to play a key role in promoting, protecting and supporting breastfeeding and thereby improving the health of their members and the community.

Breastfeeding Initiation and Duration of Exclusive Breastfeeding by Population



1

Strategy 1: Establish a Written Infant Feeding Policy That Supports Breastfeeding as the Normative Standard for Infant Feeding

Health care providers play a critical role in breastfeeding initiation and continuation. While lack of support from health care providers has been identified as a major barrier to breastfeeding, women report that support and encouragement from health care providers is one of the most important interventions in helping them breastfeed. Shorter hospital stays have shifted the responsibility for breastfeeding support to health care providers in the community. To ensure that facilities and staff consistently and effectively promote and support breastfeeding, there needs to be written policies and protocols that identify breastfeeding and human milk as the normative standards for infant feeding and nutrition.



“Promotion and support of breastfeeding are likely to be more effective when integrated into systems of care that include clinicians and other health care team members, policy development and support from senior leadership.”

- *Surgeon General Call to Action, p. 24*

Our policies and protocols...

- Support the philosophy that most mothers want to and can breastfeed successfully
- Contain evidence-based written protocols that support breastfeeding as the standard for infant feeding
- Communicate the infant feeding policy to all new employees and review annually with all clinic staff
- Ensure the clinic environment promotes breastfeeding and does not display printed materials depicting or marketing infant formula or baby bottles
- Support the non-breastfeeding mother and baby with education on the selection and safe preparation of formula and safe bottle feeding guidelines

We do this now

We plan to do this

Resources: Establish a written infant feeding policy that supports breastfeeding as the normative standard for infant feeding

Guidance on how to provide breastfeeding support and lactation care in a clinic setting

<https://www2.aap.org/breastfeeding/files/pdf/AAP%20HaveFriendlyPractice.pdf>

http://www.bfmed.org/Media/Files/Protocols/Protocol_14_revised_2013.pdf

AAP Policy on Breastfeeding and the Use of Human Milk 2012

<http://pediatrics.aappublications.org/content/129/3/e827.full#content-block>

AAP Health Professionals Resource Guide

<https://www2.aap.org/breastfeeding/healthProfessionalsResourceGuide.html>

2

Strategy 2: Use Qualified Breastfeeding Support and Lactation Care Providers to offer Comprehensive Breastfeeding Services

Evidence shows that breastfeeding is a low-cost, preventive health strategy that can prevent or address many acute and chronic health issues for mother and baby. While most families want to breastfeed, and recognize that it is the healthiest choice for their children, many experience barriers to successful breastfeeding. Bottle-feeding with formula has become the norm for the past two or three generations, and knowledge about and support for breastfeeding is often not accessible.

Families need comprehensive breastfeeding support and lactation care from trained, qualified providers. All families benefit from basic breastfeeding support to get breastfeeding off to a good start and to continue breastfeeding. A variety of trained care providers including certified doulas and traditional health workers who have completed breastfeeding training can provide basic breastfeeding support. Some mothers and babies may experience complex breastfeeding challenges requiring careful assessment and management to



resolve challenges and continue breastfeeding. An International Board Certified Lactation Consultant (IBCLC) has advanced training and skill to help mothers and babies with complex challenges. Research shows that mothers on Medicaid who birth at a facility that employs IBCLCs are 4 times more likely to breastfeed their baby at discharge.¹

Who are qualified breastfeeding support providers?

Many different types of trained breastfeeding support providers in Oregon can be utilized in cost-effective ways in a variety of settings to meet the needs of families. Appropriate referrals can be made for families based on their individual breastfeeding needs.

	Scope of Practice	Education & Experience	Qualified to Provide
International Certified Lactation Consultants (IBCLC)	Evidence-based education for families, health professionals, and others about human lactation Counseling and clinical lactation management for breastfeeding problems	Current health professionals and/or college level health sciences education 90 hrs. lactation education, 300 - 1,000 hrs. clinical lactation experience and international board exam certification required	Professional lactation education and clinical care
Certified Lactation Educators or Counselors	Education and basic support to families during the normal course of breastfeeding	20 - 120 hours of training	Basic breastfeeding education and support during normal course of breastfeeding Refers to IBCLC if patient is having problems
Certified Doulas	Physical, emotional and informational support to families during birth and postpartum; basic breastfeeding education and support	18-50 hours of training	
Certified Traditional Health Workers	Basic prenatal breastfeeding education; postpartum support during the normal course of breastfeeding	Training defined by OHA Office of Equity and Inclusion	
Breastfeeding Peer Counselors	Basic breastfeeding education and counseling	18-50 hours of training and personal breastfeeding experience	

¹ [J Public Health Manag Pract.](#) 2006 Nov-Dec; 12(6):578-85. A comparison of breastfeeding rates in an urban birth cohort among women delivering infants at hospitals that employ and do not employ lactation consultants. Castrucci BC1, Hoover KL, Lim S, Maus KC.

“ In the United States, the majority of pregnant women plan to breastfeed, and yet there is a clear gap between the proportion of women who prenatally intend to breastfeed and those who actually do so by the time they are discharged after a brief hospital stay. ”

- Surgeon General Call to Action, p. 24

Use qualified breastfeeding providers

We do this now

We plan to do this

- Contracted medical provider employs or contracts with IBCLCs to assist with complex breastfeeding issues
- Contracted medical provider employs or contracts with individuals trained in providing basic breastfeeding support

Resources: Use Qualified Breastfeeding Support and Lactation Care Providers to Offer Comprehensive Breastfeeding Services

Learn more about IBCLC certification requirements

<http://iblce.org/preparing-for-ibclc-certification/>

Search for IBCLCs through US Lactation Consultant Association (USLCA)

<https://uslca.org/resources/find-an-ibclc>

Oregon Doula Association

<http://www.oregondoulas.org/>

3

Strategy 3: Maximize the Local Network of Qualified Breastfeeding Support and Lactation Care Providers

Qualified breastfeeding and lactation care providers may already be working in the local community in health care organizations such as WIC, county health departments, hospitals, other community organizations, or in private practice. In addition, existing qualified staff and health care professionals who work in local health care organizations can be trained to provide basic breastfeeding support and professional lactation care.



Birth facilities, private obstetric and pediatric clinics, and county health departments are sites where families already receive health services, and these organizations are natural locations for breastfeeding and lactation support. By utilizing the existing breastfeeding and lactation care providers in the community, and providing lactation training for current employees, the organizations that provide care for CCO clients can more easily meet the unmet needs of their clients.

(mPINC) survey every other year to monitor these practices. The Baby-Friendly designation developed by WHO and UNICEF indicates that a birth facility provides comprehensive breastfeeding support and lactation care. Oregon currently has 13 Baby-Friendly designated birth facilities, and 16 additional facilities are seeking that designation. CCOs can assess breastfeeding support and lactation care at birth facilities by learning more about their maternity care practices and Baby-Friendly status.

The Centers for Disease Control (CDC) encourages all maternity centers to provide maternity care that supports successful breastfeeding. The CDC conducts the Maternity Practices in Infant Nutrition and Care

Increase access to qualified breastfeeding support and lactation care providers

We do this now

We plan to do this

- CCO identifies qualified breastfeeding and lactation care providers already working in the community
- Contracted medical providers train existing staff and health care providers in basic breastfeeding support and lactation care to fill gaps in services
- Contracted medical providers coordinate provision of lactation services with birth facilities and other provider clinics through referrals and electronic health records
- CCO encourages birth facilities to implement the CDC recommended maternity care practices, and seek Baby-Friendly designation
- Contracted medical providers work locally to ensure postpartum breastfeeding support groups are available and accessible to families

Eliminate barriers to utilization of breastfeeding support and lactation care

We do this now

We plan to do this

- CCO clients are aware of the availability of lactation care services and that there is no cost sharing
- CCO has addressed transportation barriers by providing lactation services where clients come for other services or by providing transportation
- CCO has coordinated with home visiting programs/ staff to include lactation services with home visits
- CCO/medical providers use a diverse network of breastfeeding support providers to offer culturally and linguistically appropriate care

Oregon Models of Care for Providing Lactation Services

1. Hospital Collaboration

Legacy Emanuel Medical Center - Legacy Health is a high-risk maternity center located in Portland where more than 2,000 families give birth each year. All the Legacy Health hospitals have Baby Friendly designation, and lactation services are considered essential preventive care for all families. A staff of over 35 IBCLCs provide in-patient and out-patient lactation consultations for families requesting breastfeeding help. While Legacy Emanuel bills all health insurances for lactation services, Family Care and Care Oregon clients account for almost 50% of Legacy Emanuel's out-patient lactation visits.

Families are often referred for in-patient and out-patient lactation services by their obstetric or pediatric health care providers. Legacy Health uses an electronic medical record which allows for easy communication between a family's lactation consultant and their health care providers. After each out-patient lactation consultation, the IBCLC sends a report to the mother's obstetric provider and the baby's pediatric provider via the electronic medical record in order to coordinate lactation care.

Legacy Health has successfully billed and been reimbursed by CCOs for lactation care. They bill the CCOs for in-patient lactation services as part of the global fee that CCOs pay for a mother's birth hospitalization. Legacy Health bills for out-patient lactation care, and has found that Family Care and Care Oregon reimbursement is equal to 80 - 85% of the posted billings.

Family Care and Care Oregon were two of the top four health insurers that Legacy Emanuel billed for lactation services in 2015. With a robust staff IBCLCs, Legacy Health has the capacity to provide lactation services for more CCO patients if the demand increases.

Legacy is currently working with a CCO to improve reimbursement for prenatal breastfeeding education and would like to partner with a CCO to improve access to breast pumps for breastfeeding families.

2. Lactation services in a combined appointment in a pediatric clinic

Westside Breastfeeding Center at the Hillsboro Pediatric Clinic is staffed by an MD who is a pediatrician and also an IBCLC. The MD sees all newborn infants in the practice as part of a pediatric appointment and co-treats for lactation care with the clinic's IBCLCs. Services provided by the IBCLCs are billed in the physician's cost center (not all of IBCLCs are RNs). They have been able to generate revenue to support staffing and provision of in-clinic lactation services. They will be hiring a behavioral health specialist to provide additional support.

3. Federally Qualified Health Center (FQHC)

While FQHCs do not provide delivery care, they provide the prenatal and postpartum care for the mother and baby and identify and treat breastfeeding concerns. IBCLCs in FQHCs can bill under a provider at an enhanced reimbursement rate.

Virginia Garcia Memorial Health Clinic in Cornelius provides lactation services as part of a home visit at Day 3 postpartum. All of their home visiting staff are RNs with lactation experience (not necessarily with an IBCLC credential). The home visit is coded as a well-baby contact and billed under the provider using ICD-10 codes, primarily codes associated with well-child checks. If they identify a breastfeeding problem with the baby, they can refer to the IBCLC, who as an RN can bill under the code for neonatal problems feeding at the breast (P 92.5). If the mother is experiencing breastfeeding problems she is referred to her own provider.

Staff feel that once they developed clear policies in support of breastfeeding and required all new providers to be trained in breastfeeding support, they have increased their support of breastfeeding. Their goal is for at least 50% of babies still breastfeeding at 6 months, and providers will refer families needing lactation care to the IBCLC.

4. Contracts with county health departments

Public health programs like WIC and home visit nursing programs to utilize existing trained staff and IBCLCs to provide services to CCO members.

Hood River County Health Department provides lactation care for clients enrolled in the Babies First program. Services are provided by a health department RN/IBCLC. Previously, although the local CCO acknowledged the importance of lactation care from a qualified provider, the \$30 per visit rate the CCO offered was too low to cover RN/IBCLC staffing expenses. The local CCO is interested in creating a sustainable model of integrated MCH/lactation care available to all members who need it, and discussions between Hood River Health Department and the local CCO are currently underway.

Multnomah County Health Department is piloting a Maternal and Child Medical Home model of care for the Latina community funded by a local CCO. This is a 2 year pilot utilizing health department RN/IBCLCs, community health workers, and a behaviorist. Lactation care is woven into comprehensive care services. This new pilot replaces a previous model for lactation care that was well-received, however unfunded and could not be sustained. The health department is exploring future funding mechanisms to sustain these services beyond the 2 year CCO grant that funds this pilot.

5. Private Insurance and Fee for Service

Lactation Consultants can bill as "incident to" under the provider's S code. Many IBCLCs are also licensed healthcare providers in Oregon (RNs and RDs) and can obtain NPI numbers which would allow them to bill insurance companies for privately insured patients in the medical practice, thus providing additional financial support for IBCLC time. See Resources for 2016 Breastfeeding ICD-10 codes.

Resources: Maximize the Local Network of Qualified Breastfeeding Support and Lactation Care Providers

See Breastfeeding ICD-10 Coding for 2016

<http://www.acog.org/About-ACOG/ACOG-Departments/Toolkits-for-Health-Care-Providers/Breastfeeding-Toolkit/Breastfeeding-Coding>

Contact your local breastfeeding coalition

<http://www.breastfeedingor.org/communities/local-coalitions-across-oregon/>

Contact your local WIC program regarding their breastfeeding support services

<http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/countyinfo.aspx>

Search for breastfeeding support groups in Oregon offered by La Leche League – peer breastfeeding support

<http://lalecheleagueoregon.webs.com/localgroups>

Learn more about lactation training resources

For physicians:

<http://www2.aap.org/breastfeeding/healthProfessionalsResourceGuide.html#breastfeedingEducationForHealthProfessionals>

For staff and other health care professionals:

<http://www.ilca.org/why-ibclc/become-an-ibclc/directorycourses>

CMS Issue Brief: Medicaid Coverage of Lactation Services

https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Lactation_Services_IssueBrief_01102012.pdf

Strategy 4: Provide Comprehensive Breastfeeding Support and Lactation Care during Pregnancy, Birth, and Postpartum

The AAP, WHO and the U.S. Surgeon General recommend babies breastfeed exclusively for the first six months, and continue breastfeeding for at least the first year and longer if desired. To encourage and support breastfeeding to meet these recommendations, breastfeeding support and lactation care must be available during pregnancy, at birth and during the postpartum period. These services must be promoted to all CCO members and provided with no cost sharing.

Prenatal Breastfeeding Support and Lactation Care includes:

- A clinic environment that promotes breastfeeding
- Breastfeeding education and assessment during prenatal care visits
- Clinic work-flow that includes referral to breastfeeding classes, peer counselors, and lactation care from an IBCLC if problems are identified
- Coordination of care with WIC and other public health agencies, birth facilities and other lactation care providers

Breastfeeding Support and Lactation Care at Birth Facilities includes:

- Evidence-based practices are used when providing breastfeeding support and lactation care
- Lactation care from an IBCLC is available when needed
- CCOs monitor and evaluate birth facility maternity care practices related to breastfeeding based on CDC maternity care guidelines, and encourage all birth facilities to seek Baby-Friendly designation
- Provision of lactation equipment such as breast pumps, nipple shields and supplemental feeding devices as needed
- Evidence-based policies and practices guide the use of formula, including not promoting it through advertising and free gifts to families



- Outpatient lactation care services by an IBCLC are provided or referrals are made to IBCLC services in the local area
- Breastfeeding support groups are provided or referrals to support groups and peer counselor programs in the local area are made
- Coordination of care with WIC and other public health agencies, pediatric and obstetric providers, and other lactation care providers

Postpartum Breastfeeding Support and Lactation Care includes:

- Establish, provide and maintain a breastfeeding-friendly clinic environment
- Outpatient lactation services and coordination of care provided by an IBCLC if needed through a network of obstetric and pediatric providers, public health, WIC, birth facilities, and home visit programs
- Breastfeeding support such as support groups and peer counselors is made available
- Provision of breast pumps as needed for families with breastfeeding problems and for mothers returning to work or school

Breast pumps and other breastfeeding aids:

- Required to be available with no cost sharing under the ACA
- Assess need for a breast pump before issuing; pumps are not recommended prenatally nor are they indicated for all women
- Assure that breast pumps meets industry standards and specifications for effective pumps
- Identify qualified durable medical equipment (DME) providers to issue pumps
- Educate parents on how to assemble, use and clean pump and how to store and feed pumped breast milk safely
- Coordinate issuance of breast pumps with local WIC programs

Resources: Provide Comprehensive Breastfeeding Support and Lactation Care during Pregnancy, Birth, and Postpartum

Review breastfeeding resources provided by the Oregon Health Authority

<http://public.health.oregon.gov/HealthyPeopleFamilies/Babies/Breastfeeding/Pages/index.aspx>

Breastfeeding Care in the Prenatal Setting

<http://www.bfmed.org/Media/Files/Protocols/prenatal%20setting2015.pdf>

Review CDC birth facility maternity care guidelines

<http://www.cdc.gov/vitalsigns/breastfeeding2015/index.html>

Learn more about Baby-Friendly designation for birth facilities and find out if your local birth facilities have this designation

Overall: <https://www.babyfriendlyusa.org/>

State specific information: <https://www.babyfriendlyusa.org/find-facilities>

AMCHP issue brief showing exemplary ACA coverage examples

<http://www.amchp.org/Policy-Advocacy/health-reform/Documents/AMCHP%20Dec%202013%20Breastfeeding%20Issue%20Brief%20FINAL.pdf>

National Women's Law Center toolkit

http://www.nwlc.org/sites/default/files/pdfs/final_nwlclogo_preventiveservicestoolkit_5-21-14.pdf

The Affordable Care Act

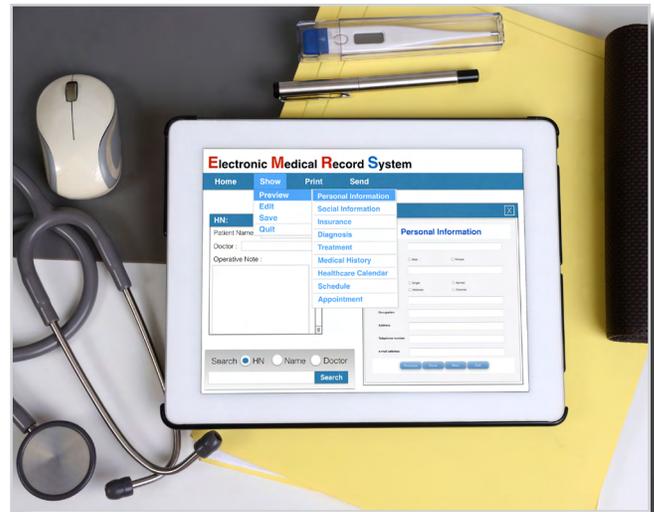
<https://www.healthcare.gov/what-are-my-breastfeeding-benefits/>

Contact your local birth facility regarding their lactation services and breastfeeding groups

5

Strategy 5: Develop Billing, Reimbursement and Coding Systems that Support Effective Delivery of Comprehensive Breastfeeding Support and Lactation Care

Investment in systems and services that support breastfeeding initiation, duration and exclusivity will reduce healthcare costs and improve both the short-term and long-term health of CCO members. A 1999 study that analyzed the records of healthy babies insured under an HMO model compared 1000 babies who were exclusively breastfed to 1000 babies who were formula fed. Looking only at the 3 most common illnesses and adjusting for confounders, they found that the 1000 babies who were not breastfed had 2,033 extra doctor visits, 212 extra days in the hospital and 600 extra prescriptions.¹ Updating the costs to 2014 dollars, each baby who was not breastfed cost the HMO an average of an additional \$750. Electronic health records (EHRs) that can collect and analyze lactation-related data can identify this kind of improved outcomes, cost savings and increased efficiencies.



As detailed in a 2014 publication by the United States Breastfeeding Committee (USBC), use of EHRs can support data collection, quality measures, quality improvement and effective delivery of comprehensive lactation services. As USBC notes:

“Appropriate data capture and analysis for exclusive breast milk feeding has strong potential for identifying improved health outcomes, particularly as hospitals begin to document electronically through EHRs. Few, if any other quality measures can claim such a powerful health predictor for two individuals via one quality measure. Additionally, most quality measures analyze the treatment of a condition or disease, rather than the prevention of chronic conditions as in the case of exclusive breast milk feeding.”²

The report goes on to say:

“The intent is to document, accurately and in real time, the informed decision a mother makes regarding newborn feeding, and subsequent activities that support her choice in feeding her newborn. An educational goal in this endeavor is to provide every mother with accurate, timely information and support to make an informed decision on whether she will exclusively feed her newborn breast milk. There is no intention, implied or implicit, to mandate that all women breastfeed. The intention is to collect and report data of an informed choice from a mother who has been provided relevant information on the health benefits of exclusive breast milk feeding and who is provided consistent unbiased support for whatever her decision is.”³

Data collection, interoperability and care coordination, and reporting are all functions of EHR systems that can support comprehensive lactation services. For example, beginning in January 2016, all birthing hospitals with more than 300 births per year are required by The Joint Commission to report on all five perinatal measures, one of which is exclusive breast milk feeding. EHRs that can connect with this type of important hospital data can help inform and coordinate care for families in the community. In addition, many EHRs can also support assessment and work-flow tools such as validated breastfeeding assessment and evaluation tools that can be used to generate automatic referrals and document and track treatment, progress and outcomes. For more detailed guidance on EHRs for these purposes, see reference cited in the Resources section.

1 Ball TM, Wright AL, Health Care Costs of Formula-feeding in the First Year of Life, *Pediatrics*, 1999 April 104(4): 870-876.

2 Best Practices Guide for Implementation of Newborn Exclusive Breast Milk Feeding in Electronic Health Records: A guide to meaningful capture of Breast Milk Feeding Data for quality measure and designation programs in the United States; U.S. Breastfeeding Committee, 2014, p.5

3 IBID p. 5

Resources: Develop Billing, Reimbursement and Coding Systems that Support Effective Delivery of Comprehensive Breastfeeding Support and Lactation Care

Best Practices Guide for Implementation of Newborn Exclusive Breast Milk Feeding in Electronic Health Records: A guide to meaningful capture of Breast Milk Feeding Data for quality measure and designation programs in the United States; U.S. Breastfeeding Committee, 2014.

<http://www.usbreastfeeding.org/p/cm/ld/fid=192>

Breastfeeding Measurement in the Outpatient Electronic Health Record: Current Practices and Future Possibilities, County of San Diego Health Works program, April 2016.

<http://ucsdcommunityhealth.org/wp-content/uploads/2016/04/Breastfeeding-Measurement-in-the-Outpatient-Electronic-Health-Record.pdf>

US Breastfeeding Committee and the National Breastfeeding Center: Model Policy: Payer Coverage of Breastfeeding Support and Counseling Services, Pumps and Supplies, 2013

<http://www.nbfcenter.com/model-payer-policy.html>

Appendix A: Selected Examples of Medicaid Coverage for Lactation Services & Supplies

California

California's Medicaid program, Medi-Cal, has had regulations to include breastfeeding services and supplies since 1999. Coverage is defined for provider and location (e.g. RN, RD, under MD, or clinic). Many third party Medi-Cal contractors are now covering breastfeeding services at greater lengths with IBCLCs. Implementation by these Medi-Cal managed care plans and providers is still uneven across the state.

Currently provider updates are in the Medi-Cal Provider Bulletins:

<http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL1998/MMCDPL98010.pdf>

Contact Karen Farley, California WIC Association, kfarley@calwic.org for more information about Medi-Cal coverage of breastfeeding.

New York

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.

NYS Medicaid provides reimbursement for lactation services and breast pumps:

https://www.health.ny.gov/community/pregnancy/breastfeeding/medicaid_coverage/lactation_counseling_services.htm

[Note: NY doesn't reimburse all IBCLCs, but do reimburse IBCLCs that are also health care professionals (MD, RN, NP, PA, etc.) They also have a clear agreement with WIC.]

https://www.health.ny.gov/community/pregnancy/breastfeeding/medicaid_coverage/breast_pump_coverage.htm

Here is the link to their amendment and approval documents through CMS:

http://www.health.ny.gov/regulations/state_plans/status/non-inst/approved/docs/app_2012-12-28_spa_12-16.pdf

North Carolina

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

Oklahoma

Oklahoma Medicaid has paid for outpatient lactation services since 2007. The benefit is for the mother so it ends when her coverage ends, roughly 60 days postpartum. The benefit allows for 6 visits prenatally or postpartum and is independently billed by an IBCLC who is a licensed nurse or dietitian; non-licensed IBCLCs are also included as providers.

<https://www.okhca.org/providers.aspx?id=11795>

<http://www.okhca.org/providers.aspx?id=11795&terms=lactation%20service>

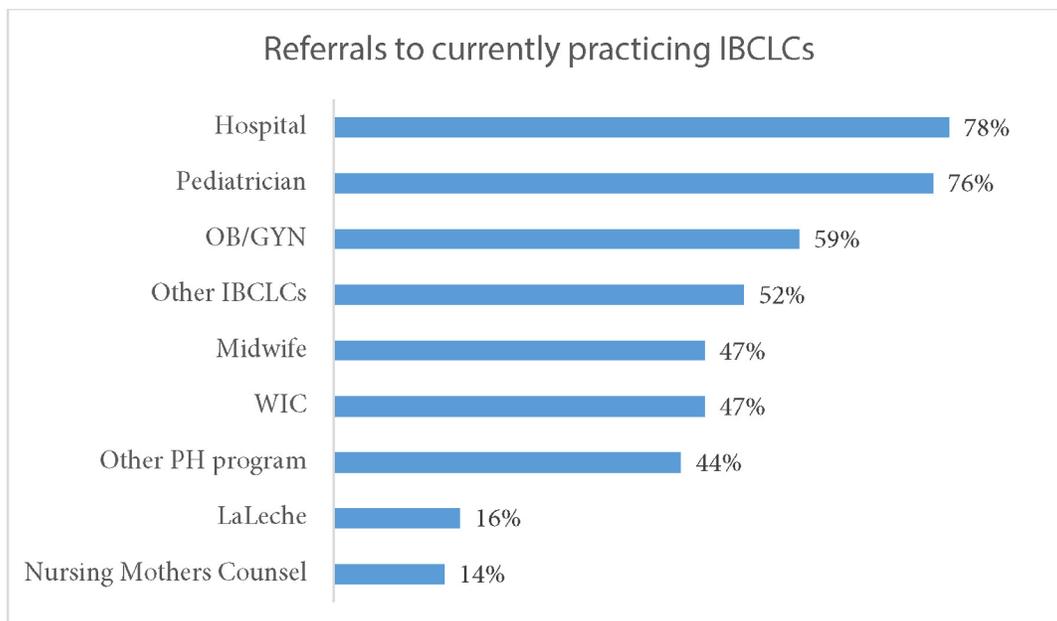
Appendix B: Oregon Lactation Services Survey Results – December 2015

Profile of lactation consultants who responded

There were 116 survey responses, of whom 81 (70%) were IBCLCs. Of these, 34 were also Registered Nurses (RNs), several were Registered Dietitians (RDs), and 15 were WIC staff. Of those who were not IBCLCs, about half were WIC staff and one out of four were certified lactation educators/counselors.

Among IBCLCs, 80% did not know the CCO for their area.

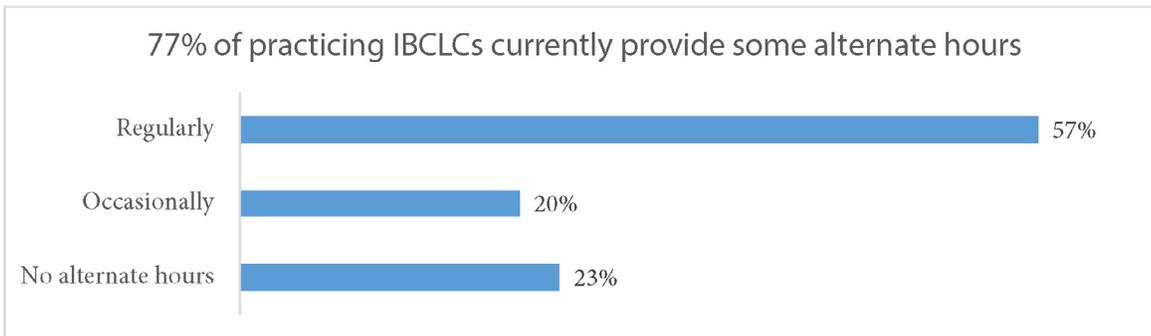
91% of IBCLCs are currently providing direct breastfeeding support/ lactation consultations. (Among those who are not IBCLCS, 86% are providing direct breastfeeding support/lactation consultations).



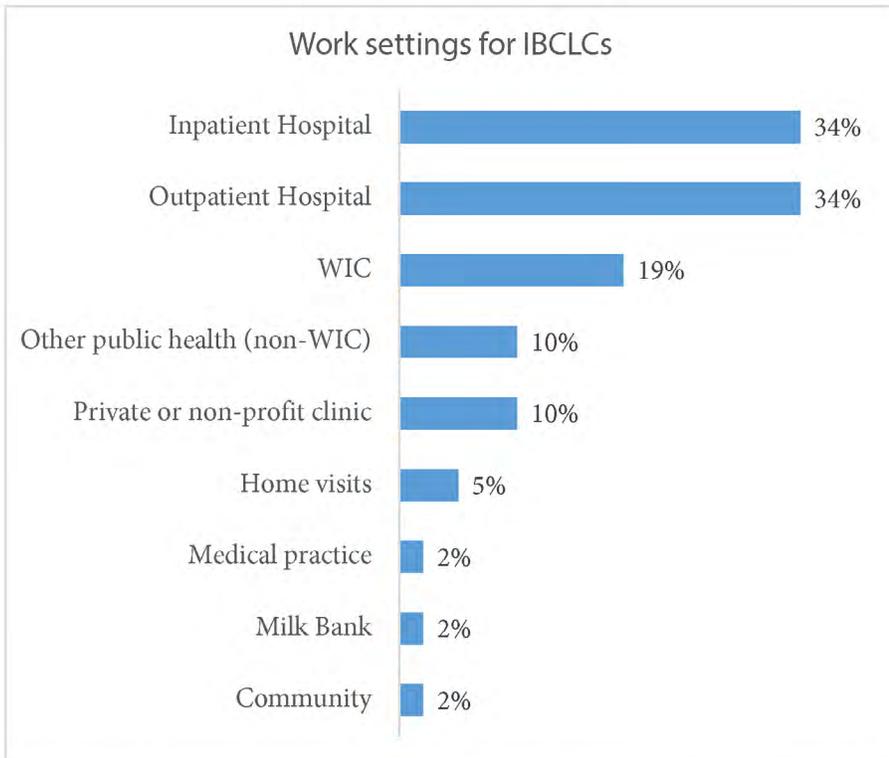
County/City where IBCLC provides services

County	Total	City	Total
Benton	2	Albany	1
Clackamas	7	Astoria	3
Clark (Washington)	4	Beaverton	2
Clatsop	4	Bend	2
Coos	1	Clackamas	1
Deschutes	4	Coos Bay	1
Hood River	2	Cornelius	1
Jackson	4	Corvallis	2
Jefferson	2	Eugene	2
Josephine	5	Grants Pass	5
Lane	3	Hillsboro	2
Linn	1	Hood River	2
Malheur	1	Madras	1
Multnomah	35	Medford	4
Tillamook	1	Milwaukie	1
Washington	7	Newberg	1
Yamhill	1	Ontario	1
(blank)	4	Oregon City	2
		Portland	37
		Seaside	1
		Springfield	1
		Tigard	1
		Tillamook	1
		Warm Springs	1
		West Linn	1
		(blank)	5

About 5 worked in multiple cities/counties



These alternate hours are typically on the weekends or if a client is unable to make the regularly scheduled hours.



Almost all of those who work at in-patient hospital settings also do out-patient (42% of all IBCLCs).
 IBCLCs who work in other settings include: tribal (1), Kaiser (1), Allcare Health, retired (1), dental offices (1)

