



Honorable Sylvia Mathews Burwell
Secretary
Department of Health and Human Services
200 Independence Ave SW
Washington DC 20201

By Electronic Delivery

RE: Provide Guidance on ACA Mandate for Coverage of Lactation Services

Dear Secretary Burwell:

The United States Lactation Consultant Association (USLCA) is a non-profit organization established to advocate for improved access to lactation care. Lactation consultant services provided by our members, who are International Board Certified Lactation Consultants (IBCLCs), are a beneficial and cost-effective preventive service that can improve health outcomes while reducing costs.

On June 9, 2015 eighty members of Congress communicated to your office a request that the Department of Health and Human Services “issue guidance to clarify that these [lactation] services be covered by insurance plans.” The USLCA is writing in response to the appeal of these Congressional members, to further urge the Department of Health and Human Services (HHS) to take an active role to ensure that lactation services become a standard benefit for all insurers with no cost-sharing, as mandated by the Patient Protection and Affordable Care Act (ACA). In particular, we urge HHS to issue guidance recognizing lactation consultant services provided by IBCLCs as a preventive service exempt from cost sharing pursuant to the ACA.ⁱ

Breastfeeding is one of the most valuable medical contributions to infant health and nutrition. Breastfeeding protects infants from acute infectious diseases and the increased risk of chronic diseases such as diabetes, obesity, certain cancers, asthma, and impaired neurodevelopment associated with lack of breastfeeding.ⁱⁱ Successful breastfeeding also is important to the health of women, as lack of breastfeeding increases the risk of pre-menopausal breast cancer, ovarian cancer, type II diabetes, hypertension, hyperlipidemia and cardiovascular disease.ⁱⁱⁱ For these reasons, most major health organizations and government health agencies recommend exclusive breastfeeding for six months postpartum, followed by continued breastfeeding with complimentary foods for one year and beyond.^{iv} However, current breastfeeding rates fall far below the recommended levels, particularly for low-income and minority mothers.^v

Current data suggest that 71%^{vi} to 92%^{vii} of women have problems breastfeeding that require individualized lactation services. Research shows that the role of the healthcare provider is critical to breastfeeding success, and that women are significantly more likely to achieve their breastfeeding goals if they are supported prenatally, in the maternity care facility, and *after discharge*.^{viii} Evidence also shows that several specific practices in intrapartum medical care settings can significantly affect breastfeeding rates and the duration of breastfeeding among women.

Specifically, the inclusion of and reimbursement for the services of IBCLCs can improve breastfeeding outcomes and contribute to improved mother and infant health outcomes.^{ix} Relevant to the ACA’s preventive services mandate, the United States Preventive Services Task Force (USPSTF) recommends primary care preventions to promote breastfeeding, including pre- and postnatal breastfeeding education, formal breastfeeding evaluations undertaken by *trained caregivers* in the hospital, and out-patient care settings, followed by interventions to correct problems as needed.^x The IBCLC qualification meets the criteria as the most *extensively trained* healthcare profession *specializing solely in breastfeeding*



management. The IBCLC is the only healthcare professional with the duty to support the mother, the baby, and the breastfeeding relationship.

Accordingly, the U.S. Surgeon General's Call to Action to Support Breastfeeding, included breastfeeding support as an important prevention strategy, and recommended insurance coverage for IBCLC services in its list of actions.^{xi} According to the Surgeon General, "International Board Certified Lactation Consultants (IBCLCs) are the only health care professionals certified in lactation care. They have specific clinical expertise and training in the clinical management of complex problems with lactation."^{xii} In addition, the Centers for Disease Control and Prevention (CDC) has been recommending use of IBCLC Breastfeeding Support since 2005 in its "Guide to Breastfeeding Interventions."^{xiii} In light of these recommendations, mothers want and deserve access to IBCLCs through the medical system. The USLCA is aware of numerous other levels and types of breastfeeding support providers which all contribute to breastfeeding success, however, the IBCLC has the most extensive training among them. The evidence collected over 30 years of care offered by IBCLCs consistently demonstrates improved breastfeeding outcomes for all women they serve.

USLCA notes that Aetna, a nationwide insurer offering private insurance and Medicaid managed care plans, implemented an excellent model for insurers, which became effective in August of 2012. Specifically, Aetna has made provision for credentialing of *IBCLCs* across the country. In addition, Aetna defined the billing and diagnosis codes necessary for their benefit holders to obtain reimbursement for lactation services.^{xiv} We believe that insurance plans throughout the country can and should follow Aetna's lead.

In sum, we urge the Secretary to issue guidance to states regarding the lactation services requirements of the ACA. We further urge HHS to issue guidance recognizing lactation consultant services provided by IBCLCs as preventive services under the ACA's essential health benefits provision.

The USLCA appreciates HHS's involvement in recognizing the need for breastfeeding support for women and their babies for purposes of the ACA's requirement for coverage of lactation services. USLCA would be grateful for the opportunity to further collaborate with HHS to make these essential lactation services available for all breastfeeding families.

Sincerely,

A handwritten signature in black ink that reads "Alisa Sanders".

Alisa Sanders, RN, IBCLC, RLC
President
United States Lactation Consultant Association

¹ Section 1001 of the ACA added section 2713 to the Public Health Service Act, which requires group health plans and health insurance issuers offering group or individual health insurance coverage to cover certain preventive services—including evidence-based items or services that have in effect a rating of 'A' or 'B' in the current recommendations of the United States

Preventive Services Task Force—without cost-sharing.

ⁱⁱ American Academy of Pediatrics, Policy Statement: Breastfeeding and the Use of Human Milk, *Pediatrics*, 115(2):496-506 (Feb. 2005).

ⁱⁱⁱ A.M. Stuebe, E.B. Schwarz, The risks and benefits of infant feeding practices for women and their children. *Journal of Perinatology*. 2010 Mar; 30(3):155-162.

^{iv} See, e.g., *Id.*; American Public Health Association. American Public Health Association Policy Statement 200714. A Call to Action on Breastfeeding: A Fundamental Public Health Issue. Washington, DC: American Public Health Association; 2007. Retrieved from <http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1360>; Centers for Disease Control and Prevention. Breastfeeding. 2010. Accessed May 2010 from <http://www.cdc.gov/breastfeeding/>.

^v M.M. McDowell, J. Kennedy-Stephenson, Breastfeeding in the United States: Findings from the National Health and Nutrition Examination Survey, 1999-2006, NCHS Policy Brief No. 5 (April 2008), *available at*: <http://www.cdc.gov/nchs/data/databriefs/db05.htm>; Palmer JR, Boggs DA, Wise LA, Ambrosone CB, Adams-Campbell LL, Rosenberg L. Parity and lactation in relation to estrogen receptor negative breast cancer in African American women. *Cancer Epidemiol Biomarkers Prev*. 2011 Sep;20(9):1883-91. Epub 2011 Aug 16.

^{vi} Clegg S. 2008, July. Standardization of lactation staffing in an integrated hospital system. Presented at ILCA Conference, Las Vegas, Nevada.

^{vii} Chantry, Carolyn, MD. Personal communication of pre-publication research results. July 2011

^{viii} Tedstone, "Extending Breastfeeding Duration Through Primary Care: A Systematic Review of Prenatal and Postnatal Interventions," *J Hum Lact* 17, no. 4 (2001): 326-343; US Department of Health and Human Services, *Healthy People 2010: Maternal, Infant, and Child Health* (Washington, DC: US Department of Health and Human Services, 2000), <http://www.healthypeople.gov/document/html/volume2/16MICH.htm>.

^{ix} ND Calonge et al., "Primary Care Interventions to Promote Breastfeeding: U.S. Preventive Services Task Force Recommendation Statement," *Annals of Internal Medicine* 149, no. 8 (2008): 560-564; Castrucci et al., "A Comparison of Breastfeeding Rates in an Urban Birth Cohort," *Journal of Public Health Management* 12, no. 6 (2006): 578-585; Castrucci et al., "Availability of lactation counseling services influences breastfeeding among infants admitted to neonatal intensive care units," *Am J Public Health* 21, no. 5 (2007): 410-415; MJ Heinig, "The Cost of Breastfeeding Support: A Primer," *J Hum Lact* 17, no. 2 (2001): 101-102; MIC de Oliveira, LAB Camacho, and AE Tedstone, "Extending Breastfeeding Duration Through Primary Care: A Systematic Review of Prenatal and Postnatal Interventions," *J Hum Lact* 17, no. 4 (2001): 326-343; US Department of Health and Human Services, *Healthy People 2010: Maternal, Infant, and Child Health* (Washington, DC: US Department of Health and Human Services, 2000), <http://www.healthypeople.gov/document/html/volume2/16MICH.htm>.

^x US Preventive Services Task Force, Primary Care Preventions to Promote Breastfeeding, <http://www.uspreventiveservicestaskforce.org/uspstf/uspbrfd.htm>.

^{xi} U.S. 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. <http://www.surgeongeneral.gov/topics/breastfeeding/index.html>

^{xii} *Ibid* (emphasis added).

^{xiii} Shealy KR, Li R, Benton-Davis S, Grummer-Strawn LM. The CDC Guide to Breastfeeding Interventions. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2005. http://www.cdc.gov/breastfeeding/pdf/breastfeeding_interventions.pdf.

^{xiv} Efforts to utilize IBCLC services in states are impinged by lack of state licensure for this 30 year young profession. State governments and policies have created a healthcare system with the prevailing requirement of licensure as essential one's ability to practice. At the present time, only Rhode Island has licensed IBCLCs as of June 1, 2015. USLCA advocates across the country for states licensure of IBCLCs. There are currently bills introduced in Georgia, Massachusetts, Minnesota, New Jersey, New York and Texas. There are working licensure committees in 29 other states. However, even in states that currently lack licensure for IBCLCs, these lactation professionals are subject to a rigorous certification process. In these states, we urge HHS to recognize IBCLCs as providers of lactation support services on the basis of this certification.