



October 11, 2013

Dear Medical Director,

The American Academy of Pediatrics (AAP) is the professional medical society of over 60,000 pediatricians, pediatric medical sub-specialists and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents and young adults. The AAP recommends that infants be exclusively breastfed for the first 6 months of life and thereafter, for as long as is mutually desired by the mother and infant. Under the Affordable Care Act (ACA), coverage of comprehensive lactation support and counseling and costs of renting or purchasing breastfeeding equipment extends for the duration of breastfeeding.

However, under the ACA, plans and insurers may use reasonable medical management techniques to determine the frequency, method, treatment or setting for a recommended preventive item or service, to the extent not specified in the recommendation or guideline. Given the potential disparities in benefits coverage that would result, I urge all payers, including Medicaid, CHIP and private health plans cover breastfeeding related physician services and equipment, including breast pumps most appropriate to the needs of the lactating mother.

In order for mothers to continue breastfeeding, and reap the benefits of fully breastfed children, they must be able to express milk as expeditiously and comfortably as possible. Breastfeeding results in improved infant and maternal health outcomes¹ and saves money on potential health care claims:

- Breastfeeding employees are less likely to be absent from work
- Studies report that breastfeeding lowers health care costs
- Employers with lactation support programs report lower turnover, higher productivity and positive public relations

Strategies that increase the number of mothers who breastfeed exclusively for about 6 months would be of great economic benefit on a national level. A detailed pediatric cost analysis concluded that if 90% of US mothers would comply with the recommendation to breastfeed exclusively for 6 months, there would be a savings of \$13 billion per year.² The savings do not include those related to a reduction in parental absenteeism from work or adult deaths from diseases acquired in childhood, such as asthma, type 1 diabetes mellitus, or obesity-related conditions.

Although most mothers of newborns intend to breastfeed, many do not continue through the 6-month goal often because they return to work and lack lactation support and access to breast pumps. CDC data reports that only 16% of mothers continue to exclusively breastfeed at 6 months and only 47% include breast milk in their infant's diet at 6 months.³

Benefits coverage should include lactation counseling and all grades of breast pumps (manual, electric, hospital grade) and related supplies as recommended by the physician. Benefit plans that require the use of a DME supplier should ensure that breast pumps are readily available from that supplier. Manual breast pumps may not be appropriate in all situations and benefit plans should include coverage for electric and hospital grade breast pumps. Double electric or hospital grade pumps are often more efficient to maintain milk supply for mothers that return to work.

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The HCPCS codes that may be utilized by pediatricians for mothers to receive breast pumps are:

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

By implementing benefits coverage for both electric and manual breast pumps, health care plans and employers have an opportunity to impact positively the health of employees and children while enhancing quality and lowering health care costs. We encourage you to partner with health professionals to ensure that mothers receive the resources that they need to be able to continue to breastfeed. The goal of mothers exclusively breastfeeding at 6 months and beyond will never be achieved without this support.

I look forward to your response regarding the level of coverage for breastfeeding services including breast pumps. Should you have any further questions or would like assistance in developing supports for breastfeeding, please contact Ngozi Onyema-Melton, Manager, Maternal and Child Health Initiatives, at nonyema@aap.org or 800/433-9016 ext 4784.

Sincerely,



Thomas K. McInerney, MD, FAAP

President

TKM/nom

References

1. AAP Section on Breastfeeding, Breastfeeding and the Use of Human Milk. *Pediatrics* Vol. 129 No. 3 March 1, 2012 pp. e827-e841 at <http://pediatrics.aappublications.org/content/129/3/e827.full?sid=ee79f8ed-6856-4f36-9ef2-d83a88178219>
2. Bartick, M., Reinhold, A.; The Burden of Sub-optimal Breastfeeding in the United States: A Pediatric Cost Analysis. *Pediatrics* Vol. 125 No. 5 May 1, 2010 pp. e1048-e1056 at www.pediatrics.org/cgi/content/full/125/5/e1048
3. Centers for Disease Control and Prevention (CDC), Breastfeeding Report Card 2012, United States: Outcome Indicators at <http://www.cdc.gov/breastfeeding/data/reportcard2.htm>