BREASTFEEDING SUPPORT IN THE MEDI-CAL PROGRAM:

A Large Return on a Small Investment

Produced by the California WIC Association and the California Breastfeeding Coalition 2017

Introduction

ONE TREND REMAINS CONSTANT IN THE UNCERTAIN US HEALTH CARE LANDSCAPE. FOR MORE THAN A DECADE, THE HEALTH CARE SYSTEM HAS SHIFTED ATTENTION AND RESOURCES TOWARD PREVENTIVE SERVICES AND PRACTICES. Efforts to reduce costs and improve long-term health outcomes cannot succeed without early interventions aimed at reducing the impact of disease in the future.

Breastfeeding serves as a model for how investments in prevention can result in both short-term and long-term gains for individuals and the health care system as a whole. On a population level, breastfeeding has been proven effective in improving maternal and child health. Within the first year of life, breastfed infants have a reduced risk of ear infections, lower respiratory, and gastrointestinal tract infections. The benefits of breastfeeding persist through early adulthood, resulting in reduced risk for leukemia, obesity, and Crohn's disease. Women who breastfeed also have a reduced risk of breast and ovarian cancer, diabetes and other diseases[1,2]. Breastfeeding is associated with reduced maternal and child mortality. A recent comprehensive study of the economic impacts of breastfeeding concludes that one maternal or child death is averted for every 597 women who optimally breastfeed[2].

Breastfeeding requires both direct, personalized support and policy-level support to maximize its use and effectiveness. Numerous studies illustrate the importance of direct support to mothers as an effective way to increase initiation and continuation of breastfeeding[3]. Counseling and education services such as those provided by International Board Certified Lactation Consultants (IBCLCs) are essential to ensure that mothers have the information and tools necessary to support breastfeeding. Lay health educators, such as peer counselors or community health workers, offer support services that are complementary to those provided by certified lactation consultants, and they can often reach patients in more diverse settings. Health educators are more widely available and often are more culturally and linguistically diverse than IBCLCs, increasing access to critical information and services in many otherwise hard-to-reach communities. The health and financial benefits of breastfeeding far outweigh the costs of providing direct support services, yet there is significant disparity in the delivery of these services across Medi-Cal programs and health plans.

The Special Supplemental Nutritional Program for Women, Infants and Children (WIC) is a federal program administered at the state level by the California Department of Public Health. WIC participants receive benefits at the 83 WIC agencies with 650 sites located throughout the state. These agencies serve approximately 1.16 million low-income women and children monthly, providing services from the prenatal period through the child's fifth birthday. WIC provides food vouchers, nutrition education, breastfeeding support, and referrals to health care providers and diverse services. WIC supports breastfeeding as the most effective nutritional intervention in early childhood and provides direct education and support with all levels of lactation expertise, as well as necessary high quality, effective breastfeeding supplies.

THE WIC PROGRAM HAS SERVED AS A DE FACTO SAFETY NET TO COVER GAPS IN BREASTFEEDING SUPPORT AND SUPPLIES THAT HAVE BEEN THE RESPONSIBILITY OF MEDI-CAL PLANS. Despite longstanding regulations to provide services and supplies[4], ensuring reliable networks of lactation consultants and lay educators, and adequate rates for reimbursement for in-person support and supplies is a decades old challenge. Since the rollout of the Affordable Care Act, and California's Medi-Cal expansion, some health plans have bolstered lactation benefits. But with over 20 health plans and extensive subcontracting with plans and medical groups, the benefits are not consistently provided.

The California WIC Association engaged Milliman to conduct an actuarial analysis to evaluate the impact on insurance premiums of providing comprehensive breastfeeding support benefits[5]. The analysis evaluated commercial insurance claims data to estimate the use of support, supplies, and counseling services, and adjusted the utilization rates to reflect the higher proportion of women of child-bearing age in Medi-Cal. Applying the most current Medi-Cal fee schedules, the analysis estimated the per-member-per-year costs of providing comprehensive coverage for breastfeeding services and supplies.

MOTHERS AND INFANTS HAVE A WIDE RANGE OF BREASTFEEDING SUPPORT NEEDS, such as assistance with positioning and latch, establishment of milk and confirmation of milk transfer and weight gain, problem solving for complex cases involving preterm infants or mothers or infants with medical problems. Support also includes the transitions and challenges as an infant grows. For many mothers support also includes her return to work and introduction of solid foods[6].

The Affordable Care Act (ACA) mandated that all non-grandfathered private health plans cover all preventive services at no cost to the patient. The Women's Preventive Services Guidelines, supported by the Health Resources and Services Administration, further clarified that preventive services must include, with no cost sharing, "comprehensive lactation support services (including counseling, education, and breastfeeding pumps and supplies) during the antenatal, perinatal, and the postpartum period to ensure the successful initiation and maintenance of breastfeeding"[8]. States like California that implemented the ACA Medicaid expansion are required to offer a full range of Essential Health Benefits, including the comprehensive lactation support services listed above for the newly covered population. While clear about the scope of benefits, these mandates do not dictate the type or quality of breast pumps that must be provided as part of the preventive care benefit.

BREASTFEEDING SUPPORT SERVICES VARY IN SCOPE AND COST. THERE ARE TWO CATEGORIES OF BREASTFEEDING SERVICES.

Counseling and Education

The first includes services related to counseling, education, and support provided prenatally through the duration of breastfeeding. Breastfeeding education, counseling, and hands-on instruction can be provided by IBCLCs or by health educators without the IBCLC certification. Certified lactation consultants, qualified to provide evidenced-based care for all complexities of problems associated with breastfeeding, are associated with a higher cost, but they may also bill for services under certain health insurance contracts. California does not require licensure for IBCLCs. Health educators generally do not have certification and are often trained as peer or community health education specialists to provide basic education and support. These service providers typically are not eligible to bill health plans for the services they provide, and their services are often much less costly than those of certified lactation consultants. Both are essential to providing breastfeeding support.

INTERNATIONAL BOARD CERTIFIED LACTATION CONSULTANT (IBCLC)

An International Board Certified Lactation Consultant® (IBCLC®) is a healthcare professional who specializes in the clinical management of breastfeeding. An IBCLC is certified by the International Board of Lactation Consultant Examiners® (IBLCE®), independently accredited by the National Commission for Certifying Agencies (NCCA) of the Institute for Credentialing Excellence (ICE). An IBCLC works in a wide variety of settings, providing leadership, advocacy, professional development, and research in the lactation field[7].

Breast pumps and Supplies

The second service category includes breast pump equipment and related supplies.

THERE ARE TWO ISSUES THAT OFTEN ARISE IN THE REALM OF INSURANCE COVERAGE FOR BREAST PUMPS. One issue relates to the **type of pump** that a woman might need in order to continue breastfeeding if she is separated from her child for any reason (i.e., the infant needs to remain in the hospital after the birth, the mother is returning to work or school). Often, insurers will provide a single user pump, which is adequate for many situations, but is not appropriate for women who are separated from the child. Additionally, the **quality of the breast pumps** provided can vary and may often be of low enough quality so as to be ineffective in establishing or maintaining breastfeeding, cause the mother to seek breast pumps through WIC or other sources, or to stop breastfeeding, contrary to her infant feeding goals[9].

A Very Strong Return on a Small Investment

MEDI-CAL PLANS IN CALIFORNIA HAVE BEEN REQUIRED TO PROVIDE BREASTFEEDING SUPPORT SINCE 1998 [10,11,12]**.** According to the Milliman analysis, the cost of providing comprehensive breastfeeding support services is negligible relative to the benefits of increasing breastfeeding rates. Based on existing utilization rates, **the Medi-Cal program could realize savings between $405,000 to $940,000 per 100,000 women by providing breastfeeding services and support. Increasing breastfeeding rates to an ideal scenario of full breastfeeding to six months and partial breastfeeding to at least one year,** as recommended by the American Academy of Pediatrics and other major medical organizations, would save $1.6 million per 100,000 women annually.

"For the Medi-Cal population, the total cost for breastfeeding support, supplies, and counseling benefit represents a small portion of Medi-Cal coverage—approximately 0.0226% of total per-enrollee expenditures.
As a point of reference, if total per-enrollee expenditures for a Medi-Cal enrollee were $430 per month, or $5,160 per year, approximately $1.16 per member per year may be attributed to this benefit[4]."

Policy Recommendations

INCREASING BREASTFEEDING RATES HAS LONG-TERM PUBLIC HEALTH AND ECONOMIC BENEFITS BUT REQUIRES MINIMAL INVESTMENT.

Developing the ideal breastfeeding support model would not significantly increase insurance premiums or Medi-Cal costs, but it would result in long-term gains for public health and the health care system overall. Increasing breastfeeding rates is a tangible short-term step that will result in immediate savings and health improvements, but system-level changes are required for sustained benefits. Described below are three system improvements that can move the Medi-Cal program forward in creating the ideal breastfeeding support environment for women and children[14].

1.

HIGHLY-TRAINED LACTATION CONSULTANTS AND LAY HEALTH EDUCATORS ARE THE IDEAL BREASTFEEDING SUPPORT TEAM.

Pairing highly-trained lactation consultants with increased availability of lay health educators makes for an ideal care team to increase and maintain breastfeeding rates. Women and infants facing challenges such as preterm birth, extended hospitalization, and return to work or school after delivery need specialized support to successfully initiate and continue breastfeeding. IBCLCs can play multiple roles on the care team. As the experts on evidence-based practices in lactation support, they provide specialized support that takes into account the specific capabilities and preferences of mothers and their infants. In addition, IBCLCs often serve as a resource for other members of the care team, providing guidance and answering questions on best practices and effective interventions. Pairing IBCLCs with an increased number of lay or peer lactation educators would expand the number of team members who can deliver quality lactation support and increase system efficiency.

2.

WOMEN NEED HIGH QUALITY PUMPS AND SUPPLIES, CUSTOMIZED TO INDIVIDUAL NEED.

Lactation experts always recommend feeding directly from the breast whenever possible. However, in some cases, women need the support of a breast pump in order to initiate or maintain adequate feeding. Access to an appropriate, high-quality pump can mean the difference between long-term breastfeeding success and early discontinuation or supplementation with formula. Income and type of insurance should not determine whether a woman is able to successfully breastfeed her child. Pumps and associated supplies account for the majority of expenses related to breastfeeding. Given that lactation services account for an insignificant fraction of insurance premium or Medi-Cal costs, increasing coverage to guarantee every woman a high-quality pump that is appropriate for her situation would do little to increase costs but could have enormous long-term benefits.

3.

BREASTFEEDING SUPPORT SHOULD BE AN INTEGRAL PART OF A CONTINUUM OF CARE.

Women interact with many health care providers and systems of care as they transition from prenatal care to delivery, to care of an infant in the home and upon return to work or school. There is great opportunity to integrate breastfeeding support into a seamless continuum of care throughout these transitions. The health care system recently began to pay attention to gaps in medication reconciliation as patients transition between providers.

There is a similar need to address gaps in continuity of breastfeeding support. Care teams at all points in the maternity care continuum must be capable of offering evidence-based lactation services. The window of opportunity to initiate breastfeeding is small, but the opportunities for discontinuation are many and span a much longer period of time. Providers in all settings can play an important role in supporting women's breastfeeding plans, but only if there is some level of standardization of information and support across care settings.

Investing in comprehensive benefits that support optimal breastfeeding would save millions of dollars and improve health outcomes of California mothers and their children in the short- and long-term. **Given the low costs of breastfeeding support services, fully implementing a lactation support benefit package that is available to women in all care settings is a necessary and realistic goal.**

Notes

1 Thomas M. Ball, MD MPH and David M. Bennett, RPH, MSA, *The Economic Impact of Breastfeeding*, Pediatric Clinics of North America, 48(1), February 2001.

2 Melissa C. Bartick, Eleanor Bimla Schwarz, et al, *Suboptimal Breastfeeding in the United States: Maternal and Pediatric Health Outcomes and Costs,* Matern Child Nutr, 13: e12366, 2017.

3 Chung M, Ip S, Yu W, et al. Interventions in Primary Care to Promote Breastfeeding: A Systematic Review. Rockville, MD: Agency for Healthcare Research and Quality; 2008.

4 California Department of Health Care Services Medi-Cal Provider Manuals

5 Dan Henry, FSA, MAAA, Susan Pantely, FSA, MAAA, and Susan Philip, MPP, *Impacts of Breastfeeding Support, Supplies, and Counseling on Health Insurance Premiums and Costs*, May 30, 2017. Prepared for Ursa Consulting and the California WIC Association.

6 International Lactation Consultant Association, Position Paper on the Role and Impact of the IBCLC

7 International Lactation Consultant Association

8 "Preventive Services for Women Covered by Private Health Plans under the Affordable Care Act" Kaiser Family Foundation Issue Brief, December 2016.

9 California WIC Association, *Ramping Up for Reform: Quality Breastfeeding Support in Preventive Care: A Practitioner's Guide to Leveraging WIC and Community Partnerships,* February 2012.

10 *Medi-Cal Policy Letter 98-10*.

11 Hawkins SS, Dow-Fleisner S, Noble A. *Breastfeeding and the Affordable Care Act*. Pediatric clinics of North America. 2015;62(5):1071-1091. doi:10.1016/j.pcl.2015.05.002.

12 Department of Health and Human Services, Centers for Medicare and Medicaid Service, *Medicaid Coverage of Lactation Services Issue Brief*, 2012

13 American Academy of Pediatrics Breastfeeding Guidelines

14 California WIC Association, *Ramping Up for Reform: Quality Breastfeeding Support in Preventive Care: A Practitioner's Guide to Leveraging WIC and Community Partnerships,* February 2012.

www.calwic.org

California WIC Association is a non-profit organization, whose members are the 83 local WIC agencies.

Inquiries: Karen Farley kfarley@calwic.org

www.californiabreastfeeding.org

The California Breastfeeding Coalition's (CBC) mission is to improve the health and well-being of Californians by working collaboratively to protect, promote, and support breastfeeding.

To contact the California Breastfeeding Coalition, email californiabreastfeeding@gmail.com

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