
The Affordable Care Act: Breastpumps, Lactation Services and Coverage

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What is ACA?

The Affordable Care Act (ACA) was signed into law in 2010. There are many parts of the ACA, but one of the most valuable is that ACA requires health plans to cover breastfeeding support and supplies. Many health plans began implementing this coverage on or after August 1, 2012.

Does this apply to me?

If you have a private insurance carrier or commercial insurer, this law applies to you. Currently this law does not cover Medicaid or WIC.

What does my insurance company cover?

This is a difficult question because every plan is different. But we know that you're counting on us for information, so we conducted a survey of some of the largest insurance companies and gained valuable insights into their implementation of benefits and coverage criteria for breastpumps and lactation counseling.

Our findings? Great news for breastfeeding moms!

1. ***Your voice can be heard.*** Insurance companies are still shaping their breastpump coverage policies. So don't be afraid to speak up for what you want – it just might make a difference, for you and for many other breastfeeding moms.
2. ***You don't have to worry.*** If you or your baby has a medical issue, like the need to initiate milk supply or if your baby is in the NICU, chances are you'll get the hospital-grade pump you need. 77% of insurance companies surveyed cover them – but most require pre-authorization, so be prepared and ask for a prescription.
3. ***You have time to educate yourself.*** The majority of plans don't allow pump pickup until your baby's delivery or after. But you'll benefit by being proactive! It's never too early to ask your insurance company what pump they offer and when you can get it. So set yourself up for breastfeeding success by researching pumps beforehand. This way, you'll already know what you want when the exciting time comes!
4. ***You don't have to compromise.*** 60% of plans surveyed allow you to upgrade from their basic option to the pump of your choice – you just pay the difference. But not all plans will proactively communicate this to their members. So if you want a Medela 2-Phase pump, like Pump In Style Advanced, ask for it! And get the pump you know is best for your breastfeeding experience.
5. ***You don't have to go without.*** Most plans require you to get your pump from an in-network provider. But, 76% of plans surveyed are also flexible if the covered pump isn't available, letting you choose another pump or even reimbursing your purchase from a retail store. Just ask!
6. ***You don't have to go it alone.*** Breastfeeding moms, rejoice! Nearly all plans cover lactation counseling without a co-pay. Pump coverage + lactation support = successful breastfeeding more accessible to more moms.

Our conclusion: Feel empowered, and don't compromise. You have a voice in your pump choice! Learn about your options by calling your insurance provider, and set yourself up for breastfeeding success.

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Coverage questions you should ask your insurance company

You have a voice in your pump choice, so give your insurance company a call (their customer service number can be found on the back of your insurance card).

It's easy to get started:

1. Take a look at the situations below.
2. Identify the ones that apply to you.
3. Be prepared to ask your insurance company the corresponding questions.
4. Feel like a rock star!

You'll never know unless you ask!

Situation	Questions
<p>Congratulations! You're pregnant, and you want to breastfeed.</p>	<ul style="list-style-type: none"> • What type of pump can I get? • What brand is it? • Can I get the pump before my baby is born, or do I have to wait until after delivery? • What if I want a different pump from what's covered?
<p>That's not what I wanted... Your insurance provider doesn't cover the pump you want. Maybe they only offer a manual pump, and you need a double electric. Or maybe you want a pump with the latest technology, but it isn't offered.</p>	<ul style="list-style-type: none"> • I want a Medela 2-Phase pump. Is that covered? • If not, I want to upgrade to it. How much will I have to pay to do this?
<p>What do you mean you're out of stock? No covered pumps are available at the in-network provider where you're required to get your pump, and you can't (or don't want to) wait.</p>	<ul style="list-style-type: none"> • I need a pump now, and the one that's covered isn't available where you sent me to get it. • They do have the Medela Pump In Style Advanced, however. Will you please cover it? • Or...since I need a pump now, I want you to reimburse me for the pump I buy at a retail store; is that possible?
<p>Medical issues Your baby is in the NICU, you're having problems initiating your breastmilk supply or there's a physical abnormality or other medical condition that separates you from your baby or otherwise interferes with breastfeeding.</p>	<ul style="list-style-type: none"> • I have a medical need for a hospital-grade pump. Will the rental be covered? • Do I need a prescription for proof of medical necessity?
<p>Help! You recently gave birth and are experiencing breastfeeding challenges. (Don't give up!)</p>	<ul style="list-style-type: none"> • I need to see a lactation consultant. What are the requirements for reimbursement? For example, does the lactation consultant need to be affiliated with a hospital or doctor's office? • Do my visits require pre-authorization? • How many visits are covered?

Remember! Once your provider has implemented changes required through the ACA, lactation services and breastpumps are provided without co-payments; however, each provider writes their own policy, so it is very important to speak with your provider to understand your benefits and coverage.

US Department of Health & Human Services Helpful Sites:

- www.healthcare.gov
- www.hrsa.gov/womensguidelines/
- www.womenshealth.gov