

205.556 Coverage for lactation consultation, breastfeeding equipment, in-home programs for pregnant and postpartum women, and telehealth or digital health services related to maternity care.

- (1) As used in this section:
 - (a) "Breast pump kit" means a collection of tubing, valves, flanges, bottles, and other parts required to extract human milk using a breast pump;
 - (b) "In-home program" means a program offered by a health care facility or health care professional for the treatment of substance use disorder which the insured accesses through telehealth or digital health service;
 - (c) "Lactation consultation" means the clinical application of scientific principles and a multidisciplinary body of evidence for evaluation, problem identification, treatment, education, and consultation to families regarding the course of lactation and feeding by a qualified clinical lactation care practitioner, including but not be limited to:
 1. Clinical maternal, child, and feeding history and assessment related to breastfeeding and human lactation through the systematic collection of subjective and objective information;
 2. Analysis of data;
 3. Development of a lactation management and child feeding plan with demonstration and instruction to parents;
 4. Provision of lactation and feeding education;
 5. The recommendation and use of assistive devices;
 6. Communication to the primary health care practitioner or practitioners and referral to other health care practitioners, as needed;
 7. Appropriate follow-up with evaluation of outcomes; and
 8. Documentation of the encounter in a patient record;
 - (d) "Qualified clinical lactation care practitioner" means a licensed health care practitioner wherein lactation consultation is within their legal scope of practice; and
 - (e) "Telehealth" or "digital health" has the same meaning as in KRS 211.332.
- (2) The Department for Medicaid Services and any managed care organization with which the department contracts for the delivery of Medicaid services shall provide coverage:
 - (a) For lactation consultation;
 - (b) For breastfeeding equipment;
 - (c) To pregnant and postpartum women for an in-home program; and
 - (d) For telehealth or digital health services that are related to maternity care associated with pregnancy, childbirth, and postpartum care.
- (3) The coverage required by this section shall:
 - (a) Not be subject to:
 1. Any cost-sharing requirements, including but not limited to copayments,

- unless otherwise required under federal law; or
2. Utilization management requirements, including but not limited to prior authorization, prescription, or referral, except as permitted in paragraph (d) of this subsection;
- (b) Be provided in conjunction with each birth for the duration of breastfeeding, as defined by the beneficiary;
- (c) For lactation consultation, include:
1. In-person, one-on-one consultation, including home visits, regardless of location of service provision;
 2. The delivery of consultation via telehealth, as defined in KRS 205.510, if the beneficiary requests telehealth consultation in lieu of in-person, one-on-one consultation; or
 3. Group consultation, if the beneficiary requests group consultation in lieu of in-person, one-on-one consultation; and
- (d) For breastfeeding equipment, include:
1. Purchase of a single-user, double electric breast pump, or a manual pump in lieu of a double electric breast pump, if requested by the beneficiary;
 2. Rental of a multi-user breast pump on the recommendation of a licensed health care provider; and
 3. Two (2) breast pump kits as well as appropriately sized breast pump flanges and other lactation accessories recommended by a health care provider.
- (4) (a) The breastfeeding equipment described in subsection (3)(d) of this section shall be furnished within forty-eight (48) hours of notification of need, if requested after the birth of the child, or by the later of two (2) weeks before the beneficiary's expected due date or seventy-two (72) hours after notification of need, if requested prior to the birth of the child.
- (b) If the department cannot ensure delivery of breastfeeding equipment in accordance with paragraph (a) of this subsection, an individual may purchase equipment and the department or a managed care organization with whom the department contracts for the delivery of Medicaid services shall reimburse the individual for all out-of-pocket expenses incurred by the individual, including any balance billing amounts.

Effective: April 14, 2026

History: Amended 2026 Ky. Acts ch. 179, sec. 3, effective April 14, 2026. -- Created 2024 Ky. Acts ch. 207, sec. 12, effective July 15, 2024.