

1 AN ACT relating to Medicaid coverage for lactation support services and
2 breastfeeding equipment.

3 *Be it enacted by the General Assembly of the Commonwealth of Kentucky:*

4 ➔SECTION 1. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO
5 READ AS FOLLOWS:

6 *(1) The Department for Medicaid Services and any managed care organization with*
7 *which the department contracts for the delivery of Medicaid services shall provide*
8 *coverage for comprehensive lactation counseling, lactation consultation, and*
9 *breastfeeding equipment.*

10 *(2) The coverage required by this section shall:*

11 *(a) Not be subject to:*

12 *1. Any cost-sharing requirements, including but not limited to*
13 *copayments; or*

14 *2. Utilization management requirements, including but not limited to*
15 *prior authorization, prescription, or referral, except as permitted in*
16 *paragraph (d) of this subsection;*

17 *(b) Be provided in conjunction with each birth for the duration of*
18 *breastfeeding, as defined by the beneficiary;*

19 *(c) For lactation counseling and lactation consultation, include:*

20 *1. In-person, one-on-one counseling or consultation, including home*
21 *visits, regardless of location of service provision;*

22 *2. The delivery of counseling or consultation via telehealth, as defined in*
23 *KRS 205.510, if the beneficiary requests telehealth counseling or*
24 *consultation in lieu of in-person, one-on-one counseling or*
25 *consultation; and*

26 *3. Group counseling, if the beneficiary requests group counseling in lieu*
27 *of in-person, one-on-one counseling or consultation; and*

1 (d) For breastfeeding equipment, include:

2 1. Purchase of a single-user, double electric breast pump, or a manual
3 pump in lieu of a double electric breast pump, if requested by the
4 beneficiary;

5 2. Rental of a multi-user breast pump on the recommendation of a
6 licensed health care provider; and

7 3. Two (2) breast pump kits as well as appropriately sized breast pump
8 flanges and other lactation accessories recommended by a health care
9 provider.

10 (3) (a) The breastfeeding equipment described in subsection (2)(d) of this section
11 shall be furnished within forty-eight (48) hours of notification of need, if
12 requested after the birth of the child, or by the later of two (2) weeks before
13 the beneficiary's expected due date or seventy-two (72) hours after
14 notification of need, if requested prior to the birth of the child.

15 (b) If the department cannot ensure delivery of breastfeeding equipment in
16 accordance with paragraph (a) of this subsection, an individual may
17 purchase equipment and the department or a managed care provider with
18 whom the department contracts for the delivery of Medicaid services shall
19 reimburse the individual for all out-of-pocket expenses incurred by the
20 individual, including any balance billing amounts.

21 (4) As used in this section:

22 (a) "Breast pump kit" means a collection of tubing, valves, flanges, bottles, and
23 other parts required to extract human milk using a breast pump;

24 (b) "Lactation consultation" means the provision of lactation care and services
25 by an International Board Certified Lactation Consultant or other licensed
26 health care provider, including:

27 1. Lactation assessment;

- 1 2. Creation of a lactation care plan;
2 3. Lactation education; and
3 4. Recommendations for an instruction in the use of assistive devices;
4 and
5 (c) "Lactation counseling" means the provision of breastfeeding education and
6 support services by an International Board Certified Lactation Consultant
7 or other licensed health care provider, including:
8 1. Educating women and families on the health impacts of breastfeeding
9 and human lactation;
10 2. Advocating for breastfeeding as the norm for feeding infants and
11 young children;
12 3. Providing breastfeeding support, encouragement, and care to help
13 women and families meet their breastfeeding goals; and
14 4. Identifying and, when appropriate, referring high-risk mothers for
15 clinical treatment.

16 ➔Section 2. If the Cabinet for Health and Family Services or the Department for
17 Medicaid Services determines that a waiver or any other authorization from a federal
18 agency is necessary prior to the implementation of any provision of Section 1 of this Act,
19 the cabinet or department shall, within 90 days after the effective date of this Act, request
20 the waiver or authorization and shall only delay full implementation of those provisions
21 for which a waiver or authorization was deemed necessary until the waiver or
22 authorization is granted.