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) As used in this section:
7	(a) "Breast pump kit" means a collection of tubing, valves, flanges, bottles, and
8	other parts required to extract human milk using a breast pump;
9	(b) "Lactation consultation" means the provision of lactation care and services
10	by a qualified lactation support professional, including:
11	1. Lactation assessment;
12	2. Creation of a lactation care plan;
13	3. Lactation education; and
14	4. Recommendations for and instruction in the use of assistive devices;
15	(c) "Lactation counseling" means the provision of breastfeeding education and
16	support services by a qualified lactation support professional or other
17	licensed health care provider, including:
18	1. Providing a lactation assessment;
19	2. Creating a lactation care plan;
20	3. Providing lactation education, including educating women and
21	families on the health impacts of breastfeeding and human lactation;
22	4. Advocating for breastfeeding as the norm for feeding infants and
23	young children;
24	5. Providing breastfeeding support, encouragement, and care to help
25	women and families meet their breastfeeding goals; and
26	6. Identifying and, when appropriate, referring high-risk mothers for
27	clinical treatment; and

I		(d) "Qualified lactation support professional" means an individual who holds a
2		current certification from a certification program accredited by the:
3		1. National Commission for Certifying Agencies;
4		2. Institute for Credentialing Excellence; or
5		3. American National Standards Institute.
6	<u>(2)</u>	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	<u>(3)</u>	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; or
26		3. Group counseling, if the beneficiary requests group counseling in lieu
27		of in-person, one-on-one counseling or consultation; and

1	<u>(d)</u>	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	(4) (a)	The breastfeeding equipment described in subsection (3)(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	<u>(b)</u>	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 organization
18		with whom the department contracts for the delivery of Medicaid services
19		shall reimburse the individual for all out-of-pocket expenses incurred by the
20		individual, including any balance billing amounts.
21	<b>→</b> S	ection 2. If the Cabinet for Health and Family Services or the Department for
22	Medicaid	Services determines that a state plan amendment, waiver, or any other form of
23	approval	or authorization from a federal agency is necessary prior to the implementation
24	of Section	1 of this Act, the cabinet or department shall, within 90 days after the effective
25	date of the	is Act, request the state plan amendment, waiver, approval, or authorization and
26	shall only	y delay full implementation of those provisions for which a state plan
27	amendme	nt, waiver, approval, or authorization was deemed necessary until the state plan

amendment, waiver, approval, or authorization is granted. The cabinet shall, in accordance with KRS 205.525, provide a copy of any state plan amendment, waiver, or other approval or authorization submitted pursuant to this section to the Interim Joint Committee on Health, Welfare, and Family Services and the Interim Joint Committee on Appropriations and Revenue and shall provide an update on the status of any application submitted pursuant to this section upon request.

→ Section 3. In the event that the Legislative Research Commission dissolves the

Interim Joint Committee on Health, Welfare, and Family Services and establishes another interim joint committee or committees with jurisdiction over health services or families and children, the reports required by Section 2 of this Act and KRS 205.525 shall be submitted to that committee or committees.

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