REPORT OF THE
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES ON

THE FEASIBILITY OF REVISING THE STATE PLAN FOR MEDICAL ASSISTANCE SERVICES TO INCLUDE LACTATION AND SUPPLIES FOR MEDICAID RECIPIENTS

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

HOUSE DOCUMENT NO. 28

COMMONWEALTH OF VIRGINIA
RICHMOND
1995

COMMONWEALTH of VIRGINIA

Office of the Governor

George Allen
Governor

Kay Coles James
Secretary of Health and Human Resources

January 6, 1995

TO: The Honorable George Allen

and

The General Assembly of Virginia

This report contained herein is pursuant to House Joint Resolution 248, agreed to by the 1994 General Assembly.

This report constitutes the response of the Department of Medical Assistance Services with the assistance and expertise of the Virginia Department of Health to study the feasibility of revising the state plan for medical assistance services to include lactation education and supplies for Medicaid recipients.

Respectfully Submitted,

Kay Coles James
Secretary of Health and Human Resources

Preface

House Joint Resolution No. 248 requested the Department of Medical Assistance Services to study the feasibility of revising the state plan for medical assistance services to include lactation education and supplies for Medicaid recipients. The Department of Medical Assistance Services, Division of Policy and Research prepared this study with the assistance and expertise of the Virginia Department of Health, Division of Public Health Nutrition. The benefits and costs of covering these supplies and services were calculated using Medicaid claims data and breastfeeding rates for Medicaid recipients. The cost-benefit analysis proved to be essentially cost neutral. Given this and the overwhelming scientific evidence regarding the benefits of breastfeeding, this report concludes that the Medicaid State Plan should cover certain breastfeeding supplies and lactation education services for Medicaid recipients.

Table of Contents

Executive Summary iii

Introduction and Statutory Authority 1

Background 1

Analysis 5

Conclusions and Recommendations 11

References 12

Appendices 13

Executive Summary

Recognition of the benefits of breastfeeding and concerns about the low rate of breastfeeding among women in Virginia, especially among women of lower socioeconomic status, prompted the General Assembly to pass House Joint Resolution No. 248 directing the Department of Medical Assistance Services (DMAS) to study the feasibility of revising the Medicaid State Plan to include reimbursement for lactation education and breastfeeding supplies for Medicaid recipients. The Department of Medical Assistance Services, Division of Policy and Research prepared this study with the assistance and expertise of the Virginia Department of Health, Division of Public Health Nutrition. The benefits and costs of covering these supplies and services were calculated using Medicaid claims data and breastfeeding rates for Medicaid recipients. The cost-benefit analysis proved to be essentially cost neutral. Given this and the overwhelming scientific evidence regarding the benefits of breastfeeding, this report concludes that the Medicaid State Plan should cover certain breastfeeding supplies and lactation education services for Medicaid recipients.

The benefits of breastfeeding are well established. Not only does breastfeeding prevent infection and allergies, but it also promotes closeness between a mother and her child. Research shows that the maximum benefits of breastfeeding are seen in infants who breastfeed at least until four to six months of age.[1] Benefits for a breastfed infant compared to a formula fed infant include lower rates of otitis media (middle ear infections), serious respiratory disease, diarrheal illness, atopic skin disorders,[2] meningitis, diabetes, childhood leukemia and other cancers, allergies, obesity, and developmental delays. Despite these benefits, many women who initially attempt to breastfeed quit soon after delivery for reasons such as lack of knowledge or support. The provision of breastfeeding supplies and lactation education are intended to address the mothers needs, prolong breastfeeding, and thereby preventing illness in the child. For the purposes of this study, the benefits of breastfeeding are measured by the costs of the services and drugs avoided from preventing episodes of illness such as otitis media, intestinal infection/diarrheal illness, and pneumonia by increasing the duration of breastfeeding among Medicaid recipients.

Costs of breastfeeding are measured by the costs of providing breastfeeding supplies and lactation educatión services to assist mothers in prolonging breastfeeding. This study only considers the costs of supplies and services deemed appropriate for Medicaid coverage. Certain supplies and services were not included because they are either already being paid for or are the responsibility of the Supplemental Feeding Program for Women, Infants, and Children (WIC).

The benefits (cost avoided, $364,000) and the costs of covering breastfeeding supplies and lactation education services ($359,348) for a one-year period were compared to arrive at the recommendation of covering the following services under the Medicaid State Plan:

1. Breast shells during the prenatal period for women with flat or inverted nipples who intend to breastfeed; breast shells during the postpartum period for women with sore nipples.

2. A hand-held manual breast pump for women attempting to breastfeed.

3. Rental of electric breast pumps and purchase of the associated kit in cases where a mother and infant are separated due to hospitalizations, or return to work or school.

4. Postpartum lactation education on an outpatient basis provided by a certified lactation education consultant for problems that are beyond the scope of a peer counselor.

Introduction and Statutory Authority

The 1994 General Assembly passed House Joint Resolution No. 248 (see Appendix A) directing the Department of Medical Assistance Services (DMAS) to study the feasibility of revising the Medicaid State Plan to include reimbursement for lactation education and breastfeeding supplies for Medicaid recipients. Research and analysis were completed by the Division of Policy and Research, DMAS with the assistance and expertise of the Virginia Department of Health (VDH), Division of Public Health Nutrition. As a part of the information gathering for this study, a group was convened to discuss issues related to implementation of lactation education services and breastfeeding supplies. The group included private lactation education consultants, hospital providers, the Statewide Breastfeeding Coordinator, Medicaid's BabyCare Program Supervisor and a policy analyst from the Division of Policy and Research.

Background

The benefits of breastfeeding are well established. Not only does breastfeeding prevent infection and allergies, but it also promotes closeness between a mother and her child. The American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), and the American Academy of Family Physicians (AAFP) recommend breastfeeding as the preferred method of infant nutrition.[3] Research shows that the maximum benefits of breastfeeding are seen in infants who breastfeed at least until four to six months of age.[4] Benefits for a breastfed infant compared to a formula fed infant include lower rates of otitis media (middle ear infections), serious respiratory disease, diarrheal illness, atopic skin disorders,[5] meningitis, diabetes, childhood leukemia and other cancers, allergies, obesity, and developmental delays. Table 1 illustrates the estimated cost savings to the health care system that can be achieved from breastfeeding:[6,7]

Table 1. Estimates of Cost Savings from Breastfeeding

Disease	Comparison to Formula Feeding	Cost/Episode
Diarrhea	Breastfed infants are 3 to 4 times less likely to have diarrheal diseases	$50-$70 (mild) $1,500-$3,000 (severe)
Ear Infections	Breastfed children have a 60% decreased risk	$60-$80
Allergies	Lower risk of food allergies	$400 (diagnosis and treatment)
Respiratory Synctial Virus	Decrease in severity and fewer hospitalizations	$60-$80(mild) $4,600-$5,000 (hospitalization)
Bronchitis Pneumonia	80% decrease in risk for lower respiratory infections	$60-$80 (mild) $4,600-$5,000 (hospitalization)
Meningitis	4-fold decrease in risk; Decrease in severity	$4500-$32,000
Baby Bottle Tooth Decay	Very low risk	$250 (cleaning and repair)
Diabetes Mellitus	Reduced risk, especially if given only breast-milk first few months	$3,000-$5,000

Breastfeeding Rates in the U.S.

Estimates of breastfeeding trends from the Ross Laboratories Mothers Surveys and the National Surveys of Family Growth show a small decline in the incidence of breastfeeding from 1955 to the early 1970's, followed by an increase until 1982, when the incidence of breastfeeding reached its peak in the U.S.[8,9] During the 1980's the rates of breastfeeding in the U.S. declined significantly due to factors such as the marketing of formula, shorter hospital stays for delivery, and lack of support and encouragement by relatives, friends, and health care providers to breastfeed.[10]

Low-income women, such as thos served by the Special Supplemental Feeding Program for Women, Infants, and Children (WIC) and Medicaid,

breastfeed at lower rates than other U.S. women.* In 1989 only 35 percent of WIC participants nationwide breastfed at hospital discharge and 9 percent breastfed at six months, compared with rates for all women nationwide of 52 percent at hospital discharge and 18 percent at six months." [11] Recognizing this disparity, Congress earmarked funds in the 1989 reauthorization of WIC funds to promote breastfeeding. Although the funds are limited, breastfeeding rates at hospital discharge among WIC participants have improved by 11.8% since 1989 while the breastfeeding rate for all women at hospital discharge has improved by 3.5%. The rate of breastfeeding among WIC participants at six months has improved by 14.9% compared to 2.9% for all women. Despite these improvements, the breastfeeding rate for WIC participants at hospital discharge and at six months is still significantly lower than the breastfeeding rate for all women.

Breastfeeding Rates in Virginia

In Virginia, the trend in breastfeeding among all women and among WIC participants has followed the upward national trend for breastfeeding since 1989. Although the breastfeeding rate among WIC participants in Virginia has improved at a much faster rate than the nation as a whole, the percent of WIC participants breastfeeding in Virginia remains lower than that of WIC participants nationwide. See Table 2.

* For purposes of this study, it is assumed that the breastfeeding rate among WIC participants approximates the breastfeeding rate of Medicaid recipients. This assumption can be made because although all Medicaid recipients may not participate in WIC, they are income eligible. In Virginia, Medicaid covers pregnant women up to 133% of the Federal Poverty Level and WIC covers pregnant women up to 185% of the Federal Poverty Level.

Table 2: Breastfeeding Rates for WIC Participants and All Women, Calendar Year 1989 and Fiscal Year 1992

	1989		1992	
	U.S.	Va.	U.S.	Va.
WIC				
In-hospital	34.8	19.1	38.9	29.7
1 mo.	27.3	14.1	30.8	23.3
6 mos.	8.9	5.3	10.3	7.5
All				
In-hospital	52.2	43.5	54.0	50.0
1 mo.	44.2	36.7	45.7	42.1
6 mos.	18.1	15.9	18.6	16.7

Note: These breastfeeding rates include some breastfeeding and exclusive breastfeeding.

Efforts to promote breastfeeding in Virginia were underway prior to the 1989 reauthorization of WIC which required states to allocate minimum levels of funding to promote breastfeeding. A Statewide Breastfeeding Task Force and regional task forces organized breastfeeding promotion activities. A peer counseling program was initiated on a voluntary basis by local WIC programs. Peer counselors are paraprofessionals who serve as breastfeeding mentors to WIC participants. Typically, peer counselors are former WIC participants who successfully breastfed their own infants and participate in a six-week training program. After the 1989 reauthorization of WIC, the peer counselor program expanded to all health districts. In 1993, there were 212 peer counselors throughout the state. In addition, a Statewide Breastfeeding Coordinator and regional breastfeeding consultants were hired on a part-time basis. In 1994, the Virginia Department of Health (VDH) will expand the part-time State Breastfeeding Coordinator to a full-time position to oversee breastfeeding promotion throughout the health districts. Outside of the WIC program, hospitals and community groups such as La Leche League sponsor support groups for breastfeeding mothers in many communities.

To continue the improvement in the breastfeeding rates and to reach the Objective for the Year 2000 set by the Department of Health and Human Services (HHS) to increase the percentage of women who breastfeed their infants to at least 75 percent at hospital discharge and to at least 50 percent at 5 to 6 months

postpartum, further steps must be taken to encourage and support breastfeeding. Coverage of lactation education and breastfeeding supplies for Medicaid recipients offers one such step. This report examines the feasibility of covering such services and supplies under Medicaid.

Analysis

DMAS has prepared a cost-benefit analysis to determine the feasibility of covering lactation education and breastfeeding supplies for Medicaid recipients. To analyze the costs and benefits, we delineated the various opportunities and types of lactation education and breastfeeding supplies that could be provided to a pregnant or breastfeeding woman. We considered issues such as the roles and responsibilities of Medicaid versus WIC, Medicaid eligibility, current Medicaid reimbursement methodologies, and the availability of qualified providers. We then multiplied the cost of each service or supply considered to be feasible to cover (after considering each of these issues) by the number of women and infants needing the service or supply to obtain a total cost. We calculated the benefits of breastfeeding in terms of the medical costs avoided for physician visits for otitis media (middle ear infections) and associated antibiotics and physician and inpatient hospital services for intestinal infection/diarrheal illness and pneumonia. Finally, we compared the costs to the benefits of covering breastfeeding supplies and lactation education services to arrive at a recommendation.

There are three opportunities to support and encourage a mother to breastfeed:

- During prenatal care and childbirth education classes
- In the hospital at delivery
- Postpartum for the mother who is attempting to breastfeed

For most women encouragement during the prenatal period to breastfeed is left up to health care providers involved in prenatal care and instructors of childbirth education classes. For WIC participants in Virginia, peer counselors are available to augment the efforts by the WIC nutritionist to encourage women to breastfeed. All pregnant Medicaid recipients should be referred to and enrolled in WIC.**

** In accordance with the Code of Federal Regulations (CFR), Virginia's Medicaid State Plan provides for coordination between the Medicaid and WIC programs. Details of the coordination are outlined in an Interagency Agreement between DMAS and VDH under Maternal/Child Health Activities. See Appendix B.

During the hospital stay for delivery, most hospitals include breastfeeding in their discharge teaching and planning, but the scope of the encouragement and assistance with breastfeeding varies by hospital. In addition, short hospital stays for a normal delivery limit the time discharge teaching on a given subject.

After discharge from the hospital, a mother who is attempting to breastfeed may need additional support in order to continue breastfeeding. If difficulties are encountered beyond the general information and encouragement provided by a peer counselor, a woman may need to be referred to a certified lactation consultant, a professional qualified to provide a mother with problem-solving assistance with breastfeeding.

Upon consideration of covering breastfeeding supplies and lactation education at each of the opportunities outlined above, we determined that:

- During the prenatal period, WIC participation and Medicaid funded prenatal care already offer opportunities for encouragement and support for breastfeeding. It is the responsibility of WIC to promote this standard of care among prenatal providers and through the peer counselor program throughout the Commonwealth. However, since WIC cannot guarantee funding for breastfeeding supplies, breast shells, a breastfeeding supply that can be used prenatally for pregnant women with inverted or flat nipples that intend to breastfeed, should be covered by Medicaid. Breast shells can also be used in the postpartum period for women with sore nipples.

- During the hospital stay for delivery, Medicaid cost-based reimbursement methodology already covers all services provided to a Medicaid recipient in the inpatient setting excluding physician services. This includes support and teaching for breastfeeding. However, availability of a manual breast pump for each woman who intends to breastfeed increases the likelihood that they will continue to breastfeed once they are discharged from the hospital. Since WIC cannot guarantee free breast pumps for all Medicaid recipients enrolled in WIC, this is a supply need that is feasible for Medicaid to cover. For mothers and infants who are separated due to hospitalization or the mother's return to work or school, rental of an electric pump and purchase of a kit should be covered by Medicaid.

- It is after the mother who is attempting to breastfeed her infant is discharged home that we see Medicaid coverage of lactation education as most feasible and appropriate. These services would enhance the current efforts of WIC to promote breastfeeding and support breastfeeding mothers through the peer

counselor program. We envision a service for mothers who experience difficulties beyond the scope of the paraprofessional peer counselor provided by WIC and need the help of a professional.

In summary, the supplies and lactation education services that are feasible to cover under Medicaid and enhance current efforts by WIC to promote breastfeeding are:

- breast shells
- manual breast pumps
- electric breast pumps and kits for mothers who are separated from their infants due to hospitalization or because the mother returns to school or work
- lactation education services on an outpatient basis provided by a certified lactation consultant

Cost of Covering Breastfeeding Supplies and Lactation Education Services

To estimate the cost of covering these supplies and services, we applied the breastfeeding rates (at hospital discharge, at one month, and at six months) among WIC participants in Virginia to the estimated number of Medicaid births. We can assume that the breastfeeding rates among Medicaid recipients approximates that for WIC participants since all pregnant women on Medicaid are eligible for WIC. Medicaid covers pregnant women up to 133% of the Federal Poverty Level and WIC covers pregnant women up to 185% of the Federal Poverty Level. The result is an estimated 11,880 Medicaid recipients who breastfeed at hospital discharge. At one month, 9,320 women still breastfeed and at six months only 3,000 still breastfeed.

Cost of Covering the Purchase of Breast Shells

Approximately 30% of pregnant women who intend to breastfeed will need to use breast shells prenatally to avoid difficulties with breastfeeding caused by flat or inverted nipples. Another use of breast shells is during the postpartum period for sore nipples. Under Medicaid, approximately 3,564 women would need breast shells at a cost of $5 per set for a total cost of $17,820.

Cost of Covering the Purchase of Manual Breast Pumps

Approximately 60% of the women who breastfeed at hospital discharge will need a manual breast pump to help them continue breastfeeding through difficulties they may experience such as low milk supply, occasional mother/baby separation or engorged breasts. Under Medicaid, approximately 7,128 women would need a manual breast pump at a cost of $11 each for a total cost of $78,408.

Cost of Covering the Rental of an Electric Breast Pump and Purchase of the Accompanying Kit

Women who are separated from their infant for a long period of time may need to express milk during the time they are away from their child. An electric breast pump offers a manageable way for a mother to express milk on a long term basis. To estimate the need for electric breast pumps, we considered infants separated from their mothers due to hospitalization, and the mother's return to work or school.

Approximately 15% of infants in a neonatal intensive care unit (NICU) are breastfed. This means that approximately 100 mothers of infants in a given year will need to use an electric breast pump and purchase the accompanying kit during the infant's hospital stay and a couple of weeks following discharge. This estimate includes only infants with hospital stays greater than one week. In most cases, those mothers whose infants have hospital stays less than one week could use a manual pump. In addition, approximately 30 infants or mothers who are readmitted to the hospital will need the use of an electric breast pump and kit. Finally, we estimate that 120 breastfeeding mothers who return to work or school will need the rental of an electric breast pump and purchase of the accompanying kit to continue breastfeeding. For 250 breastfeeding mothers at an average cost of $200 per pump rental and kit purchase, the total cost is $50,000.

Cost of Covering Lactation Education Services

Of the 8,880 women who quit breastfeeding from the time of hospital discharge to 6 months, we estimate that approximately 30% or 2,664 women will avail themselves of lactation education services at an average of 2 hours each. At $40 per hour for 2,664 women, we estimate a total cost of $213,120.

A summary of the total estimated cost of covering breastfeeding supplies and lactation education services is shown in Table 3 below.

Table 3. Estimated Total Cost of Covering Breastfeeding Supplies and Lactation Education Services

Supply/Service	Number Needed	Cost per Unit	Total Cost
Breast Shells	3,564	$5 per set	$17,820
Manual Breast Pump	7,128	$11	$78,408
Electric Breast Pump & Kit	250	$200	$50,000
Lactation Education Services	2,664	$80 ($40 per hour with an average of 2 hours per mother)	$213,120
Total			$359,348

Benefits of Covering Breastfeeding Supplies and Lactation Education Services

To estimate the benefit of covering breastfeeding supplies and lactation education services, we assume based on the breastfeeding literature that providing women with the support and supplies that they need to breastfeed that the number of Medicaid recipients who continue breastfeeding until four to six months will increase. As a result, those infants will have decreased utilization of medical services and drugs for diseases such as otitis media (middle ear infections), diarrhea/intestinal infections, and pneumonia.

Using data from the Medicaid Management Information System, we estimated the cost for physician services for otitis media and physician and inpatient hospital services for diarrhea/intestinal infections and pneumonia for children born during the one year period between July 1, 1991 and June 30, 1992 for visits that occurred between July 1, 1991 and June 30, 1994. During this three year period, the following amounts were expended by Medicaid:

$1.5 million in physician services for otitis media

$3.5 million in inpatient hospital services for intestinal infections/diarrhea and pneumonia

$790,000 million in physician services for intestinal infections/diarrhea and pneumonia

To estimate the benefit of breastfeeding we assume based on the literature that some of these illnesses would be prevented by increasing the duration of breastfeeding. We assume that approximately half of the 2,664 Medicaid recipients, or 1,300, who would seek lactation education services would continue breastfeeding until 4 to 6 months. Without the support of the breastfeeding supplies and services, these mothers would have begun breastfeeding at hospital discharge but quit soon after they started. We then assume that for each of these 1,300 infants that the number of physician visits for otitis media would decrease by two visits and one prescription for associated antibiotics and ear drops. We also estimate that an average cost of $90 per child would be avoided by decreasing the number of hospitalizations for intestinal infection/diarrhea and pneumonia and an average of $40 for physician services as illustrated in Table 4. The total average cost per child avoided is $280.

Table 4. Estimated Cost Avoidance

Disease/Medical Services	Average Cost Avoided per Child	Total Cost Avoided for 1,300 Children in a 3-Year Period
Otitis Media		
Physician Services	$100	$130,000
Associated Antibiotics/Ear Drops	$50	$65,000
Intestinal Infection/Diarrhea & Pneumonia		
Physician Services	$40	$52,000
Inpatient Hospital Services	$90	$117,000
Total Costs Avoided	$280	$364,000

We believe that this cost benefit estimate is conservative because even if the cost savings for these particular diseases were overstated in this analysis, additional costs would be avoided by the reduction in medical services used for allergies, bronchitis, respiratory synctial virus, meningitis, baby bottle tooth decay and diabetes mellitus. In addition, we cannot quantify the benefit of breastfeeding

related to the bonding between a mother and her infant and the gain in the mother's self confidence in successfully breastfeeding.

In summary, by comparing the cost of covering the breastfeeding supplies and lactation education services for a one year period ($359,348) to the cost avoided ($364,000), we can conclude that this is essentially a cost neutral proposal for Medicaid.

Conclusions and Recommendations

Based on the results of this study, we conclude that it is feasible for the Medicaid State Plan to cover the following breastfeeding supplies and lactation education services under Medicaid's BabyCare program:

1. Breast shells during the prenatal period for women with flat or inverted nipples who intend to breastfeed; breast shells during the postpartum period for women with sore nipples.

2. A hand-held manual breast pump for women attempting to breastfeed.

3. Rental of electric breast pumps and purchase of the associated kit in cases where a mother and infant are separated due to hospitalizations, or return to work or school.

4. Postpartum lactation education on an outpatient basis provided by a certified lactation education consultant for problems that are beyond the scope of a peer counselor.

References

[1] Saarinen, UM. Prolonged Breast Feeding As Prophylaxis for Recurrent Otitis Media. Acta Paediatrica Scandinavia. 1982; Vol. 71, pp. 567-571.

[2] Walker, M. A Fresh Look at the Risks of Artificial Infant Feeding. Journal of Human Lactation. 1993, Vol. (2), pp. 97-106.

[3] Freed, GL. Breastfeeding: Time to Teach What We Preach. Journal of the American Medical Association. 1993;Vol. 269, No. 2, pp. 243-245.

[4] Saarinen, UM. Prolonged Breast Feeding As Prophylaxis for Recurrent Otitis Media. Acta Paediatrica Scandinavia. 1982; Vol. 71, pp. 567-571.

[5] Walker, M. A Fresh Look at the Risks of Artificial Infant Feeding. Journal of Human Lactation. 1993, Vol. (2), pp. 97-106.

[6] Cost average and range for treatment developed through a random phone survey of physicians in Lexington, KY by the Lexington-Fayette County Health Department; June, 1993.

[7] OB/GYN Research Department at the UMC in Jacksonville, FL

[8] Ryan, AS, and others. "A comparison of Breast-Feeding Data From the National Surveys of Family Growth and the Ross Laboratories Mothers Surveys." American Journal of Public Health, Vol. 81 (1992), pp. 1049-52.

[9] Ryan, AS, and others. "Recent Declines in Breast-Feeding in the United States, 1984 Through 1989." Pediatrics. 1991, Vol. 88, No. 4, pp. 719-727.

[10] Arango, JO. "Promoting Breast Feeding: A National Perspective." Public Health Reports. 1984, Vol. 99, No. 6, pp.559-565.

[11] GAO/HRD-94-13 "Breastfeeding: WIC's Efforts to Promote Breastfeeding Have Increased", December, 1993, United States General Accounting Office, Report to Congressional Requesters, Washington, D.C.

Appendix A

House Joint Resolution No. 248

1994 SESSION
ENGROSSED

LD8172160

HOUSE JOINT RESOLUTION NO. 248

House Amendments in [ ] — February 12, 1994

Requesting the Department of Medical Assistance Services to study the feasibility of revising the state plan for medical assistance services to include lactation [~~counseling~~ education] and supplies for Medicaid recipients.

Patrons—Cooper, Crittenden, Darner and Keating

Referred to Committee on Health, Welfare and Institutions

WHEREAS, the cost of medical care continues to escalate rapidly, increasing 20 percent in 1992 alone to more than $838 billion; and

WHEREAS, despite the enormous expenditures for medical care, health indices are growing worse for the population in the United States; and

WHEREAS, the benefits of breast feeding can save several billion health care dollars each year by protecting infants, children, and adults from certain acute and chronic diseases; and

WHEREAS, cost/benefit studies are just beginning to appear, and without such studies, health insurers are unlikely to provide financial incentives to subscribers or to health providers to promote breast feeding or to become trained in the care of breast feeding mothers; and

WHEREAS, the rapid growth in Medicaid expenditures is a grave and continuing concern to the nation and to the Commonwealth; and

WHEREAS, in addition to the potential health care cost savings which may be attributable to breast feeding, the expense for lactation [~~consultation~~ education] and supplies is approximately one-third of the cost for formula purchased at the grocery store; and

WHEREAS, studies have documented the benefit of breast feeding to the health and well-being of infants and mothers; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Department of Medical Assistance Services be requested to study the feasibility, costs and benefits of revising the state plan to include reimbursement for lactation [~~counseling~~ education] and supplies for Medicaid recipients, as both a disease-prevention and a cost-saving measure.

The Department shall complete its work in time to submit its findings to the Governor and the 1995 Session of the General Assembly in accordance with the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

Official Use By Clerks	
Agreed to By The House of Delegates	**Agreed to By The Senate**
without amendment ☐	without amendment ☐
with amendment ☐	with amendment ☐
substitute ☐	substitute ☐
substitute w/amdt ☐	substitute w/amdt ☐
Date: _____	Date: _____
_____	_____
Clerk of the House of Delegates	Clerk of the Senate

Appendix B

Appendix I of the Interagency Agreement between DMAS and VDH that addresses WIC

WIC: SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN

A. DESCRIPTION:

The Omnibus Budget Reconciliation Act of 1989 mandated the coordination and referral of services with the Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) Program and other maternal and child health programs. The WIC program provides low income pregnant, postpartum, and breastfeeding women, infants and children up to their fifth birthday with free vouchers for the purchase of specific nutritious supplemental food and provides nutrition education.

B. RESPONSIBILITIES:

The Department of Medical Assistance Services (DMAS) shall:

1. Notify Medicaid eligible pregnant women and children of the availability of benefits furnished by the WIC program by sending periodic notices to all Medicaid eligible via an established Client notification system and by working with the

Virginia Department of Health (VDH) and Department of Social Services (DSS) to ensure that informational materials are available at the point of the client's entry to apply for Medicaid and BABYCARE and EPSDT services;

2. Develop training and education programs for Medicaid providers, local WIC staff and recipients;

3. Designate a State level DMAS liaison to coordinate WIC and Medicaid activities;

4. Include WIC services and referral information in the BABYCARE and EPSDT brochures and in the BABYCARE manual and the EPSDT Supplemental Manual;

5. Participate in the regional nutrition meetings on an as needed basis; and

6. Include WIC services and referral information to the Maternal and Child Health Helpline.

The Virginia Department of Health, Public Health Nutrition Division shall:

1. Provide WIC services to Medicaid eligible pregnant women and children according to OBRA '89 legislation;

2. Refer Medicaid recipients who have been identified to be in

need of health care to providers;

3. Refer potential Medicaid eligibles to the local Department of Social Service agency or outstationed eligibility worker for eligibility determination;

4. Coordinate WIC certification dates to coincide with the EPSDT and postpartum follow-up care whenever possible;

5. Provide the Department of Medical Assistance Services with WIC brochures for distribution;

6. Update the WIC brochure and the WIC manual to include Medicaid information on the EPSDT and BABYCARE Programs; and

7. Designate a State level WIC liaison to coordinate WIC and Medicaid activities;

8. Follow the budgetary procedures presented in section E and section F of the 'GENERAL' statement at the beginning of this interagency agreement.

C. <u>AREAS OF COLLABORATION</u>:

1. Maternal and Child Health Workgroup Committee

To ensure communication and collaboration of prescribed responsibilities, the Department of Medical Assistance Services

and the Virginia Department of Health agree to maintain representation on the Virginia Maternal and Child Health Workgroup which shall meet at least quarterly.

2. Training and Technical Assistance

The Department of Medical Assistance Services and the Virginia Department of Health will provide training and technical assistance on EPSDT and BABYCARE policies and procedures to state and local nutrition and clinical personnel on an as needed basis.