

## Questions and Answers (Q&A)

### *Answers from the Public Health Law Center (PHLC)*

#### **Q: Are there state Medicaid policies that proactively support breastfeeding?**

**A:** Yes, examples include:

- Flexible billing for breast pumps under the mother's or baby's Medicaid ID (e.g., Georgia's Peach State Health Plan- baby's Medicaid ID).
- Providing pumps before birth (e.g., [New York State Medicaid Coverage of Breast Pumps](#)).
- Prenatal lactation care coverage (e.g., [Illinois Medicaid Program covering certified doula and lactation consultant services](#)).
- Access to high-quality pumps for all Medicaid-enrolled mothers (e.g., [New York State Medicaid Coverage of Breast Pumps](#)).

**Q: As states and insurers begin reimbursing lactation services, how can roles be clearly defined to avoid confusion between IBCLCs, CLCs, and CLEs—especially given differences in training and scope? Oregon's Senate Bill 692 requires licensure for CLCs and CLEs starting in 2026, but lacks clear scope distinctions, potentially implying equal service levels. What strategies can help other states clarify lactation support roles to protect care quality and recognize clinical expertise?**

**A:** Clear role definitions, including required qualifications and authorized services, are key policy strategies to reduce confusion around lactation services reimbursement. Additional alternative strategies that could further delineate service level include the following (non-exhaustive) options:

- Create a tiered scope of practice framework describing the level of clinical expertise necessitated for particular levels of care (Example: [Minnesota SF No. 1151](#)).
- Explicitly connect billing codes and covered services to a credential level to ensure care quality. (Example: [New York A4677](#)).
- Create a triage system with referral protocols and collaborative agreements to ensure patient care accounts for expertise. (Example: [Texas HB136](#)).

### *Answers from the National Association of County and City Health Officials (NACCHO)*

**Q: As a hospital-based IBCLC in an under-resourced community, can I build partnerships to support breastfeeding care independently, even without financial or emotional backing from my employer? Mothers urgently need continuity of care.**

**A:** It is possible to build partnerships to support breastfeeding continuity of care independently. Recommendation 7 of [NACCHO's Continuity of Care in Breastfeeding Support Blueprint](#) elaborates on the significance and value of a local breastfeeding champion in supporting breastfeeding continuity of care in communities. A great starting point is connecting with your local health department to learn about existing partnerships, such as local coalitions, support groups, or online communities. You can also explore the [U.S. Breastfeeding Committee's Affiliated Coalitions Directory](#).

**Q: What is the best avenue for embedding breastfeeding support into emergency responses?**

**A:** The CDC has released an [Infant and Young Child Feeding in Emergencies \(IYCF-E\) Toolkit](#) to guide maternal-child populations on infant and young child feeding during emergencies. NACCHO, in collaboration with the CDC and the U.S. Breastfeeding Committee, hosted the webinar [Infant and Young Child Feeding in Emergencies: Preparedness Systems for Communities to Keep Babies Safe](#) to highlight key findings from the toolkit and local success stories. Check out both resources and e-mail [breastfeeding@naccho.org](mailto:breastfeeding@naccho.org) with your feedback!

**Q: Are there models of sustaining programs beyond grants?**

**A:** NACCHO's [Continuity of Care in Breastfeeding Support Blueprint](#) recommendations can apply to building sustainability for programs beyond grant award periods. Some examples of sustainability include strategizing procedures that will impact the longevity of your program staff capacity and program delivery. This could involve implementing relevant training for staff or designing appropriate staffing structures to enable staff to continue the work beyond a specific grant.

Another strategy that our previous CoC Blueprint grantees planned for sustainability is developing success stories and public support campaigns to showcase the importance and impact of their programs. One previous CoC Blueprint Grantee, Cuenta Conmigo, has strategically promoted its successes and success stories from the Blueprint implementation to apply for other funding opportunities, sustaining its breastfeeding and early childhood nutrition efforts. We encourage everyone to read their success stories from their [2023 grant award](#) and their [2024 grant award](#).

**Q: What data collection practices are feasible for smaller community-based agencies?**

**A:** NACCHO's [Continuity of Care in Breastfeeding Support Blueprint](#) recommends starting with an analysis of existing community breastfeeding data to identify what additional information is needed. This process helps clarify which data tool development efforts can support a more complete understanding of your community.

NACCHO has collaborated with communities to improve their community-driven data systems. We encourage you to review the webinar [Demystifying Infant Feeding Data to Strengthen Continuity of Care](#), to learn from success stories and lessons learned. For additional questions, please contact [breastfeeding@naccho.org](mailto:breastfeeding@naccho.org).

*Answers from the Mississippi State Department of Health (MSDH)*

**Q: What does CHAMPS stand for?**

**A:** [Center for Health Equity, Education, and Research](#)

**Q: Does WIC's prenatal education address hospital formula-feeding practices, and has it successfully influenced hospitals to delay formula introduction?**

**A:** The hospitals the Mississippi State Department of Health collaborates with through the MOU are Baby Friendly Hospitals®, and they follow the 10 Steps to Breastfeeding Friendly. When a parent requests formula, hospital staff provide education to support informed decision-making. If the parent continues to request formula after receiving this information, their decision is respected. Staff also offer guidance on alternative feeding methods, including paced bottle feeding.

**Q: What does the 24/7 support entail in the hospital collaboration - does it include a breastfeeding hotline or similar service?**

**A:** Mississippi WIC provides breastfeeding support to WIC-certified participants both prenatally and after hospital discharge, with services available 24/7. WIC Peer Counselors are assigned to specific regions across the state and remain on call to assist families with breastfeeding needs.

Additionally, participants have access to *Pacify*, a tele-lactation app that offers 24/7 video, audio, and chat support with lactation consultants. Each hospital is provided an area-specific WIC code to distribute to patients, giving them free access to Pacify's services whenever breastfeeding assistance is needed.

**Q: Could you share an example MOU form? Our county is preparing to host breastfeeding support groups at a local hospital, and it would be helpful to see what key elements to include.**

**A:** A template MOU used by the Mississippi State Department of Health with Baby Friendly Hospitals® is available at the following [link](#).

**Q: What challenges did the Mississippi Department of Health team face in establishing the MOU with Baby Friendly Hospitals®? Is MSDH responsible for paying a hospital fee?**

**A:** One common challenge is identifying the appropriate hospital contact to sign the MOU and complete the routing process for implementation. MSDH does not cover hospital fees, but is available to support parent education during the prenatal and postpartum periods.

**Q: How do you see state breastfeeding coalitions or local coalitions assisting?**

**A:** We received strong support from the Mississippi Breastfeeding Coalition, which established the Making an Impact in the Lactation Community (MILC) League. Several WIC staff that have established MILC Leagues and are lead coaches. Hospitals are encouraged to provide space for MILC sessions, where attendees can receive on-site support and education.