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The Trials and Tribulations of the Affordable Care Act

Getting frustrated with ACA and what it means for lactation services? Having trouble navigating insurance, DME, and the legal speak associated with it? Understand the current market so that you can communicate more effectively with your mothers. A close look at the ethical considerations with this process, and ways that you can help initiate change.

Learning Objectives:

1. Participants will be able to explain how lactation services and pumps are supposed to be insured by the affordable care act.
2. Participants will be able to describe how the Insurance/DME process work, and be able to explain the process to patients.
3. Participants will list at least 2 ways to advocate for patients in the State of Florida

At the end of the session learners will be able to help a mother obtain a breast pump through her insurance provider if covered.

Program Content:

A. Historical Context that lead to the development of the Affordable Care Act

1. 1965 –Medicaid and Medicare developed under Lyndon B. Johnson
2. 1997 – AAP policy urging employers to support women pumping at work
3. 1998—NY Maloney Bill supporting women pumping at work
4. 2000- International Labour Organization, Maternity Protection Convention—including provision for paid breaks or reduced work hours to allow new mothers to breastfeed
5. Galinsky, Bond, and Sakai (2008) U.S. employers providing a private space or lactation room rose from 37% in 1998 to 53% in 2008
6. 2010—Patient Protection and Affordable Care Act signed into law— Provides for nursing breaks and most mothers employed on an hourly basis to express breastmilk (PPACA, 2010).
 - a. Break time for nursing mothers law
 - b. Access to free pumps (double electric)
 - c. Support and counseling from trained providers
 - d. Plans cannot charge copayment, coinsurance or deductible for these services when delivered by network provider. Plans required to have network providers starting on or after August, 2012

- e. Projected additional 165,000 breastfeeding mothers annually—
(Drago and Hayes, 2010)
- B. Ways to make the system work for you...
 - 1. What to include in a resource binder to facilitate a quick and easy method to expedite a request for a breast pump.
 - 2. Information that should be included in a doctor's order.
 - 3. Identify DME vendors in your area and establish which insurances they contract with.
 - 4. What is an ICD9 code and a CPT code.
 - 5. How to establish a network of medical supply vendors in your area
- C. How to advocate when the process is not working
 - 1. NWLC –National Women's Legal Center
 - 2. Letters to State officials
 - 3. IMR process
 - 4. In hospital—case management
- D. Analysis of California State Survey
 - 1. 45% never submitted a claim (33% Health Providers)
 - 2. Myriad of health care plans that change process regularly
 - 3. Chief complaints/concerns

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United States Breastfeeding Committee

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