

SENATE BILL REPORT

SB 5702

As of January 21, 2022

Title: An act relating to requiring coverage for donor breast milk.

Brief Description: Requiring coverage for donor breast milk.

Sponsors: Senators Trudeau, Dhingra, Lovelett, Lovick, Nguyen, Nobles, Randall, Saldaña, Stanford, Van De Wege and Wilson, C..

Brief History:

Committee Activity: Health & Long Term Care: 1/21/22.

Brief Summary of Bill

- Requires health plans and Medicaid to provide coverage for donor breast milk for inpatient use when medically necessary.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Staff: Greg Attanasio (786-7410)

Background: Under the Affordable Care Act (ACA), health benefit plans must provide, at a minimum, coverage with no cost sharing, for preventive or wellness services that have a rating of A or B in the current recommendations of the United States Preventive Services Task Force (USPSTF). The USPSTF recommends, at a B grade, providing interventions before and after pregnancy to support breastfeeding. These interventions can be categorized as professional support, peer support, and formal education and may include promoting the benefits of breastfeeding, providing practical advice and direct support on how to breastfeed, and providing psychological support.

According to the American Academy of Pediatrics, breastfeeding and human milk are the standards for infant feeding and nutrition. Mother's own milk, fresh or frozen, should be the primary diet, however, if mother's milk is unavailable despite significant lactation

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

support, pasteurized donor milk should be used.

An International Board Certified Lactation Consultant (IBCLC) is a health care professional who specializes in the clinical management of breastfeeding. An IBCLC is certified by the International Board of Lactation Consultant Examiners. An IBCLC works in a variety of health care settings, including hospitals, pediatric offices, public health clinics, and private practice.

Summary of Bill: Health plans issued or renewed on or after January 1, 2023, and the state Medicaid program must provide coverage, without prior authorization, for medically necessary donor breast milk for inpatient use when ordered by a licensed health care provider with prescriptive authority, or an IBCLC for an infant who is medically or physically unable to receive maternal breast milk or participate in chest feeding or whose parent is medically or physically unable to produce maternal breast milk or participate in chest feeding, if the infant:

- has a documented birth weight of 2500 grams or less;
- has a congenital or acquired intestinal or cardiac condition, and is therefore at a high risk for development of feeding intolerance, necrotizing enterocolitis, and infection, or both;
- is within the first 72 hours since birth without sufficient maternal breast milk available; or
- otherwise requires nourishment by breast milk.

The Department of Health (DOH) must adopt minimum standards for ensuring milk bank safety. The standards adopted by DOH must be consistent with evidence-based guidelines established by a national accrediting organization and must address donor screening, milk handling and processing, and record keeping.

Appropriation: None.

Fiscal Note: Requested on January 11, 2022.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: Access to human milk improves health outcomes for infants, including a reduced risk of infections and sudden infant death syndrome. All babies should have the same opportunities to receive human milk. Providing this coverage aligns with Department of Health recommendations from its sunrise review.

OTHER: The bill should include gender neutral language. Criteria for access to donor milk is overly broad and should require prior authorization. This may constitute a new mandated

benefit, which would require the state to defray the cost for individual market plans. The bill could unintentionally reduce access to human milk fortifier.

Persons Testifying: PRO: Senator Yasmin Trudeau, Prime Sponsor; Heather McNeel; Krystle Perez; Lindsey Pervinich; Jose Perez; Aaron Everett; Lesley Mondeaux, Northwest Mothers Milk Bank.

OTHER: Katie Eilers, Washington State Department of Health; Jennifer Ziegler, Association of Washington Healthcare Plans; Dr. Melinda Elliott, Prolacta; Dr. Ray Sato; Savannah O'Malley.

Persons Signed In To Testify But Not Testifying: No one.