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March 18, 2025

Senator Ingwersen, Chair
Representative Meyer, Chair
Members, Joint Standing Committee on Health and Human Services
100 State House Station
Augusta, ME 04333-0100

Re: LD 865– *An Act to Require MaineCare to Reimburse for Lactation Services in the Homes of Eligible Persons*

Senator Ingwersen, Representative Meyer and members of the Joint Standing Committee on Health and Human Services, thank you for the opportunity to provide information in opposition to LD 865, *An Act to Require MaineCare to Reimburse for Lactation Services in the Homes of Eligible Persons*.

This bill requires the Department of Health and Human Services (the “Department”) to reimburse for lactation services in hospitals and in the homes of eligible persons. It requires the Department to reimburse for services provided by lactation consultants certified by the International Board of Lactation Consultant Examiners. The Department must apply for a state plan amendment no later than January 1, 2026 and adopt or amend rules within 6 months of approval.

While the Department supports the coverage of lactation services as a standalone service under the MaineCare program, MaineCare’s current budget situation does not permit adding this service. Lactation services are already covered by MaineCare when provided to members by qualified enrolled providers as part of a standard office visit (including via telehealth) using existing Evaluation & Management (E&M) billing codes. Lactation consultation is also often provided as part of a hospital delivery stay where the consultation is reimbursed through a MaineCare bundled payment for all services provided as part of the delivery or postpartum care. If enacted, this bill would allow the delivery of lactation services as a standalone service and expand the type of providers eligible to provide the service as well as the settings where the service could be offered, such as a member’s home; these changes will require the development of a new provider type.

In addition, as drafted LD 865 would expand coverage to include parents who are not currently eligible for MaineCare. This would require the Department to create a new limited benefit group, which is a time consuming and expensive process. If the bill moves forward, the Department would strongly recommend amending the language to clarify that since breastfeeding benefits the health and wellbeing of the infant, the service should be reimbursable and covered for the eligible child. This would reduce cost and time to the Department.


Regarding timeframe, the January 1, 2026, state plan amendment (SPA) submission date and subsequent adoption of rules within 6 months of SPA approval is not operationally feasible. In addition to gaining stakeholder feedback, the rate determination process requirements set forth in 22 M.R.S. § 3173-J will need to be followed to establish lactation service rates.

It is important to note that MaineCare was recently awarded a ten-year maternal health award from the Centers for Medicare & Medicaid Services. This award began in January 2025, and includes a three-year planning period to develop and prioritize maternal health improvement needs. The Department sees value in allowing the planning and prioritization process required by the grant to comprehensively review maternal health needs, including lactation support, before requiring provision of specific services within a pre-determined timeframe. In addition, the Department is exploring how other state Medicaid programs operationalize the delivery of standalone lactation services. This insight will be pivotal to informing MaineCare's position and implementation strategies related to maternal and child health services, such as lactation consultation.

The Department estimates that the cost of reimbursement for lactation services in accordance with this bill would be approximately \$239,000 annually. As noted above, there would be additional expenses related to adding a new provider type for lactation service providers and, as drafted, a limited benefit group for parents without MaineCare. These additions would cost approximately \$210,000 for MaineCare MIHMS enhancement and \$202,500 – \$270,000 for OFI system developments.

Should LD 865 move forward, the Department would recommend updating language to have the lactation service be provided to eligible children and not require coverage for the breastfeeding parent; this would lower costs and remove implementation barriers. The Department would also strongly recommend adjusting the timelines.

Sincerely,

A handwritten signature in black ink, appearing to read "Michelle Probert", with a stylized flourish at the end.

Michelle Probert

Director

Office of MaineCare Services

Maine Department of Health and Human Services