

Gail K. Boudreaux  
President & CEO  
Anthem, Inc  
120 Monument Circle  
Indianapolis, IN 46204

April 30, 2018

Dear Ms. Boudreaux:

We, the undersigned organizations, write to you as advocates for the health and well-being of infants, their families, and our nation. We were surprised to learn of Anthem Blue Cross/Blue Shield's plans to reduce reimbursement rates for the purchase of breast pumps for its customers by 45%, from \$169.15 to \$95, beginning April 1, 2018. We are concerned that this decrease will prevent many families from obtaining the equipment that they need to establish and maintain breastfeeding, impacting mothers' and babies' health, and in turn, health care costs.

We understand that Anthem provides health insurance coverage for about 1/3 of individuals and families in the U.S. and insures millions of people in many states including California, Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Missouri, New Hampshire, Nevada, Illinois, New York, Ohio, Virginia and Wisconsin; and that Anthem covers 40 million Medicaid enrollees, 40 million Private Insured members, and millions of others on affiliated plans. We are a group of organizations that strive to serve the network of individuals that you serve, along with other families across the United States. Because it is clear that this decision would have far-reaching and deleterious effects on a mother's ability to reach their breastfeeding goals, with disproportionate effects on low-income families, we are writing to provide information on the impact of this decision.

For mothers who are separated from their infants or are unable to breastfeed directly, a breast pump is a necessity, not a luxury. No matter what they are doing or where they are, breastfeeding mothers need to express milk every few hours in order to maintain their milk supply. Missing needed pumping sessions can have undesirable consequences including: discomfort or pain, leaking, inflammation and infection, decreased supply, and ultimately, breastfeeding cessation.

Among mothers of infants in their first year, 62% of women return to work<sup>i</sup>, with 23% returning within 2 weeks of giving birth<sup>ii</sup>. Further, 26% of undergraduate students are also parents of dependent children<sup>iii</sup>. In addition, preterm birth affected about 1 of every 10 infants born in the United States. For these families, access to a high-quality, affordable breast pump is critical.

The cross-cutting, collective impact of high breastfeeding rates means that small investments to support breastfeeding success can create a tidal wave of progress toward lowering not only incidence of acute and chronic disease, but also curbing rising health care costs and racial and geographic disparities that plague our nation.

The evidence for the value of breastfeeding to children's and women's health is scientific, solid, and continually being reaffirmed by new research. Breastfeeding is dose-response, meaning that the more it is done, the greater impact it has. As the volume of human milk fed increases (and volume of formula supplementation decreases), the baby's risk of the following decrease proportionately: ear, skin, stomach, and respiratory infections; diarrhea; sudden infant death syndrome; and necrotizing enterocolitis. In the longer term, breastfed children have a reduced risk of obesity, type 1 and 2 diabetes, asthma, and childhood leukemia. Women who breastfed their children have a reduced long-term risk of diabetes, cardiovascular disease, and breast and ovarian cancers.

**A recent actuarial analysis in California evaluated the impact of providing comprehensive breastfeeding support benefits on insurance premiums and found that the cost is negligible relative to the benefits of increasing breastfeeding rates. Based on existing utilization rates, the Medi-Cal program could realize savings between \$405,000 to \$940,000 per 100,000 women by providing breastfeeding services and support<sup>iv</sup>. This effect would surely be replicated among millions of Medicaid enrollees that Anthem serves.**

A 2016 study of both maternal & pediatric health outcomes and associated costs (based on 2012 breastfeeding rates) found that, if 90% of infants were breastfed according to medical recommendations, 3,340 deaths, \$3 billion in medical costs, and \$14.2 billion in costs of premature death would be prevented, annually<sup>v</sup>. Breastfeeding is a proven primary prevention strategy, building a foundation for life-long health and wellness.

Human milk is the preferred and most appropriate "First Food," adapting over time to meet the changing needs of the growing child. The undersigned organizations join the U.S. Department of Health and Human Services and all major medical authorities in recommending that infants get no food or drink other than human milk for about six months and continue to breastfeed for at least the first 1-2 years of life.

Quality support for breastfeeding families is essential to the health of our country. Breastfeeding is so critical that provisions for breastfeeding support, supplies, and counseling as well as workplace accommodations were included in national-scale policy and initiatives including the Patient Protection and Affordable Care Act, Healthy People 2020, the National Prevention Strategy, and *The Surgeon General's Call to Action to Support Breastfeeding*.

For all of these reasons, it is important that the systems that impact families, **including health insurance plan providers**, protect and support families' ability to supply their children with human milk. We know that 82.5% of children have ever breastfed. However, only 25% of U.S. infants are still exclusively breastfed at six months of age<sup>vi</sup>. While most families today choose to breastfeed, a range of obstacles continue to make it difficult for them to reach their breastfeeding goals. These barriers would be further exacerbated for Anthem policyholders by inadequate reimbursement rates for breast pump equipment.

The scope of this cut in breast pump coverage would create unnecessary challenges for the millions of families depending on their Anthem coverage to ensure their breastfeeding success, and would have a long lasting impact on maternal and child health outcomes and your company's profit margins. We encourage you to

reconsider this reimbursement rate cut and maintain standards of high-quality breastfeeding support for the families you serve.

Sincerely,



Amelia Psmythe  
Interim Executive Director  
United States Breastfeeding Committee

### CO-SIGNERS

#### **National Organizations:**

1,000 Days  
Academy of Breastfeeding Medicine  
Academy of Nutrition and Dietetics  
American Academy of Nursing  
American Academy of Pediatrics  
American Association of Birth Centers  
American Breastfeeding Institute  
Association of State Public Health Nutritionists  
Baby Café USA  
Black Breastfeeding Caucus  
Black Mothers Breastfeeding Association  
Breastfeeding USA, Inc.  
Childbirth and Postpartum Professionals Association  
Healthy Children Project, Inc.  
Human Milk Banking Association of North America  
International Board of Lactation Consultant Examiners  
La Leche League USA  
Lactation Education Accreditation and Approval Review  
Committee (LEAARC)  
Lactation Education Resources  
Lamaze International  
Legal Voice  
The Milk Mob  
The Milky Way Foundation  
MomsRising  
National Alliance for Breastfeeding Advocacy  
National Asian Pacific American Women's Forum

National Association of Pediatric Nurse Practitioners  
National WIC Association  
Reaching Our Sisters Everywhere, Inc.  
United States Lactation Consultant Association  
Women-Inspired Systems' Enrichment  
ZERO TO THREE

#### **State/Local Organizations:**

9to5 Colorado  
9to5 Wisconsin  
Action NC  
Afterglow New Parent Community  
Alabama Breastfeeding Committee  
Alaska Breastfeeding Coalition  
Appalachian Breastfeeding Network  
Arkansas Breastfeeding Coalition  
Birth and Breastfeed with Confidence, Howard County  
Breastfeeding Mommas  
Boston Association for Childbirth Education  
Breastfeeding Coalition of Delaware  
Breastfeeding Coalition of Snohomish County  
Breastfeeding Coalition of Washington  
BreastfeedLA  
Bronx Breastfeeding Coalition  
Central Coast Breastfeeding Coalition  
Central Valley Lactation Association  
Colorado Breastfeeding Coalition  
Colorado Lactation Consultant Association

Connecticut Breastfeeding Coalition  
District of Columbia Breastfeeding Coalition  
Flourish, Inc.  
Kentuckiana Lactation Improvement Coalition  
La Leche League of the Garden State  
Louisiana Breastfeeding Coalition  
Maine State Breastfeeding Coalition  
A Medical Supply  
Minnesota Breastfeeding Coalition  
Missouri Breastfeeding Coalition  
Moonbabies Birth Services  
Montana State Breastfeeding Coalition  
Mothers' Milk Bank Northeast  
New Hampshire Breastfeeding Task Force  
New Jersey Breastfeeding Coalition  
New Mexico Breastfeeding Task Force  
New York State Breastfeeding Coalition  
North Carolina Council of Churches  
Northern Nevada Breastfeeding Coalition  
North Carolina Breastfeeding Coalition  
NYC Breastfeeding Leadership Council, Inc.  
Tampa Bay Breastfeeding Task Force  
Texas Breastfeeding Coalition  
University of Virginia: Breastfeeding Medicine Program  
Vermont Breastfeeding Network  
Vermont Lactation Consultant, Inc.  
Vital Milk  
Wabash County Health Department  
West Virginia Breastfeeding Alliance  
Western Wisconsin Breastfeeding Coalition  
Wisconsin Breastfeeding Coalition  
Working America North Carolina  
WomenEmployed  
Women's Law Project  
Wyoming Breastfeeding Coalition  
Young Women United

## References:

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- <sup>ii</sup> In These Times. *The Real War on Families: Why the U.S. Needs Paid Leave Now*. <http://inthesetimes.com/article/18151/the-real-war-on-families>. Published 2015.  
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- <sup>iv</sup> California WIC Association. *Breastfeeding Support in the Medi-Cal Program: A Large Return on a Small Investment 2017*. Available at: [http://calwic.org/storage/documents/WIC\\_BFF\\_AA\\_Analysis\\_Dec.\\_2017.pdf](http://calwic.org/storage/documents/WIC_BFF_AA_Analysis_Dec._2017.pdf)
- <sup>v</sup> Bartick, M. C., Jegier, B. J., Green, B. D., Schwarz, E. B., Reinhold, A. G., & Stuebe, A. M. Disparities in breastfeeding: Impact on maternal and child health outcomes and costs. *Journal of Pediatrics*, 181, 49-55.e6, doi: 10.1016/j.jpeds.2016.10.028
- <sup>vi</sup> Centers for Disease Control and Prevention. "Breastfeeding Among U.S. Children Born 2002–2014, CDC National Immunization Survey " [https://www.cdc.gov/breastfeeding/data/nis\\_data/results.html](https://www.cdc.gov/breastfeeding/data/nis_data/results.html).