

## Insurance Coverage of Breast Pumps

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The 2010 Affordable Care Act (ACA) requires health plans to cover breastfeeding support and supplies. However, each insurance plan can decide which type of pump and supplies to cover. Most insurance companies require that expectant and postpartum mothers work with an in-network or participating DME supplier. Check with your insurance company to find out which DME supplier to work with.

Breastfeeding supplies and services that assist lactation which are not covered by your insurance are considered medical care by the IRS and may be tax deductible. Some may qualify for reimbursement through a health flexible spending account (FSA) or health savings account (HSA). Contact your employer's benefit provider to find out what is covered under your specific FSA or HSA and the steps needed for reimbursement. If you do not have an FSA or HSA, you can deduct breastfeeding costs if you itemize your tax returns and if your total unreimbursed medical expenses exceed 7.5 percent of your adjusted gross income.

### **Maryland Medical Assistance**

For information on Medicaid coverage of breast pumps click [here](#).

**If you are on Medical Assistance and are having difficulty obtaining a pump call the Health Choice Help Line number: (800) 284-4510**

Further information can be found at the following links:

[HRSA - Women's Preventive Services: Required Health Plan Coverage Guidelines](#)

[Healthcare.gov - Affordable Care Act Rules on Expanding Access to Preventive Services for Women](#)

### **Option for WIC participants**

**Women, Infants and Children (WIC)** has a limited number of pumps available for WIC participants, whose babies are in the NICU. Mothers should contact the breastfeeding coordinator for her local WIC or visit <http://mdwic.org>