



Module 13: Maternity Care Coalition

Part 2

I'm Letty Thall, the Director of Public Policy here at the Maternity Care Coalition. I've been here, I believe, it's probably been since '04 and have always worked on women's issues and women's rights.

I don't. The agenda is developed by what are the needs of the families that we serve and what's going on in the environment and all of that gets kind of filtered together and stirred a bit by a public policy committee, by a board of directors, by staff members and, quite frankly, by what anyone's willing to fund. So, while we, years ago thought breastfeeding was absolutely vital and critical, what we could do on \$3,000 was different than what we could do on \$10,000 that's different than what we can do on \$100,000.

Well, it's what's the goal. If you don't know what the goal is, you don't know whether you're successful because what's your outcome? What are you trying to achieve? With whom, for whom, by whom?

Back around 2003-2004, the Office of Women's Health in the Department of Human Services and also the Public Health Service in DC were trying to get the community recognizing the benefits of breastfeeding. They had public service announcements, TV and radio—that's what the medium was at the time—and were looking to have it distributed in different markets across the country. We received \$3,000 to not only work with all of our major broadcast outlets, but also to develop a website.

Luckily, we had a student here who was willing to do that. So, we had a breastfeeding website. We could not get any of the outlets, the ABC, NBC, CBS, radio, TV, to air any of these free public service announcements. Except we had channel 6, WPVI, I believe it was Linda Munich. She was able to air it at 1:00 a.m. or whatever. But it was aired.

So, that was the beginning for our breastfeeding work. We had an advisory committee. It really kind of developed. We didn't do anything much for a year or two because we had no staff. But what we looked at—there were three different pieces that we were interested in. One was targeting the community. How do you educate the community that breastfeeding is positive, that it's good and that you should do it and that you should support women to do it? The other was hospitals and OBGYN, nurse midwives, clinics, prenatal care providers—how do we get them to talk about it for women? The third was when you go back to work, how do you support it?



So, those have been our three pieces. What we were able to do with very little money but with a lot of volunteers was we started to have breastfeeding-friendly awards. The first time we tried to do that, we could not get major businesses to let us have them there. So, we can see how—so, of course, we highlighted hotels, employers, retailers. We didn't really separate employers from businesses.

So, that became kind of we tried to do it annually. We didn't have money to do it annually. But we've done it. We did it in '05 because that was the time Senator Connie Williams who's no longer in the Pennsylvania Senate introduced a bill statewide to permit breastfeeding. So, we worked with her on that piece of legislation. We couldn't get legislation for employers. She couldn't get that through. But she did. Her staff person who I saw this week in Harrisburg, her children are 10 and 12. But Connie really started it because she had a staff person she didn't want to lose but who was breastfeeding and needed space and time and was able to permit that in her office but knew that there were others that were not.

We also then through the years, we credited Senator Williams. I also want to credit State Representative Curt Thomas who also got an award one year because he, again, was very supportive of his staff members. So, we recognized people and we did that. So, we were promoting that, working legislatively when there was the opportunity.

The Feds gave a little bit more money. They contracted for—before we went to the Feds, let me just say we also were fortunate. We had a physician who had an advocacy fellowship to work part-time with us on breastfeeding, Dr. Esther Chung, who's in Jefferson. So, she worked with us. One of the things we looked at was what happens with women who are on medical assistance and what kind of support do they have. They're supposed to, through their managed care organization, get breast pumps.

But at that point, there were three different companies with three different procedures that absolutely drove the hospital staff nuts. Dr. Chung, as a physician, could speak to this, that, "I don't have time, the assistants don't have time, how do we do this?" So, we developed a piece of paper that said, "This is what you need to do for each of the three different managed care companies," which worked until there became five managed care companies.

So, we had five different processes and procedures and one person said to me who worked for that managed care company, "Show me in the contract that I have with the State Department of Public Welfare where it says I must give



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breast pumps.” We couldn’t do it besides the fact that we couldn’t put five different procedures on one sheet of paper. But we worked on those.

We worked to help low-income families. We worked with hospitals to be breastfeeding-friendly. It really helped that hospitals were approaching it for their employers as an employer. They weren’t approaching it as for patients. They first needed to attract and maintain nursing nurses. It was fascinating—clear separation between their customer, their patient and their employees. So, we were able to get some hospitals interested in becoming baby-friendly in that way.

And then we also had the state, or excuse me, the Feds, who once again, the federal government had a little bit of money for business case of breastfeeding but only would give it to statewide breastfeeding coalitions. So, luckily we had some retired people who were lactation consultants who were working. I had a student who was looking for something to do in the summer to put on her resume for medical school. So, we were able to patch together the volunteer energy and able to do a business case—what do employers need? How do we do a business case here in the Philadelphia area? And we had brochures, which, again, we put out. We did it locally and we did it state-wide.

So, we were always working on how do we get—what do employers need to be breastfeeding-friendly? We give the recognition. What else do they need? What do physicians, hospitals need? Pediatricians have always been on board, but how do we get the prenatal care providers on board and excited and pushing this? Then the general community to accept it.

So, we’ve had the perfect storm in that we wrote a grant for the city, who happened to get some merit dollars to go after those three targets because different methods for each of those groups of people. And I can’t remember the exact timing. I think I might have written it in the fall. It might have gone in for January when we started to implement it.

On March 23rd, 2010, the Affordable Care Act and Patient Protection Act is signed into law. And one of the pieces in the Affordable Care Act was to permit breastfeeding nursing time for pumping for nursing moms in a space that is not a bathroom. That was to go into effect immediately.

So, we were able to capture that. All of a sudden, employers were very, very concerned how they were going to meet this mandate. The Department of Labor had not even issued regulations on how they were going to be able to kind of



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guide and implement the legislation. But we went ahead and publicized, had another major summit and meeting. It's really so exciting with what Katja's been able to do now as we've been able to move ahead.

Now we're working because the federal law applies to hourly workers. So, the teeth is for large employers with 50 or more employees. It's not necessarily for people who are not hourly workers. So, there is some talk about being able to do that on the state level to be able to pass some laws there as well as we have federal laws that we're working on, Pregnant Workers Fairness Act with Senator Casey, but that's for pregnancy. It's not specifically for breastfeeding.

Well, I think the fact that we're sitting here now with the Affordable Care Act and to recognize we're not successful yet in Pennsylvania. I think major to recognize is health plans, insurance plans do not need to cover pregnancy in all health insurance written in Pennsylvania, nor does it have to include a preexisting condition, which includes pregnancy.

So, we in Pennsylvania really need to have January 1, 2014 come soon because there's no protection for women to have insurance that includes maternity until this federal Affordable Care Act. That piece in terms of insurance will be implemented January 1. So, I think we brought attention to the fact that pregnancy is a preexisting condition in Pennsylvania and that health insurers can gender discriminate and they do. A 40-year old smoking male can pay less right now in every section of the commonwealth than a 40-year old non-smoking female.

I think number one to recognize, we don't have the capacity that those who give direct services, whether it's in child welfare or older, there are not enough dollars given per person we serve to be able to pay for whatever anybody might consider extra. So, I just want to be clear that human services aren't paid sufficiently.

So, given that, what do we do with chewing gum and popsicle sticks that we kind of can stick together? We need to recognize that we're citizens and that we vote. We need to be loud and brash and make our votes known on who we vote for and what we think is important so that all of us need to educate ourselves as citizens and decide that we need to put people in office who think that we are important, that human beings are important, the services we provide.

Now, stepping away and saying, "So how do we do it?" Here, we take funds and we search for funds for people and groups that are willing to fund an advocacy. Many human service groups are very concerned that it's for lobbying. Lobbying is specifically there are limits on what we can do for specific pieces of legislation on the federal level. But that we still can make our voices heard. I've just clearly said to you during this interview that the Affordable Care Act, it's



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passed, it's important, we need it, that there has been legislation that we supported for breastfeeding, that it is permissible within specific funding streams and to not be afraid of it.

What I was actually thinking of is that the funding through Medicaid for hospitals for births is not negotiated to have enough money to also then cover capital. We've had hospitals that have closed and opened up cardiac units. When I've said, "Why?" it's because the per diem that they negotiate for the cardiac gives them enough to do capital construction. But they don't negotiate enough for childbirth. But any rate, so that's part of where I was thinking. We need to be paid so the direct service, not only do you have an overhead, you can have an overhead for some advocacy.

That it's hard. That it's rewarding. And also, I know sometimes students come in and expect for us to provide opportunities for them, for people to recognize it's a two-way street. So, how can I help you? It's kind of like we don't make a whole lot of money. So, we don't have money to give. But we can give time to different campaigns and different issues.