

June 24, 2009

Dear Breastfeeding Advocate:

The D. C. Breastfeeding Coalition is pleased to present this advocacy toolkit to help you lobby your representative/senator to co-sponsor **The Breastfeeding Promotion Act of 2009 (H.R. 2819 and S. 1244)**. These bills were introduced by Rep. Carolyn B. Maloney (D-NY) and Sen. Jeff Merkley (D-OR) on June 11, 2009. This is the first year a Senate companion bill has been introduced. The bills would support breastfeeding mothers in the workplace by:

1. Amending the Civil Rights Act of 1964 to protect breastfeeding women from being fired or discriminated against in the workplace.
2. Providing tax incentives for businesses that establish private, lactation areas in the workplace.
3. Providing for a performance standard to ensure breast pumps are safe and effective.
4. Allowing breastfeeding equipment and lactation services to be tax deductible and eligible for withdrawal from families' pre-paid medical expense accounts.
5. Requiring employers (under FLSA—Fair Labor Standards Act) to provide a reasonable break time and private place for the expression of milk in the workplace.

H.R. 2819 was referred to the following House Committees: Ways and Means, Energy and Commerce Subcommittee on Health, and Education and Labor Subcommittee on Health, Employment, Labor and Pensions. S. 1244 was referred to the Senate Committee on Finance and subsequently accepted as an amendment to the Senate Health Committee healthcare reform bill. The next step is for it to be introduced, discussed and voted upon in these committees. If your senator/representative is not on one of the committees, ask him/her to co-sponsor H.R. 2819/S. 1244 as the bill is more likely to be introduced in committee if it has many co-sponsors. If your senator/representative sits on one of these committees, you can encourage him/her to not only co-sponsor the bill but also to press the committee leadership for its active consideration.

The toolkit expands upon these points to help you speak knowledgeably with your representative and senator about The Breastfeeding Promotion Act of 2009. The toolkit has several items to help prepare you for this advocacy effort:

1. The Breastfeeding Promotion Act of 2009 text
2. Fact Sheet
3. Talking points
4. Tips for lobbying
5. Scenarios that may occur in your efforts to connect with your representatives
6. CDC Breastfeeding Report card, United States
7. Sample letter to Representative/Senator
8. Members of Committees to which H.R. 2819 and S. 1244 have been referred

You can contact your representative and senator either in his/her Washington, DC or local office. Their contact information can be found by entering your home zip code in [www.house.gov](http://www.house.gov) or [www.senate.gov](http://www.senate.gov). Please share the toolkit with your colleagues, coalitions and other breastfeeding advocacy groups and encourage them to lobby their representatives and senators. Politicians tend to respond to issues raised by their constituents. So, let us get the word out about the need to support our breastfeeding families through H.R. 2819/ S. 1244.

Sincerely,



Advocacy Committee, D.C. Breastfeeding Coalition



HR 2819 IH

111th CONGRESS

1st Session

**H. R. 2819**

To amend the Civil Rights Act of 1964 to protect breastfeeding by new mothers; to provide for a performance standard for breast pumps; and to provide tax incentives to encourage breastfeeding.

**IN THE HOUSE OF REPRESENTATIVES****June 11, 2009**

Mrs. MALONEY (for herself, Mrs. CAPPS, Mr. OLVER, Mr. FRANK of Massachusetts, Ms. ROYBAL-ALLARD, Mr. LEVIN, Mr. MEEKS of New York, Ms. KAPTUR, Mr. SNYDER, Ms. SCHWARTZ, and Mr. MORAN of Virginia) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committees on Energy and Commerce and Education and Labor, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

**A BILL**

To amend the Civil Rights Act of 1964 to protect breastfeeding by new mothers; to provide for a performance standard for breast pumps; and to provide tax incentives to encourage breastfeeding.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

**SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

(a) Short Title- This Act may be cited as the 'Breastfeeding Promotion Act of 2009'.

(b) Table of Contents- The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.

**TITLE I--AMENDMENTS TO THE CIVIL RIGHTS ACT OF 1964**

Sec. 101. Findings; purposes.

Sec. 102. Amendments to title VII of the Civil Rights Act of 1964.

**TITLE II--CREDIT FOR EMPLOYER EXPENSES FOR PROVIDING APPROPRIATE ENVIRONMENT ON BUSINESS PREMISES FOR EMPLOYED MOTHERS TO BREASTFEED OR EXPRESS MILK FOR THEIR CHILDREN**

Sec. 201. Allowance of credit for employer expenses for providing appropriate environment on business premises for employed mothers to breastfeed or express milk for their children.

**TITLE III--SAFE AND EFFECTIVE BREAST PUMPS**

Sec. 301. Short title.

Sec. 302. Breast pumps.

**TITLE IV--DEFINITION OF MEDICAL CARE IN INTERNAL REVENUE CODE EXPANDED TO INCLUDE BREASTFEEDING EQUIPMENT AND SERVICES**

Sec. 401. Definition of medical care expanded to include breastfeeding equipment and services.



FEEDBACK



**TITLE I--AMENDMENTS TO THE CIVIL RIGHTS ACT OF 1964****SEC. 101. FINDINGS; PURPOSES.**

(a) Findings- Congress finds the following:

- (1) Women with infants and toddlers are a rapidly growing segment of the labor force today.
- (2) Statistical surveys of families show that over 50 percent of mothers with children less than 1 year of age are in the labor force.
- (3) The American Academy of Pediatrics recommends that mothers breastfeed exclusively for six months but continuing for at least the 1st year of a child's life and that arrangements be made to allow a mother's expressing of milk if mother and child must separate.
- (4) Research studies show that children who are not breastfed have higher rates of mortality, meningitis, some types of cancers, asthma and other respiratory illnesses, bacterial and viral infections, diarrhoeal diseases, ear infections, allergies, and obesity.
- (5) Research studies have also shown that breastmilk and breastfeeding have protective effects against the development of a number of chronic diseases, including juvenile diabetes, lymphomas, Crohn's disease, celiac disease, some chronic liver diseases, and ulcerative colitis.
- (6) Maternal benefits of breastfeeding include a reduced risk for postpartum hemorrhage and decreased risk for developing osteoporosis, ovarian cancer, and premenopausal breast cancer.
- (7) The health benefits to children from breastfeeding translate into a threefold decrease in parental absenteeism due to infant illness.
- (8) Congress intended to include breastfeeding and expressing breast milk as protected conduct under the amendment made by the Pregnancy Discrimination Act of 1978 to title VII of the Civil Rights Act of 1964.
- (9) Although title VII of the Civil Rights Act of 1964, as so amended, applies with respect to `pregnancy, childbirth, or related medical conditions', a few courts have failed to reach the conclusion that breastfeeding and expressing breast milk in the workplace are covered by such title.

(b) Purposes- The purposes of this title are--

- (1) to promote the health and well-being of infants whose mothers return to the workplace after childbirth, and
- (2) to clarify that breastfeeding and expressing breast milk in the workplace are protected conduct under the amendment made by the Pregnancy Discrimination Act of 1978 to title VII of the Civil Rights Act of 1964.

**SEC. 102. AMENDMENTS TO TITLE VII OF THE CIVIL RIGHTS ACT OF 1964.**

Section 701(k) of the Civil Rights Act of 1964 (42 U.S.C. 2000e(k)) is amended--

- (1) by inserting ` (including lactation)' after `childbirth', and
- (2) by adding at the end the following: ` For purposes of this subsection, the term `lactation' means a condition that may result in the feeding of a child directly from the breast or the expressing of milk from the breast.'.

**TITLE II--CREDIT FOR EMPLOYER EXPENSES FOR PROVIDING APPROPRIATE ENVIRONMENT ON BUSINESS PREMISES FOR EMPLOYED MOTHERS TO BREASTFEED OR EXPRESS MILK FOR THEIR CHILDREN****SEC. 201. ALLOWANCE OF CREDIT FOR EMPLOYER EXPENSES FOR PROVIDING APPROPRIATE ENVIRONMENT ON BUSINESS**

<http://thomas.loc.gov/cgi-bin/query/C...>



**PREMISES FOR EMPLOYED MOTHERS TO BREASTFEED OR EXPRESS MILK FOR THEIR CHILDREN.**

(a) In General- Subpart D of part IV of subchapter A of chapter 1 of the Internal Revenue Code of 1986 (relating to business related credits) is amended by adding at the end the following new section:

**SEC. 45R. CREDIT FOR EMPLOYER EXPENSES INCURRED TO FACILITATE EMPLOYED MOTHERS WHO BREASTFEED OR EXPRESS MILK FOR THEIR CHILDREN.**

(a) In General- For purposes of section 38, the breastfeeding promotion and support credit determined under this section for the taxable year is an amount equal to 50 percent of the qualified breastfeeding promotion and support expenditures of the taxpayer for such taxable year.

(b) Dollar Limitation- The credit allowable under subsection (a) for any taxable year shall not exceed \$10,000.

(c) Qualified Breastfeeding Promotion and Support Expenditure- For purposes of this section--

(1) IN GENERAL- The term 'qualified breastfeeding promotion and support expenditure' means any amount paid or incurred in connection with a trade or business of the taxpayer--

(A) for breast pumps and other equipment specially designed to assist mothers who are employees of the taxpayer to breastfeed or express milk for their children but only if such pumps and equipment meet such standards (if any) prescribed by the Secretary of Health and Human Services, and

(B) for consultation services to the taxpayer or employees of the taxpayer relating to breastfeeding.

(2) COSTS OF OTHER EXCLUSIVE USE PROPERTY INCLUDED- Such term includes any amount paid or incurred for the acquisition or lease of tangible personal property (not described in paragraph (1)(A)) which is exclusively used by mothers who are employees of the taxpayer to breastfeed or express milk for their children unless such property is located in any residence of the taxpayer or any employee of the taxpayer.

(d) Recapture of Credit-

(1) IN GENERAL- If, during any taxable year, any property for which a credit was allowed under this section is disposed of or otherwise ceases to be used by the taxpayer as required by this section, then the tax of the taxpayer under this chapter for such taxable year shall be increased by an amount equal to the recapture percentage of the aggregate decrease in the credits allowed under section 38 for all prior taxable years which would have resulted solely from reducing to zero any credit determined under this section with respect to such property. The preceding sentence shall not apply to property leased to the taxpayer.

(2) RECAPTURE PERCENTAGE- For purposes of this subsection, the recapture percentage shall be determined in accordance with the following table:

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If the recapture event occurs in: The recapture percentage is:

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Year 1	100
Year 2	60
Year 3	30
Year 4 or thereafter	0.

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The references to years in the preceding table are references to the



consecutive taxable years beginning with the taxable year in which the property is placed in service by the taxpayer as year 1.

^(3) CERTAIN RULES TO APPLY- Rules similar to the rules of paragraphs (3) and (4), and subparagraphs (B) and (C) of paragraph (5), of section 50(a) shall apply for purposes of this subsection.

^(e) Special Rules- For purposes of this section--

^(1) AGGREGATION RULES- For purposes of subsection (b), all persons which are treated as a single employer under subsection (a) or (b) of section 52 shall be treated as a single taxpayer, and the dollar amount contained in such subsection shall be allocated among such persons under regulations prescribed by the Secretary.

^(2) REDUCTION IN BASIS- Rules similar to the rules of paragraphs (1) and (2) of section 50(c), and section 1016(a)(19), shall apply with respect to property for which a credit is determined under this section.

^(3) OTHER DEDUCTIONS AND CREDITS- No deduction or credit shall be allowed under any other provision of this chapter with respect to any expenditure for which a credit is determined under this section.'

(b) Conforming Amendments-

(1) Section 38(b) of such Code is amended by striking `plus' at the end of paragraph (34), by striking the period at the end of paragraph (35) and inserting `, plus', and by adding at the end the following new paragraph:

^(36) the breastfeeding promotion and support credit determined under section 45R(a).'

(2) The table of sections for subpart D of part IV of subchapter A of chapter 1 of such Code is amended by adding at the end the following new item:

^Sec. 45R. Credit for employer expenses incurred to facilitate employed mothers who breastfeed or express milk for their children.'

(c) Effective Date- The amendments made by this section shall apply to taxable years beginning after December 31, 2009.

### **TITLE III--SAFE AND EFFECTIVE BREAST PUMPS**

#### **SEC. 301. SHORT TITLE.**

This title may be cited as the `Safe and Effective Breast Pumps Act'.

#### **SEC. 302. BREAST PUMPS.**

(a) Performance Standards- The Secretary of Health and Human Services shall take such action as may be appropriate to put into effect a performance standard for breast pumps irrespective of the class to which the breast pumps have been classified under section 513 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360c). In establishing such standard, the Secretary shall identify those pumps appropriate for use on a regular basis in a place of employment based on the efficiency and effectiveness of the pump and on sanitation factors related to communal use. Action to put into effect a performance standard shall be taken within one year of the date of the enactment of this Act.

(b) Compliance Policy Guide- The Secretary of Health and Human Services, acting through the Commissioner of Food and Drugs, shall issue a compliance policy guide which will assure that women who want to breastfeed a child are given full and complete information respecting breast pumps.

### **TITLE IV--DEFINITION OF MEDICAL CARE IN INTERNAL REVENUE CODE EXPANDED TO INCLUDE BREASTFEEDING EQUIPMENT AND SERVICES**

#### **SEC. 401. DEFINITION OF MEDICAL CARE EXPANDED TO INCLUDE BREASTFEEDING EQUIPMENT AND SERVICES.**

(a) In General- Paragraph (1) of section 213(d) of the Internal Revenue Code of 1986 (defining medical care) is amended by striking `or' at the end of subparagraph (C), by striking the period at the end of subparagraph (D) and inserting `, or', and by inserting after subparagraph (D) the following:

`(E) qualified breastfeeding equipment and services.'

(b) Qualified Breastfeeding Equipment and Services- Subsection (d) of section 213 of such Code (relating to definitions) is amended by adding at the end the following new paragraph:

`(12) QUALIFIED BREASTFEEDING EQUIPMENT AND SERVICES- For purposes of paragraph (1)(E), the term `qualified breastfeeding equipment and services' means--

`(A) breast pumps and other equipment specially designed to assist a mother to breastfeed or express milk for her child but only if such pumps and equipment meet the standards (if any) prescribed by the Secretary of Health and Human Services, and

`(B) consultation services relating to breastfeeding.'

(c) Effective Date- The amendments made by this section shall apply to taxable years beginning after December 31, 2009.

#### **TITLE V--PRIVACY FOR BREASTFEEDING MOTHERS**

### **SEC. 501. PRIVACY FOR BREASTFEEDING MOTHERS.**

(a) In General- Section 7 of the Fair Labor Standards Act (29 U.S.C. 207) is amended by adding at the end the following:

`(r)(1) An employer shall provide reasonable break time for an employee to express breast milk for her nursing child for 1 year after the child's birth each time such employee has need to do so. The employer shall make reasonable efforts to provide a place, other than a bathroom, that is shielded from view and free from intrusion from co-workers and the public, which may be used by an employee to express breast milk. An employer shall not be required to compensate an employee for any work time spent for such purpose.

`(2) For purposes of this subsection, the term `employer' means an employer as defined in section 3(d) who employs 50 or more employees for each working day during each of 20 or more calendar workweeks in the current or preceding calendar year.'

(b) Penalty- Section 16(b) of such Act (29 U.S.C. 216(b)) is amended by inserting after the first sentence the following: `Any employee who is harmed by a violation of section 7(r) of this Act may bring an action to enjoin such violation and to recover such equitable relief as may be appropriate to effectuate the purposes of such section.'

END



S 1244 IS

111th CONGRESS

1st Session

**S. 1244**

To amend the Civil Rights Act of 1964 to protect breastfeeding by new mothers, to provide for a performance standard for breast pumps, and to provide tax incentives to encourage breastfeeding.

**IN THE SENATE OF THE UNITED STATES****June 11, 2009**

Mr. MERKLEY introduced the following bill; which was read twice and referred to the Committee on Finance

**A BILL**

To amend the Civil Rights Act of 1964 to protect breastfeeding by new mothers, to provide for a performance standard for breast pumps, and to provide tax incentives to encourage breastfeeding.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

**SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

(a) Short Title- This Act may be cited as the 'Breastfeeding Promotion Act of 2009'.

(b) Table of Contents- The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.

**TITLE I--AMENDMENTS TO THE CIVIL RIGHTS ACT OF 1964**

Sec. 101. Findings; purposes.

Sec. 102. Amendments to title VII of the Civil Rights Act of 1964.

**TITLE II--CREDIT FOR EMPLOYER EXPENSES FOR PROVIDING APPROPRIATE ENVIRONMENT ON BUSINESS PREMISES FOR EMPLOYED MOTHERS TO BREASTFEED OR EXPRESS MILK FOR THEIR CHILDREN**

Sec. 201. Allowance of credit for employer expenses for providing appropriate environment on business premises for employed mothers to breastfeed or express milk for their children.

**TITLE III--SAFE AND EFFECTIVE BREAST PUMPS**

Sec. 301. Short title.

Sec. 302. Breast pumps.

**TITLE IV--DEFINITION OF MEDICAL CARE IN INTERNAL REVENUE CODE EXPANDED TO INCLUDE BREASTFEEDING EQUIPMENT AND SERVICES**

Sec. 401. Definition of medical care expanded to include breastfeeding equipment and services.

**TITLE V--PRIVACY FOR BREASTFEEDING MOTHERS**

Sec. 501. Privacy for breastfeeding mothers.



FEEDBACK



**TITLE I--AMENDMENTS TO THE CIVIL RIGHTS ACT OF 1964****SEC. 101. FINDINGS; PURPOSES.**

(a) Findings- Congress finds the following:

- (1) Women with infants and toddlers are a rapidly growing segment of the labor force today.
- (2) Statistical surveys of families show that over 50 percent of mothers with children less than 1 year of age are in the labor force.
- (3) The American Academy of Pediatrics recommends that mothers breastfeed exclusively for 6 months and continue breastfeeding for at least the first year of a child's life, and that arrangements be made to allow a mother's expressing of milk if mother and child must separate.
- (4) Research studies show that children who are not breastfeed have higher rates of mortality, meningitis, some types of cancers, asthma and other respiratory illnesses, bacterial and viral infections, diarrhoeal diseases, ear infections, allergies, and obesity.
- (5) Research studies have also shown that breastmilk and breastfeeding have protective effects against the development of a number of chronic diseases, including juvenile diabetes, lymphomas, Crohn's disease, celiac disease, some chronic liver diseases, and ulcerative colitis.
- (6) Maternal benefits of breastfeeding include a reduced risk for postpartum hemorrhage and decreased risk for developing osteoporosis, ovarian cancer, and premenopausal breast cancer.
- (7) The health benefits to children from breastfeeding translate into a threefold decrease in parental absenteeism due to infant illness.
- (8) Congress intended to include breastfeeding and expressing breast milk as protected conduct under the amendment made to title VII of the Civil Rights Act of 1964 by the Act entitled 'An Act to amend title VII of the Civil Rights Act of 1964 to prohibit sex discrimination on the basis of pregnancy', approved October 31, 1978 (commonly known as the 'Pregnancy Discrimination Act').
- (9) Although title VII of the Civil Rights Act of 1964, as so amended, applies with respect to 'pregnancy, childbirth, or related medical conditions', a few courts have failed to reach the conclusion that breastfeeding and expressing breast milk in the workplace are covered by such title.

(b) Purposes- The purposes of this title are--

- (1) to promote the health and well-being of infants whose mothers return to the workplace after childbirth; and
- (2) to clarify that breastfeeding and expressing breast milk in the workplace are protected conduct under the amendment made by the Act commonly known as the 'Pregnancy Discrimination Act' to title VII of the Civil Rights Act of 1964.

**SEC. 102. AMENDMENTS TO TITLE VII OF THE CIVIL RIGHTS ACT OF 1964.**

Section 701(k) of the Civil Rights Act of 1964 (42 U.S.C. 2000e(k)) is amended--

- (1) by inserting '(including lactation)' after 'childbirth'; and
- (2) by adding at the end the following: 'For purposes of this subsection, the term 'lactation' means a condition that may result in the feeding of a child directly from the breast or the expressing of milk from the breast.'

**TITLE II--CREDIT FOR EMPLOYER EXPENSES FOR PROVIDING APPROPRIATE ENVIRONMENT ON BUSINESS PREMISES FOR EMPLOYED MOTHERS TO BREASTFEED OR EXPRESS MILK FOR THEIR CHILDREN**

**SEC. 201. ALLOWANCE OF CREDIT FOR EMPLOYER EXPENSES FOR PROVIDING APPROPRIATE ENVIRONMENT ON BUSINESS PREMISES FOR EMPLOYED MOTHERS TO BREASTFEED OR EXPRESS MILK FOR THEIR CHILDREN.**

(a) In General- Subpart D of part IV of subchapter A of chapter 1 of the Internal Revenue Code of 1986 (relating to business related credits) is amended by adding at the end the following new section:

**SEC. 45R. CREDIT FOR EMPLOYER EXPENSES INCURRED TO FACILITATE EMPLOYED MOTHERS WHO BREASTFEED OR EXPRESS MILK FOR THEIR CHILDREN.**

(a) In General- For purposes of section 38, the breastfeeding promotion and support credit determined under this section for the taxable year is an amount equal to 50 percent of the qualified breastfeeding promotion and support expenditures of the taxpayer for such taxable year.

(b) Dollar Limitation- The credit allowable under subsection (a) for any taxable year shall not exceed \$10,000.

(c) Qualified Breastfeeding Promotion and Support Expenditure- For purposes of this section--

(1) IN GENERAL- The term 'qualified breastfeeding promotion and support expenditure' means any amount paid or incurred in connection with a trade or business of the taxpayer--

(A) for breast pumps and other equipment specially designed to assist mothers who are employees of the taxpayer to breastfeed or express milk for their children but only if such pumps and equipment meet such standards (if any) prescribed by the Secretary of Health and Human Services, and

(B) for consultation services to the taxpayer or employees of the taxpayer relating to breastfeeding.

(2) COSTS OF OTHER EXCLUSIVE USE PROPERTY INCLUDED- Such term includes any amount paid or incurred for the acquisition or lease of tangible personal property (not described in paragraph (1)(A)) which is exclusively used by mothers who are employees of the taxpayer to breastfeed or express milk for their children unless such property is located in any residence of the taxpayer or any employee of the taxpayer.

(d) Recapture of Credit-

(1) IN GENERAL- If, during any taxable year, any property for which a credit was allowed under this section is disposed of or otherwise ceases to be used by the taxpayer as required by this section, then the tax of the taxpayer under this chapter for such taxable year shall be increased by an amount equal to the recapture percentage of the aggregate decrease in the credits allowed under section 38 for all prior taxable years which would have resulted solely from reducing to zero any credit determined under this section with respect to such property. The preceding sentence shall not apply to property leased to the taxpayer.

(2) RECAPTURE PERCENTAGE- For purposes of this subsection, the recapture percentage shall be determined in accordance with the following table:

-----

If the recapture event occurs in: The recapture percentage is:

-----

Year 1	100
Year 2	60
Year 3	30
Year 4 or thereafter	0.



The references to years in the preceding table are references to the consecutive taxable years beginning with the taxable year in which the property is placed in service by the taxpayer as year 1.

` (3) CERTAIN RULES TO APPLY- Rules similar to the rules of paragraphs (3) and (4), and subparagraphs (B) and (C) of paragraph (5), of section 50(a) shall apply for purposes of this subsection.

` (e) Special Rules- For purposes of this section--

` (1) AGGREGATION RULES- For purposes of subsection (b), all persons which are treated as a single employer under subsection (a) or (b) of section 52 shall be treated as a single taxpayer, and the dollar amount contained in such subsection shall be allocated among such persons under regulations prescribed by the Secretary.

` (2) REDUCTION IN BASIS- Rules similar to the rules of paragraphs (1) and (2) of section 50(c), and section 1016(a)(19), shall apply with respect to property for which a credit is determined under this section.

` (3) OTHER DEDUCTIONS AND CREDITS- No deduction or credit shall be allowed under any other provision of this chapter with respect to any expenditure for which a credit is determined under this section.'

(b) Conforming Amendments-

(1) Section 38(b) of such Code is amended by striking `plus' at the end of paragraph (34), by striking the period at the end of paragraph (35) and inserting `, plus', and by adding at the end the following new paragraph:

` (36) the breastfeeding promotion and support credit determined under section 45R(a).'

(2) The table of sections for subpart D of part IV of subchapter A of chapter 1 of such Code is amended by adding at the end the following new item:

` Sec. 45R. Credit for employer expenses incurred to facilitate employed mothers who breastfeed or express milk for their children'.

(c) Effective Date- The amendments made by this section shall apply to taxable years beginning after December 31, 2009.

### TITLE III--SAFE AND EFFECTIVE BREAST PUMPS

#### SEC. 301. SHORT TITLE.

This title may be cited as the `Safe and Effective Breast Pumps Act'.

#### SEC. 302. BREAST PUMPS.

(a) Performance Standards-

(1) IN GENERAL- The Secretary of Health and Human Services shall take such action as may be appropriate to put into effect a performance standard for breast pumps irrespective of the class to which the breast pumps have been classified under section 513 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360c).

(2) IDENTIFICATION OF PUMPS- In establishing the performance standard under paragraph (1), the Secretary shall identify those pumps appropriate for use on a regular basis in a place of employment based on the efficiency and effectiveness of the pump and on sanitation factors related to communal use.

(3) TIMELINE- Action to put into effect the performance standard under paragraph (1) shall be taken not later than 1 year after the date of enactment of this Act.

(b) Compliance Policy Guide- The Secretary of Health and Human Services, acting through the Commissioner of Food and Drugs, shall issue a compliance

policy guide that will ensure that women who want to breastfeed a child are given full and complete information respecting breast pumps.

#### **TITLE IV--DEFINITION OF MEDICAL CARE IN INTERNAL REVENUE CODE EXPANDED TO INCLUDE BREASTFEEDING EQUIPMENT AND SERVICES**

#### **SEC. 401. DEFINITION OF MEDICAL CARE EXPANDED TO INCLUDE BREASTFEEDING EQUIPMENT AND SERVICES.**

(a) In General- Paragraph (1) of section 213(d) of the Internal Revenue Code of 1986 (defining medical care) is amended by striking `or' at the end of subparagraph (C), by striking the period at the end of subparagraph (D) and inserting `, or', and by inserting after subparagraph (D) the following:

`(E) qualified breastfeeding equipment and services.'

(b) Qualified Breastfeeding Equipment and Services- Subsection (d) of section 213 of such Code (relating to definitions) is amended by adding at the end the following new paragraph:

`(12) QUALIFIED BREASTFEEDING EQUIPMENT AND SERVICES- For purposes of paragraph (1)(E), the term `qualified breastfeeding equipment and services' means--

`(A) breast pumps and other equipment specially designed to assist a mother to breastfeed or express milk for her child but only if such pumps and equipment meet the standards (if any) prescribed by the Secretary of Health and Human Services, and

`(B) consultation services relating to breastfeeding.'

(c) Effective Date- The amendments made by this section shall apply to taxable years beginning after December 31, 2009.

#### **TITLE V--PRIVACY FOR BREASTFEEDING MOTHERS**

#### **SEC. 501. PRIVACY FOR BREASTFEEDING MOTHERS.**

(a) In General- Section 7 of the Fair Labor Standards Act (29 U.S.C. 207) is amended by adding at the end the following:

`(r)(1) An employer shall provide reasonable break time for an employee to express breast milk for her nursing child for 1 year after the child's birth each time such employee has need to express the milk. The employer shall make reasonable efforts to provide a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk. An employer shall not be required to compensate an employee for any work time spent for such purpose.

`(2) For purposes of this subsection, the term `employer' means an employer as defined in section 3(d) who employs 50 or more employees for each working day during each of 20 or more calendar workweeks in the current or preceding calendar year.'

(b) Penalty- Section 16(b) of such Act (29 U.S.C. 216(b)) is amended by inserting after the first sentence the following: `In lieu of any other remedy under this section or section 17, any employee who is harmed by a violation of section 7(r) may bring an action to enjoin such violation and to recover such equitable relief as may be appropriate to effectuate the purposes of such section.'

END



## Help working families stay healthy: Support breastfeeding mothers in the workplace

- **Breastfeeding is good for mothers, babies, and society.**

Studies show that infants who are not breastfed are more likely to be hospitalized for respiratory infections and diarrhea. Breastfeeding protects children from the debilitating diseases of asthma and childhood obesity, potentially decreases the risk of SIDS and protects mothers from developing breast and ovarian cancer. Breastfeeding has significant economic and environmental benefits for families and society by improving maternal and child health and decreasing or eliminating the need to purchase expensive formula. Encouraging breastfeeding also benefits employers. Breastfed infants are healthier and therefore parents with breastfed infants have an almost three-fold reduction in absenteeism to care for sick infants. Given all these benefits, the American Academy of Pediatrics, the Centers for Disease Control and Prevention, the Maternal and Child Health Bureau of the Health Resources and Services Administration, and the DHHS Office on Women's Health recommend that infants be exclusively breastfed for six months, and continue to breastfeed for the first year of life and as long afterwards as mutually desired by the mother and infant.

- **Interest in breastfeeding is at an all-time high—77% of women breastfeed their infants at birth.**

- **Breastfeeding rates drop rapidly after hospital discharge. Only 40% of all U.S. infants, including only 20% of African American infants, are breastfeeding at six months of age.**

More than 50% of women with infants less than one year old are in the labor force. Employed mothers are more likely to stop breastfeeding early if they do not receive the support they need in the workplace.

### Co-Sponsor H.R. 2819/S. 1244: The Breastfeeding Promotion Act of 2009

Forty-nine states, the District of Columbia, Puerto Rico and the Virgin Islands already have enacted various laws protecting breastfeeding mothers, but they are not uniform and most are not comprehensive. We are asking you to support the Breastfeeding Promotion Act of 2009 to provide a unified national policy to keep mothers, their children and their communities healthy.

#### The Breastfeeding Promotion Act of 2009 includes five provisions:

1. **Amends the Civil Rights Act of 1964 to protect breastfeeding women from being fired or discriminated against in the workplace.**
2. **Provides tax incentives for businesses that establish private lactation areas in the workplace.**
3. **Provides for a performance standard to ensure breast pumps are safe and effective.**
4. **Allows breastfeeding equipment and lactation services to be tax deductible for families.**
5. **Requires employers (under FLSA—Fair Labor Standards Act) to provide a reasonable break time and private place for the expression of milk in the workplace.**



## **Breastfeeding Promotion Act of 2009 (H.R. 2819/S. 1244)**

### **Talking Points**

#### **Background**

Studies show that infants who are not breastfed are more likely to be hospitalized for respiratory infections and diarrhea. Breastfeeding protects children from the debilitating diseases of asthma and childhood obesity, potentially decreases the risk of SIDS and protects mothers from developing breast and ovarian cancer. Breastfeeding has significant economic and environmental benefits for families and society by improving maternal and child health and decreasing or eliminating the need to purchase expensive formula. Encouraging breastfeeding also benefits employers. Breastfed infants are healthier and therefore parents with breastfed infants have an almost 3-fold reduction in absenteeism to care for sick infants. Given all these benefits, the American Academy of Pediatrics recommends that infants breastfeed for at least 1 year and as long afterwards as mutually desired by the mother and infant.

More than 50% of women with infants less than 1 year old are in the labor force. A nursing mother needs to express milk or breastfeed throughout the day to maintain her milk supply and provide breast milk for her infant to drink when they are separated. Employed mothers are more likely to stop breastfeeding early if they do not receive support in the workplace.

Already, there is national support for breastfeeding legislation. Forty nine states, the District of Columbia, Puerto Rico and the Virgin Islands have enacted various laws protecting breastfeeding mothers, but they are not uniform, and most are not comprehensive. The Breastfeeding Promotion Act would provide the broad coverage needed to promote breastfeeding.

#### **The Breastfeeding Promotion Act of 2009 (H.R. 2819/S. 1244) includes five provisions:**

- 1. Amends the Civil Rights Act of 1964 to protect breastfeeding women from being fired or discriminated against in the workplace.** Under the amendment made by the Pregnancy Discrimination Act of 1978 to title VII of the Civil Rights Act of 1964, women are protected against “discrimination on the basis of pregnancy, childbirth, or related medical conditions.” A few courts have decided that breastfeeding and expressing breast milk in the workplace are not covered. The Breastfeeding Promotion Act of 2009 would explicitly protect breastfeeding women against discrimination in the workplace.
- 2. Provides tax incentives for businesses that establish private, lactation areas in the workplace.** This amendment would provide tax credit for employers up to 50% of their qualified breastfeeding promotion and support expenditures not to exceed \$10,000 for any taxable year. Excess amounts could be carried back one year or forward 20 years. Examples of such expenditures include the creation of private lactation areas, breast pumps and lactation services for employees.
- 3. Provides for a performance standard to ensure breast pumps are safe and effective.** The Secretary of Health and Human Services shall develop performance standards for breast pumps to make certain they are effective, efficient and sanitary.
- 4. Allows breastfeeding equipment and lactation services to be tax deductible for families.** Breastfeeding expenditures could be claimed for itemized deduction for medical care if unreimbursed medical expenses exceed 7.5% of adjusted gross income. Breastfeeding equipment and lactation services would also qualify for withdrawal from health savings accounts, health reimbursement accounts and flexible spending accounts.
- 5. Amends the Fair Labor Standards Act to require employers with 50 or more employees to provide a reasonable break time and private place for the expression of milk in the workplace.** This amendment the bill requires employers to provide break time to express breast milk as well as make reasonable efforts to provide a private place for mothers to do so.



## **Tips for Lobbying**

(Modified and used with permission by the AAP Federal Affairs Office)

### **Remember:**

- You are a constituent—voter and taxpayer!
- Your goal is to inform and persuade
- Know background information about your legislator
- What is the impact of this legislation on your community? Region? State?
- Personalize your message as appropriate—Tell your story!
- *Give examples from patients in your practice and how the legislation would impact them.*
- Follow-up is crucial

### **Effective advocacy can hinge on an effective legislative interview.**

This means:

- Educating without condescending
- Being supportive without interfering
- Creating trust without misleading
- Taking enough time without being a pest

### **The 10 “Knows” of lobbying**

1. Know subject
2. Know member
3. Know district
4. Know political situation
5. Know how to anticipate problems
6. Know how to listen to what is said and not said
7. Know how to compromise
8. Know how to build coalitions
9. Know how to use the media
10. Know how to maintain your sense of humor and enjoy the process



**Possible scenarios for meeting with you Representative and/or staff members**  
(Modified and used with permission from the AAP Federal Affairs Office)

**Scenario 1: “Don’t call us, we’ll call you.”**

The Representative (and/or staff) listens carefully and asks few or no questions. When you ask about his/her position, you are told he/she will think about your comments. You are thanked politely for your time. This is a totally noncommittal meeting.

*What do you do?*

First, realize this is probably the single most common type of legislative meeting. It is not a bad one. You have established who you are, whom you represent, what the issue is, and what your position is. For some meetings, this is as much as you can expect or hope to accomplish.

*But you can do more.*

- First, respect the fact that the Representative has not made a decision; don’t try to press him/her for a commitment he/she is not ready to make.
- Do ask questions to find out what forces might influence the decision.
- Build your case-- cite impact on the pediatric population back home. Cite other supporting groups.
- Discern the level of grassroots pressure. For example, you might find out whether mail has been received and, if so, is it for or against your position. Also, try to discover if he/she has been contacted by other groups.
- Always ask whether you can provide additional information. The single most persuasive document you can provide is a one-page fact sheet outlining how this bill will directly affect your state or district. Other useful information includes a list of cosponsors, especially in the Representatives’ party.
- Always leave your name, address, and phone number (if you don’t have a business card, write this on the fact sheet you leave)
- Talk about another issue--briefly. Don’t waste time. If you are meeting with staff, this is a good time to discover if he/she is from your state and other information, which could provide the personal touch that adds to the relationship. You would be surprised how many of the staff went to college with your sons or daughters, or had cousins in your town, etc.

As with any important meeting, **follow-up is crucial**. This is particularly true for the undecided. Write a thank you letter, including any information requested at the meeting. For the undecided, it is also helpful to get others to write and/or phone the Representative to urge him/her to support your position.



## **Scenario 2: “I’m new” or “I don’t know anything about health”**

Although this might happen when you meet with the Representative, it is more likely to happen with staff. There is a lot of turnover on Capitol Hill. Many staff—particularly those in the personal offices (with whom you will meet most often) are young and may know little about health issues. In fact, unless your Representative sits on a key health committee, don’t expect the staff to know much about the issue.

Staff cannot be experts on all issues. In the personal offices, the staff may cover five or six issues, and it may not be a combination which makes sense. For example, he/she may cover defense, education, health and transportation. Now for some of you, it is easy to draw comparisons and links among these issues, but the staff may not see it that way.

*But contrary to what you think, this is not bad news!*

This is the best time to begin to develop your position as a valuable resource to the staff—the expert on child health issues. Best of all, you are an expert from back home rather than a “Washington insider.” You are the constituent on whom they can rely for accurate information, even when it is very technical. You become an asset; you can make them look good; you can make his/her job easier.

- Start out with the basics. State who you are, what type of pediatrics (or health related profession) you practice, where your office (hospital) is located.
- Give simple information on the issue or issues. Material pertinent to your state or district is particularly valuable.
- Don’t use medical jargon. Assess level of comprehension. Don’t talk down.
- Let them ask questions. In fact, encourage them to do so. And treat all questions seriously.
- In addition to the follow-up outlined previously, do what you can to develop the relationship. Letters, phone calls, and visits when you are in Washington are all tools to use. But don’t be a pest.
- Remember, new staff become experienced staff. Personal staff can and do move to committee assignments. If you encourage an interest in health, he/she could become a good friend in the future.

## **Scenario 3: “I agree” or “preaching to the choir”**



After you introduce the issue, you are told that the Representative agrees with your position.

*Great! Now what?*

Instead of ending the conversation right then and there, you can use this opportunity to establish your position and to gather information.

- First, don't waste time, but do ensure that there is a commitment at this time
- Ask if the Representative is a cosponsor or would he/she be willing to sponsor, cosponsor, or introduce the bill
- Ask if more information would be helpful, particularly relative to how this issue affects your state or district or how many children would be affected. If more information is needed, try to get a specific idea of what would be helpful without being overload.
- Ask about other organizations that support/oppose the Representative's position. Ask if you can help solidify support or identify the opposition.

Follow-up to this meeting may not be as difficult as with scenario 2, but you will need to keep lines of communication open, so that you can be useful as the expert resource.

### **Scenario 3-A: "I agree, but...."**

These are variations of the previous type, but with a twist. You may hear many excuses at the end of "I agree, but..... These days, the typical twist is (or "but") there is no money, so how can we.....?

*Don't let this throw you!*

You may not have all the answers. But, find out what the objections are and how the Representative can be satisfied. If you cannot supply the answers at the meeting, ensure them you will find the answers and will get back to them soon.

### **Scenario 4: "I disagree with everything you say, and...."**



The adversarial interview is one you are really worried about. But, it almost never happens--- honestly!

Representatives and staff may disagree with you, but they will not attack you or your position. In fact, they do not like to disagree with you at all. Remember, you are a constituent.

The other person essentially takes charge of the meeting and disputes everything you have tried to say.

*What do you do?*

- Keep calm. If you are meeting with staff, try to determine whether this is a personal opinion (it does happen) or the position of the Representative. If it is the opinion of the staff, a meeting with the superior, perhaps back home, might be the next step.
- End the meeting as soon as possible.
- You will need to be in contact with this office again, but you may need reinforcements. Reinforcements may be information, other members of your chapter, or finding the right contact back home that can talk to him/her.





## Breastfeeding

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## Breastfeeding Report Card — United States, 2009

### Background

Improving the health of mothers and their children is a primary goal of the Centers for Disease Control and Prevention (CDC). Protecting, promoting, and supporting breastfeeding, with its many known benefits for infants, children, and mothers, is a key strategy toward this goal.

Throughout your community, everyone plays a role in fostering breastfeeding. When health care professionals, legislators, employers, business owners, and community and family members work together, their efforts can increase the number of women who are able to start breastfeeding and the length of time they continue to breastfeed.

The 2009 Breastfeeding Report Card shows how breastfeeding is being protected, promoted, and supported in each state using five “outcome” and nine “process” indicators. This allows you to make comparisons across states and indicators and work to increase breastfeeding nationwide.

The five outcome indicators are derived from the breastfeeding goals outlined in *Healthy People 2010*, a description of the nation's health priorities. They profile the extent to which infants in a state are breastfed.

The nine process indicators measure elements of breastfeeding-friendly communities. Each indicator is measured in every state, allowing easy state-by-state comparisons. As measures of a state's ability to protect, promote, and support breastfeeding, the report card indicators show where a state has been successful and where more work is needed.

The Breastfeeding Report Card can help you:

- Tell the story of breastfeeding practices in your state.
- Monitor progress and celebrate state successes.
- Identify opportunities for growth and improvement in breastfeeding protection, promotion, and support within your state.

### Breastfeeding Report Card Indicators – 2009

#### Outcome Indicators

The five outcome indicators directly track the *Healthy People 2010* breastfeeding

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#### See also:

- [Breastfeeding Report Card, United States: Outcome Indicators](#)
- [Breastfeeding Report Card, United States: Process Indicators](#)



objectives. Outcomes are estimated using data from the annual CDC National Immunization Survey (NIS).

## Process Indicators

The nine process indicators measure five different types of breastfeeding support: birth facility support; professional support; mother-to-mother support; state legislation; and public infrastructure (public facilities and services).

### Birth Facility Support

- State mPINC score
- Percent of live births occurring at facilities identified as part of the Baby-Friendly Hospital Initiative
- Percent of breastfed infants receiving formula before 2 days of age

Birth facility policies and practices significantly impact whether a woman chooses to start breastfeeding and how long she continues to breastfeed. Several specific policies and practices, in combination, determine how much overall support for breastfeeding a woman birthing in a given facility is likely to receive and how likely her baby is to receive formula in the first 2 days.

Two initiatives, one national and one global, provide informative measures of birth facility support. The Maternity Practices in Infant Nutrition and Care (mPINC) Survey, initiated by CDC, in collaboration with the Battelle Centers for Public Health Research and Evaluation in 2007, measures breastfeeding-related maternity care practices at intrapartum care facilities across the United States and compares the extent to which these practices vary by state. Thus, the state mPINC score represents the extent to which each state's birth facilities provide maternity care that supports breastfeeding.

The Baby-Friendly Hospital Initiative (BFHI) is a global program sponsored by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) to encourage and recognize hospitals and birthing centers that offer an optimal level of care for lactation based on the WHO/UNICEF Ten Steps to Successful Breastfeeding for Hospitals.

To be designated as "Baby-Friendly," facilities undergo external evaluation to demonstrate that the facility meets all of the Ten Steps requirements. All types and sizes of birth facilities can seek the Baby-Friendly designation. Some states have several small Baby-Friendly facilities, others have only one or two large ones, and still others have none at all. Because facilities vary in size and the number of births, measuring their impact on public health requires more than just counting the number of Baby-Friendly facilities per state. The best way to measure their impact is to look at the proportion of births in a given state occurring at facilities that have earned the Baby-Friendly distinction.

### Professional Support

- Number of International Board Certified Lactation Consultants (IBCLCs) per 1,000 live births

International Board Certified Lactation Consultants (IBCLCs) are health professionals who specialize in the clinical management of breastfeeding. IBCLCs work in many health care settings, such as hospitals, birth centers, physicians' offices, public health clinics, and their own offices. A strong statewide group of professional breastfeeding experts (IBCLCs) is needed to assist the mother-infant pair, create and administer lactation programs, and educate other health professionals about breastfeeding. Much of an IBCLC's work is done one-on-one. Therefore, only a rough estimate can be made of their availability to provide professional support within a state. The best measure is the ratio of IBCLCs to the number of live births.

### Mother-to-Mother Support

- Number of La Leche League Groups per 1,000 live births



La Leche League is an organization of trained and accredited volunteer mothers who provide mother-to-mother support and help to pregnant women considering breastfeeding and mothers who are breastfeeding in group meetings, as well as online and via telephone. This kind of assistance is an important element of comprehensive breastfeeding support. The number of La Leche League groups per 1,000 live births provides a broad estimate of the availability of breastfeeding assistance in a given community.

### Legislation

- Laws protecting breastfeeding in public
- Laws mandating support for breastfeeding mothers who return to work

Most states now have some form of legislation (laws) protecting the basic human right to breastfeed. Unfortunately, despite protective laws, mothers and babies who breastfeed in public still face obstacles and negative reactions. Legislation reflects social acceptance of breastfeeding as a normal activity, concern for the health and well-being of children, and the importance of breastfeeding as a public health issue.

Laws mandating support for breastfeeding mothers who return to work encourage mothers to continue breastfeeding after returning to work by requiring a minimum level of breastfeeding support from the employer. Such laws support the economic goals of employers and employees as well as the well-being of mothers and children.

### Infrastructure

- Number of state health department full-time equivalents (FTEs) responsible for breastfeeding
- Statewide breastfeeding coalitions with public websites

State health departments are the central state agencies responsible for the public health and welfare of women and children. Among their many responsibilities, employees in these agencies help ensure appropriate consideration of breastfeeding in public programs and services. FTEs dedicated to the protection, promotion, and support of breastfeeding are needed to develop, implement, monitor, and maintain breastfeeding interventions.

A statewide coalition dedicated to breastfeeding represents a basic level of community support for breastfeeding. Though these coalitions differ in terms of what they do and how they do it, they share a commitment to empower community members to be local change agents. Coalition members make the case to their community for the importance of breastfeeding.

State coalitions with publicly available websites have an effective way to communicate. On their Web site, coalition members can share information with existing members and also recruit new members interested in breastfeeding issues. Coalition Web sites are also an excellent way to reach community members who want quality breastfeeding information and online support.

### Data Sources


1. Breastfeeding outcome indicators – Ever Breastfed, Breastfeeding at 6 months, Breastfeeding at 12 months, Exclusive breastfeeding at 3 months, Exclusive breastfeeding at 6 months
  - CDC National Immunization Survey, 2006 births.  
[http://www.cdc.gov/breastfeeding/data/NIS\\_data](http://www.cdc.gov/breastfeeding/data/NIS_data)
2. Breastfeeding process indicators
  - a. Average mPINC Score  
*Source:* DiGirolamo AM, Manninen DL, Cohen JH, Shealy KR, Murphy PE, MacGowan CA, Sharma AJ, Scanlon KS, Grummer-Strawn LM, Dee DL. Breastfeeding-Related Maternity Practices at Hospitals and Birth Centers --- United States, 2007. *MMWR Morbid Mortal Wkly Rep*:7(23):621-625.  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5723a1.htm>
  - b. Modes of support per live births by state  
*Source:* Total live birth information: Hamilton BE, Martin JA, Ventura SJ. Births:

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Preliminary data for 2007. National vital statistics reports, Web release; vol 57 no 12. Hyattsville, MD: National Center for Health Statistics. Released March 18, 2009. [http://www.cdc.gov/nchs/data/nvsr/nvsr57\\_12.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_12.pdf) (PDF-647k) Accessed 6/29/2009.

- Percent of live births at facilities designated as Baby Friendly (BFHI)
  - Source: Baby Friendly USA. Baby-Friendly Hospitals and Birth Centers as of May 2009. <http://www.babyfriendlyusa.org/eng/03.html>\*
  - Hospital annual birth census information: American Hospital Association Annual Survey Database for Fiscal Year 2007
  - Birth center annual birth census information: 2007 CDC Maternity Practices in Infant Nutrition and Care (mPINC) Survey
- Number of IBCLCs per 1,000 live births
  - Source: International Board of Lactation Consultant Examiners. IBCLC Facts and Figures as of June 2009 <http://americas.iblce.org/factsandfigures.php#USstate>\*
- Number of La Leche League Groups per 1,000 live births
  - Source: La Leche League in the USA list of groups by state as of July 2008. <http://www.llusa.org/groups.php>\*
- c. Number of state health dept FTEs dedicated to breastfeeding
  - Source: Personal communications with state WIC Breastfeeding Coordinators and other state employees in each state
- d. State legislation about breastfeeding
  - Breastfeeding in public places
  - Lactation and employment
  - Sources: National Conference of State Legislatures: Breastfeeding Laws, updated May 2009. (accessed 6/2/2009) <http://www.ncsl.org/default.aspx?tabid=14389>\* and La Leche League Summary of Breastfeeding Legislation in the US as of 3/7/2009 (accessed 5/29/2009) <http://www.llli.org/docs/summary.rtf>\*
- e. State breastfeeding coalitions
  - Presence of coalition website
  - Source: United States Breastfeeding Committee. State and Territory Breastfeeding Coalitions Directory <http://www.usbreastfeeding.org/State-Coalitions/coalitions-directory.html>\*

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## Breastfeeding Report Card, United States: Outcome Indicators

 NOTE: Percents in bold are those that have met the *Healthy People 2010* goal.

State	Percent Ever Breastfed	Percent Breast-feeding at 6 Months	Percent Breast-feeding at 12 Months	Percent Exclusive Breast-feeding at 3 Months	Percent Exclusive Breast-feeding at 6 Months
<b>U.S. National</b>	73.9	43.4	22.7	33.1	13.6
<b>Alabama</b>	58.8	26.6	11.4	24.2	6.3
<b>Alaska</b>	<b>88.5</b>	48.9	<b>26.2</b>	<b>45.5</b>	16.9
<b>Arizona</b>	<b>76.5</b>	45.3	22.3	29.7	11.9
<b>Arkansas</b>	61.5	26.9	10.6	23.6	6.3
<b>California</b>	<b>84.7</b>	<b>53.0</b>	<b>31.1</b>	<b>42.4</b>	<b>18.6</b>
<b>Colorado</b>	<b>82.5</b>	<b>59.5</b>	<b>30.5</b>	<b>49.2</b>	<b>22.6</b>
<b>Connecticut</b>	74.9	41.9	23.3	35.1	14.4
<b>Delaware</b>	66.7	32.8	15.4	28.1	7.5
<b>Dist of Columbia</b>	69.6	45.6	20.2	31.3	13.3
<b>Florida</b>	<b>75.7</b>	37.2	18.2	30.7	11.9
<b>Georgia</b>	62.5	36.4	18.1	28.0	14.8
<b>Hawaii</b>	<b>88.2</b>	<b>56.3</b>	<b>35.0</b>	<b>44.9</b>	<b>22.4</b>
<b>Idaho</b>	<b>79.8</b>	<b>55.1</b>	<b>25.3</b>	<b>46.7</b>	<b>17.7</b>
<b>Illinois</b>	69.5	38.7	15.9	28.5	11.9
<b>Indiana</b>	71.1	37.2	18.9	28.9	10.6
<b>Iowa</b>	68.1	33.2	15.8	32.3	10.6
<b>Kansas</b>	<b>78.1</b>	43.8	23.6	36.0	16.8
<b>Kentucky</b>	53.6	28.9	15.8	27.2	9.4
<b>Louisiana</b>	49.1	20.7	9.9	17.8	5.0
<b>Maine</b>	<b>75.0</b>	45.7	<b>26.0</b>	38.7	<b>18.1</b>
<b>Maryland</b>	<b>76.4</b>	43.3	<b>25.4</b>	28.5	10.1
<b>Massachusetts</b>	<b>78.2</b>	44.7	24.5	39.0	13.5
<b>Michigan</b>	64.8	31.2	14.4	23.5	10.7
<b>Minnesota</b>	<b>79.9</b>	<b>51.6</b>	24.7	39.8	15.0
<b>Mississippi</b>	48.3	20.1	8.7	16.8	4.6
<b>Missouri</b>	65.3	33.1	14.9	24.8	8.5
<b>Montana</b>	<b>82.7</b>	<b>56.8</b>	<b>30.6</b>	<b>40.8</b>	<b>20.5</b>
<b>Nebraska</b>	<b>76.8</b>	46.2	22.6	31.7	11.9
<b>Nevada</b>	<b>79.3</b>	45.3	22.5	31.8	9.7
<b>New</b>	<b>78.4</b>	<b>55.1</b>	<b>30.5</b>	<b>42.6</b>	<b>20.6</b>



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	78.4	53.1	38.5	42.8	48.8
<b>Hampshire</b>					
<b>New Jersey</b>	<b>81.4</b>	<b>53.0</b>	<b>27.4</b>	29.7	13.2
<b>New Mexico</b>	72.6	42.2	<b>25.7</b>	33.2	14.0
<b>New York</b>	<b>76.4</b>	49.4	<b>28.9</b>	24.9	9.6
<b>North Carolina</b>	66.9	36.7	18.9	30.2	13.1
<b>North Dakota</b>	71.1	37.6	20.6	33.7	11.1
<b>Ohio</b>	58.5	29.7	12.0	22.4	9.1
<b>Oklahoma</b>	65.6	27.4	12.4	30.6	8.4
<b>Oregon</b>	<b>91.4</b>	<b>63.0</b>	<b>37.0</b>	<b>56.6</b>	<b>20.8</b>
<b>Pennsylvania</b>	67.6	35.8	19.4	29.3	10.1
<b>Rhode Island</b>	<b>75.4</b>	40.4	19.8	31.8	8.7
<b>South Carolina</b>	61.3	30.4	13.9	25.5	9.6
<b>South Dakota</b>	<b>76.8</b>	47.5	22.1	36.5	<b>17.6</b>
<b>Tennessee</b>	58.8	37.9	14.8	28.2	12.8
<b>Texas</b>	<b>78.2</b>	48.7	<b>25.3</b>	34.2	14.2
<b>Utah</b>	<b>92.8</b>	<b>69.5</b>	<b>33.9</b>	<b>50.8</b>	<b>24.0</b>
<b>Vermont</b>	<b>80.1</b>	<b>59.5</b>	<b>38.4</b>	<b>49.2</b>	<b>23.5</b>
<b>Virginia</b>	<b>79.7</b>	48.3	<b>25.8</b>	38.7	<b>18.8</b>
<b>Washington</b>	<b>86.4</b>	<b>58.0</b>	<b>35.0</b>	<b>48.8</b>	<b>25.3</b>
<b>West Virginia</b>	58.8	27.2	12.6	21.3	8.4
<b>Wisconsin</b>	<b>75.5</b>	48.6	<b>25.9</b>	<b>45.2</b>	16.8
<b>Wyoming</b>	<b>84.2</b>	<b>50.8</b>	<b>26.7</b>	<b>46.2</b>	16.8

Source: Centers for Disease Control and Prevention National Immunization Survey, Provisional Data, 2006 births.

[http://www.cdc.gov/breastfeeding/data/NIS\\_data/index.htm](http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm)

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Page last review ed: July 29, 2009

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Content Source: [Division of Nutrition, Physical Activity and Obesity](#), [National Center for Chronic Disease Prevention and Health Promotion](#)



**Breastfeeding Report Card, United States: Process Indicators**NOTE: Percents in bold are those that have met the *Healthy People 2010* goal.

State	Average mPINC Score (max = 100)	Percent of live births occurring at facilities designated as Baby Friendly (BFHI)	Percent of breastfed infants receiving formula before 2 days of age	Number of IBCLCs* per 1,000 live births	Number of La Leche League groups per 1,000 live births	Number of state health department FTEs** dedicated to breastfeeding	State legislation about breastfeeding in public places	State legislation mandating^ employer lactation support	Breastfeeding coalition with public website
U.S. National	63	2.87	25.6	2.20	0.34	79.79	49	15	41
Alabama	55	0	26.2	0.97	0.17	1.00	yes	no	yes
Alaska	73	<b>22.42</b>	18.7	9.28	0.81	0.25	yes	no	yes
Arizona	62	0	36.7	1.48	0.14	1.50	yes	no	yes
Arkansas	48	0	21.2	1.52	0.31	3.50	yes	yes	yes
California	69	<b>8.40</b>	28.2	1.94	0.21	6.40	yes	yes	yes
Colorado	66	<b>2.93</b>	22.7	2.40	0.51	0.80	yes	yes	yes
Connecticut	70	<b>12.34</b>	20.0	3.94	0.72	1.00	yes	yes	yes
Delaware	63	0	18.3	2.88	0.08	2.00	yes	no	yes
Dist of Columbia	76	0	28.4	1.02	0.11	3.00	yes	yes	yes
Florida	68	<b>1.48</b>	30.8	1.61	0.28	1.00	yes	no	yes
Georgia	56	0	21.0	1.80	0.22	2.00	yes	no	yes
Hawaii	62	<b>8.88</b>	22.0	2.30	0.21	0.50	yes	no	yes
Idaho	65	<b>6.50</b>	13.9	1.88	0.44	1.00	no	no	yes
Illinois	60	<b>1.31</b>	28.5	2.11	0.38	2.00	yes	yes	yes
Indiana	62	<b>4.64</b>	20.3	2.67	0.46	2.33	yes	yes	yes
Iowa	61	0	15.6	2.08	0.34	0.50	yes	no	yes
Kansas	59	0	19.2	2.31	0.98	0.50	yes	no	no
Kentucky	57	<b>5.48</b>	20.2	1.97	0.24	2.00	yes	no	no
Louisiana	54	0	24.8	1.49	0.27	1.00	yes	no	no
Maine	77	<b>18.33</b>	16.0	5.74	0.85	1.00	yes	yes	no
Maryland	61	0	25.6	3.06	0.46	1.50	yes	no	yes
Massachusetts	75	<b>2.95</b>	19.3	4.43	0.45	1.40	yes	no	yes
Michigan	64	0	32.6	2.07	0.25	1.00	yes	no	yes
Minnesota	65	0	19.2	2.58	0.49	1.00	yes	yes	no
Mississippi	50	<b>0</b>	25.9	1.29	0.19	2.00	yes	no	yes
Missouri	63	0	19.6	1.89	0.50	2.00	yes	no	yes
Montana	63	<b>0.25</b>	17.8	2.25	0.64	0.50	yes	yes	yes
Nebraska	57	<b>21.29</b>	21.2	2.01	0.71	0.25	no	no	yes
Nevada	57	0	32.3	0.83	0.17	2.00	yes	no	yes
New	81	<b>5.77</b>	18.7	6.14	1.27	0.50	yes	no	yes

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## Breastfeeding: Data: Breastfeeding Rep...

	IBCLC	FTE	10.1	0.14	1.27	0.30	yes	no	yes
Hampshire									
New Jersey	60	0	36.4	2.21	0.39	2.00	yes	no	yes
New Mexico	64	0	26.5	2.42	0.23	1.00	yes	yes	yes
New York	67	<b>2.17</b>	38.3	2.19	0.37	1.75	yes	yes	yes
North Carolina	61	0	24.6	2.84	0.45	2.00	yes	no	yes
North Dakota	59	<b>0</b>	17.4	1.47	0.23	0.50	yes	no	yes
Ohio	67	<b>3.14</b>	19.7	2.70	0.41	1.00	yes	no	yes
Oklahoma	57	0	14.9	1.63	0.27	2.75	yes	no	no
Oregon	74	<b>6.42</b>	13.8	4.27	0.51	1.00	yes	yes	yes
Pennsylvania	61	<b>0.08</b>	18.2	2.24	0.40	2.00	yes	no	yes
Rhode Island	77	<b>12.78</b>	23.4	4.69	0.40	1.00	yes	no	yes
South Carolina	57	0	27.1	1.61	0.27	1.00	yes	no	yes
South Dakota	61	0	23.1	2.12	0.08	1.00	yes	no	yes
Tennessee	57	<b>0.24</b>	15.9	1.73	0.21	1.00	yes	yes	no
Texas	58	<b>0.93</b>	27.1	1.38	0.18	6.00	yes	no	yes
Utah	61	<b>5.94</b>	24.6	1.34	0.27	2.50	yes	no	yes
Vermont	81	<b>3.72</b>	12.4	9.98	1.54	1.00	yes	yes	no
Virginia	61	<b>0.49</b>	19.7	3.04	0.42	2.00	yes	no	yes
Washington	72	<b>6.85</b>	23.0	4.16	0.51	1.40	yes	no	yes
West Virginia	55	0	21.8	2.46	0.23	1.00	yes	no	yes
Wisconsin	69	<b>12.69</b>	10.6	2.79	0.51	1.60	yes	no	no
Wyoming	68	0	13.2	1.77	1.14	0.86	yes	no	no

\* IBCLC - International Board Certified Lactation Consultant.

\*\*FTE - Full-Time Equivalent.

^State requires employers to provide space and time for lactation.

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**H.R.2819**

**Title:** To amend the Civil Rights Act of 1964 to protect breastfeeding by new mothers; to provide for a performance standard for breast pumps; and to provide tax incentives to encourage breastfeeding.

**Sponsor:** [Rep Maloney, Carolyn B.](#) [NY-14] (introduced 6/11/2009) [Cosponsors](#) (12)

**Related Bills:** [S.1244](#)

**Latest Major Action:** 6/11/2009 Referred to House committee. Status: Referred to the Committee on Ways and Means, and in addition to the Committees on Energy and Commerce, and Education and Labor, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

**COSPONSORS(12), ALPHABETICAL** [followed by Cosponsors withdrawn]: (Sort: [by date](#))

[Rep Bordallo, Madeleine Z.](#) [GU] - 6/19/2009  
[Rep Capps, Lois](#) [CA-23] - 6/11/2009  
[Rep Frank, Barney](#) [MA-4] - 6/11/2009  
[Rep Kaptur, Marcy](#) [OH-9] - 6/11/2009  
[Rep Levin, Sander M.](#) [MI-12] - 6/11/2009  
[Rep Meeks, Gregory W.](#) [NY-6] - 6/11/2009  
[Rep Moran, James P.](#) [VA-8] - 6/11/2009  
[Rep Olver, John W.](#) [MA-1] - 6/11/2009  
[Rep Roybal-Allard, Lucille](#) [CA-34] - 6/11/2009  
[Rep Schwartz, Allyson Y.](#) [PA-13] - 6/11/2009  
[Rep Serrano, Jose E.](#) [NY-16] - 6/23/2009  
[Rep Snyder, Vic](#) [AR-2] - 6/11/2009



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**S. 1244**

**Title:** A bill to amend the Civil Rights Act of 1964 to protect breastfeeding by new mothers, to provide for a performance standard for breast pumps, and to provide tax incentives to encourage breastfeeding.

**Sponsor:** [Sen Merkley, Jeff](#) [OR] (introduced 6/11/2009)    [Cosponsors](#) (1)

**Related Bills:** [H.R. 2819](#)

**Latest Major Action:** 6/11/2009 Referred to Senate committee. Status: Read twice and referred to the Committee on Finance.

**COSPONSORS(1), ALPHABETICAL** [followed by Cosponsors withdrawn]:    (Sort: [by date](#))

[Sen Gillibrand, Kirsten E.](#) [NY] - 6/16/2009

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[insert date]

Subject: Co-Sponsor H.R. 2819/S. 1244

Dear Representative/Senator\_\_\_\_\_:

As your constituent and a \_\_\_\_\_[insert occupation], I urge you to cosponsor H.R. 2819/S. 1244, the Breastfeeding Promotion Act of 2009, introduced by Representative Carolyn Maloney and Senator Jeff Merkley.

Breastfeeding is proven to benefit both the mother and child. Studies show that infants who are not breastfed are more likely to be hospitalized for respiratory infections and diarrhea. Breastfeeding protects children against the debilitating diseases of asthma and childhood obesity, potentially decreases the risk of SIDS and protects mothers from developing breast and ovarian cancer. Breastfeeding has significant economic and environmental benefits for families and society by improving maternal and child health and decreasing or eliminating the need to purchase expensive formula. Because the evidence for improved child and maternal health with breastfeeding is so clear, the American Academy of Pediatrics recommends that mothers breastfeed exclusively for the first six months and then continue breastfeeding, with the addition of solid foods, for at least the first year of a child's life.

Many women do not breastfeed or stop breastfeeding because they work in environments that do not allow them to take breaks to pump their breast milk in private areas. In contrast, women who breastfeed and work in supportive work settings have less absenteeism, lower health care expenditures, and greater job satisfaction than women who work in unsupportive or less supportive environments. The Breastfeeding Promotion Act would take significant steps toward protecting all breastfeeding mothers from discrimination and encouraging new mothers to breastfeed.

Already, there is national support for breastfeeding legislation. Forty-nine states, the District of Columbia, Puerto Rico and the Virgin Islands have enacted various laws protecting breastfeeding mothers, but they are not uniform, and most are not comprehensive. H.R. 2819/S. 1244 would provide this broad coverage by amending the Civil Rights Act of 1964 and granting all breastfeeding women protection from workplace discrimination. H.R. 2819/S. 1244 would also offer employers tax credits for breastfeeding support expenditures, provide for a performance standard for breast pumps, allow breastfeeding equipment and lactation services to be tax deductible for families, and protect the privacy of breastfeeding mothers.

Please co-sponsor H.R. 2819/S. 1244. This will allow us to move beyond the patchwork of state laws and provide a unified national policy that encourages breastfeeding and keeps families and their communities healthy. All new mothers deserve the opportunity and support to breastfeed and give their children the best start to life.

To co-sponsor this legislation, please contact Kristina Spiegel in Representative Maloney's office at 202.225.7944 or Courtney Thompson in Senator Merkley's office at 202.224.3753.



Sincerely,

Your name  
Your street address  
City, State Zip

