



Medicaid and Insurance Coverage of Pasteurized Donor Human Milk Illinois Public Act 101-0511 Fact Sheet

Insurance and Medicaid Coverage

This law protects Illinois families who care for critically ill children by mandating insurance and Medicaid coverage for pasteurized donor human milk. Public Act 101-0511 amends three Illinois statutes: The State Employees Group Insurance Act of 1971, the Illinois Insurance Code, and the Illinois Public Aid Code. These requirements may not be applicable to some self-insured employers, employee benefit trust funds, and other ERISA exempt organizations.

Coverage Criteria

Pasteurized donor human milk is covered by participating insurance companies and Medicaid if prescribed by a licensed medical practitioner and all the following conditions are met:

1. The milk is obtained from a human milk bank that meets quality guidelines established by the Human Milk Banking Association of North America
2. The infant's mother is medically or physically unable to produce maternal breast milk or produce maternal breast milk in sufficient quantities to meet the infant's needs or the maternal breast milk is contraindicated
3. The milk has been determined to be medically necessary for the infant and one or more of the following applies:

Children Under 6 Months:

- Birth weight less than 1,500 grams
- Congenital/acquired condition that increases risk of NEC
- Infant hypoglycemia
- Congenital heart disease
- The infant has had or will have an organ transplant
- Sepsis
- Other serious congenital acquired condition for which the use of PDHM is medically necessary and supports the treatment and recovery of the infant

Children 6-12 Months:

- Spinal muscular atrophy
- The child's birth weight was below 1,500 grams and they have long-term feeding or GI complication related to prematurity
- The child has had or will have an organ transplant
- Congenital or acquired condition for which the use of donated human breast milk is medically necessary and supports the treatment and recovery of the child

Children greater than 12 months:

- Spinal muscular atrophy

Please call Milk Bank WGL at 847-262-5134 for more information!