

ALASKA LEGISLATURE COMMITTEE FILES 2007-2008 SL&C 12613



Alaska Association of Naturopathic Physicians, Inc.

## Assuring Safe Naturopathic Medical Practices for Alaskans Appendix D: States' Prescriptive Authority and Minor Surgery Scope for Licensed Naturopathic Doctors

State	Rx Authority <sup>1</sup>	Controlled Substances Act Schedules <sup>2</sup>					Minor Surgery
		I	II	III	IV	V	
Alaska	No						No
Arizona	Yes		x	x	x	x	Yes
California	Yes <sup>3</sup>			x	x	x	Yes
Connecticut	No						Yes
Hawaii	No						No
Idaho	Yes						Yes
Kansas	Yes						No
Maine	Limited <sup>4</sup>						Yes
Montana	Yes		x	x			Yes
New Hampshire	Limited						No
Oregon	Yes		x	x	x	x	Yes
Utah	Yes						Yes
Vermont	Limited <sup>5</sup>			x	x		No
Washington DC	In Progress						In Progress
Washington State	Yes			x	x		Yes
Puerto Rico	No						No

<sup>1</sup> Prescriptive authority is the ability to prescribe controlled substances as identified in schedules I-IV of the Controlled Substance Act (21 USC, Sections 801-971). Maine's law refers to the "legend" and "non-legend" classifications of the official United States pharmacopoeia, rather than to the Controlled Substance Act. "Legend" drugs are those for which a prescription is required by federal law. In 2005, Washington State added some schedule 3-5 drugs to "legend" drugs that naturopathic doctors may prescribe.

<sup>2</sup> The schedules of the Controlled Substance Act are available on the US Drug Enforcement Agency's website at [www.usdoj.gov/dea/pubs/scheduling.html](http://www.usdoj.gov/dea/pubs/scheduling.html).

<sup>3</sup> Pursuant to California Code §3640.5, NDs may only prescribe controlled drugs under the supervision of a medical doctor.

<sup>4</sup> In Maine, NDs are permitted to prescribe "non-controlled legend drugs" only after a twelve-month period of review by an allopathic physician. Such drugs may only be from the following categories: homeopathic remedies, vitamins and minerals, hormones, local anesthesia and immunizations that are designated by rule.

<sup>5</sup> Vermont only allows NDs to prescribe only testosterone from schedule III and codeine from schedule IV.

### Sources:

Burnham, *Legislative Research Report #05.074*, 1/6/2005, pg. 5

Hough, Dower & O'Neil, *Portrait of a Profession: Naturopathic Practice*, Center for the Health Professions, UCSF, 9/2001, pg. 27.

SB 1158, State of Idaho, 58<sup>th</sup> Legislature, 2005.

HB 1546, State of Washington, 59<sup>th</sup> Legislature, 2005.

# **APPENDIX E**



## Assuring Safe Naturopathic Medical Practices for Alaskans

### Appendix E: Comparison of Naturopathic and Major Medical Schools

Alaska Association of Naturopathic Physicians

	National	Bastyr	Southwest	Johns Hopkins	Yale	Stanford
<b>Basic and Clinical Sciences:</b> Anatomy, Cell Biology, Physiology, Pathology, Neuroscience, Clinical/Physical Diagnosis, Histology, Genetics, Biochemistry, Pharmacology, Lab Diagnosis, Pharmacognosy, Public Health, History, Philosophy, Ethics, Research and other coursework.	1548	1639	1419	1771	1420	1383
<b>Clerkships (1) and Allopathic Therapeutics:</b> Lecture and clinical instruction in Dermatology, Family Medicine, Psychiatry, Internal Medicine, Radiology, Pediatrics, Obstetrics, Gynecology, Neurology, Surgery (2), Ophthalmology and Clinical Electives.	2244	1925	1920	3391	2891	3897
<b>Naturopathic Medicine:</b>						
Advanced Naturopathic Therapeutics	-	44	20	-	-	-
Ayurvedic Medicine	-	22	20	-	-	-
Botanical Medicine	96	110	120	-	-	-
Therapeutic Nutrition (3)	144	132	130	-	-	-
Counseling (4)	144	143	100	-	-	-
Homeopathy	144	88	140	-	-	-
Hydrotherapy	48	39	40	-	-	-
Naturopathic Case Analysis/Management (5)	-	66	120	-	-	-
Naturopathic Manipulative Therapy	156	176	180	-	-	-
Naturopathic Philosophy	72	55	60	-	-	-
Oriental Medicine	72	33	200	-	-	-
<b>Subtotals:</b>	876	908	1130	0	0	0
<b>Total Reported Hours:</b>	4668	4472	4469	5162	(+Thesis) 4311	5280

- 1) Clerkships are estimated to be 40 hours of mixed lecture and clinical training.
- 2) Naturopathic physicians study minor surgery only.
- 3) No dedicated coursework in therapeutic nutrition appears in the college catalogs of Hopkins, Yale or Stanford; although they indicate that the subject is addressed in other courses.
- 4) Totals for Hopkins, Yale and Stanford included in psychiatry coursework.
- 5) Hours which also could be allocated to this category may be included elsewhere for some institutions because of terminology differences in the course.

Sources: 1996-97 Curriculum Directory of the American Association of American Medical Colleges  
 1995-96 Catalog of National College of Naturopathic Medicine  
 1996-98 Catalog of Bastyr University  
 1996-97 Catalog of Southwestern College of Naturopathic Medicine and Health Sciences

# **APPENDIX F**



## Assuring Safe Naturopathic Medical Practices for Alaskans

### Appendix F: Comparison of Naturopathic Governance

State	Licensing Authority	Membership	Continuing Education
Alaska	Division of Occupational Licensing	NA	None
Arizona	Naturopathic Physicians Board of Medical Examiners	3 NDs and 2 public members	15 classroom hours
California	Bureau of Naturopathic Medicine Advisory Council <sup>1</sup>	3 NDs, 3 MDs and 3 public members	60 hours every 2 years, 20 hours pharmacy
Connecticut	State Board of Naturopathic Examiners	2 NDs and 1 public member	None
District of Columbia	Advisory Committee on Naturopathic Medicine <sup>2</sup>	1 ND, 1 MD and the Director of Health or his or her designee	None
Hawaii	State Board of Examiners in Naturopathy	3 NDs and 3 public members	None
Idaho	Board of Naturopathic Medical Examiners	4 NDs and 1 public member	None
Kansas	Kansas State Board of Healing Arts <sup>3</sup>	5 MDs, 3 DOs, 1 podiatrist, 3 DCs and 3 public members	None
Maine	Board of Complementary Health Care Providers	2 NDs, 2 acupuncturists, 1 MD, 1 pharmacist and 1 public member	37 hours annually, 7 pharmacy
Montana	Alternative Health Care Board	2 NDs, 2 midwives, 1 MD and 1 public member	15 credits annually, 5 pharmacology
New Hampshire	Naturopathic Board of Examiners	4 NDs, the commissioner of the DHSS, and 1 public member	150 hours every 3 years
Oregon	Board of Naturopathic Examiners	4 NDs and 1 public member	20 hours annually
Puerto Rico	Board of Examiners of Doctors of Naturopathy	3 NDs, 1 MD and 1 public member	36 hours annually
Utah	Naturopathic Physicians Licensing Board	3 NDs and 2 public members	24 hours annually, 10 pharmacy
Vermont	Naturopathic Advisory Committee <sup>4</sup>	2 NDs	30 hours annually
Washington	Washington Department of Health Naturopathy Program	3 NDs and 2 public members	20 hours annually

<sup>1</sup> Within the California Department of Consumer Affairs

<sup>2</sup> Advises the Washington DC Board of Medicine on guidelines for the licensing of naturopathic physicians and the regulation of naturopathic medicine

<sup>3</sup> Two subcommittees of the Kansas State Board of Healing Arts include the *Naturopathic Advisory Council* to advise the Board and the *Naturopathic Formulary Advisory Committee* to develop a list of drugs and substances included in a naturopathic formulary

<sup>4</sup> Under Vermont's Secretary of State

# **APPENDIX G**



Alaska Association of Naturopathic Physicians, Inc.

## **Assuring Safe Naturopathic Medical Practices for Alaskans**

### **Appendix G: Naturopathic Advisory Committee**

#### **NATUROPATHIC ADVISORY COMMITTEE:**

- 1) There is hereby established under the auspices of the State of Alaska Department of Licensing (hereinafter referred to as the DOL), the Naturopathic Advisory Committee (hereinafter referred to as the Committee).
- 2) The Committee shall consist of three (3) members all of whom shall be licensed naturopathic physicians, no more than two (2) of whom reside in the Anchorage bowl.
- 3) One (1) member of the initial committee shall be appointed for a one (1) year term of office, one (1) member of the initial board shall be appointed for a two (2) year term of office, one (1) member of the initial board shall be appointed for a three (3) year term of office. Thereafter the term of office for each member shall be three years.
- 4) Appointments to the Committee shall be made by the director of the DOL (hereinafter referred to as the Director) from nominations received from the Alaska Association of Naturopathic Physicians.
- 5) The three (3) members of the Committee who are naturopathic physicians shall be licensed pursuant to this chapter, practicing within the state of Alaska for the duration of their appointment and shall have been practitioners within the state of Alaska for a minimum of two (2) years immediately preceding appointment. In the event of death, resignation or removal of any member before the expiration of the term to which appointed, the vacancy shall be filled for the unexpired portion of the term in the same manner as the original appointment.
- 6) The Director may remove any member of the Committee for cause, prior to the expiration of the member's term.
- 7) The Committee shall meet at the request of the DOL to review allegations of misconduct involving naturopathic physicians or persons claiming the title of naturopathic physician. The Committee may also be asked to advise the DOL on issues regarding approved naturopathic medical programs and appropriateness of candidates for continuing education credits. The Committee shall also review nominations to serve on the Naturopathic Medical Formulary Council. Committee shall not be empowered to regulate the licensure of the naturopathic profession; those duties fall within the jurisdiction of the DOL.

# **APPENDIX H**



Alaska Association of Naturopathic Physicians, Inc.

## **Assuring Safe Naturopathic Medical Practices for Alaskans**

### **Appendix H: Naturopathic Formulary Council**

#### **NATUROPATHIC MEDICAL FORMULARY COUNCIL:**

- 1) There is hereby established a Naturopathic Medical Formulary Council (hereinafter referred to as the Council), which is separate and distinct from the Naturopathic Advisory Committee, to be composed of five (5) members. Three (3) members shall be naturopathic physicians licensed under this chapter, nominated by the Naturopathic Advisory Committee. One (1) member shall be a pharmacist nominated by the Alaska Board of Pharmacy. One (1) member shall be a medical or osteopathic physician, appointed from a list of nominees provided by the Alaska state board of medicine. The initial council shall be appointed as follows.
- 2) One (1) naturopathic physician shall be appointed for a one (1) year term; one (1) naturopathic physician shall be appointed for a two (2) year term; and one (1) naturopathic, one (1) pharmacist and one (1) allopathic physician shall be appointed for a three (3) year term. Thereafter, the term of office shall be three (3) years.
- 3) A quorum shall consist of four (4) members and shall be required for any vote to be taken. It shall be the duty of the Council to establish a formulary for use by naturopathic physicians, and immediately upon adoption or revision of the formulary, the Council shall transmit the approved formulary to the DOL.
- 4) The formulary will be reviewed annually by the Council, or at any time at the request of the DOL. The formulary list may not go beyond the scope of prescription medicines and medical devices taught in approved naturopathic medical education and training and existing naturopathic medical formularies, or DOL approved continuing education. The naturopathic medical formulary shall not include medicines and devices that are inconsistent with the training provided by approved naturopathic medical colleges.
- 5) Nothing herein shall allow a naturopathic physician to administer or prescribe any prescription drug, or medical device unless such prescription drug or medical device is specifically included in the naturopathic medical formulary.
- 6) All costs and expenses incurred under the provisions of this chapter shall be paid for through naturopathic licensing fees.

# APPENDIX I



## Assuring Safe Naturopathic Medical Practices for Alaskans

### Appendix I: Accrediting Agencies

School	National Accrediting Body	Regional Accrediting Body
Bastyr University	Council for Naturopathic Medical Education	Northwest Association of Schools and Colleges
National College of Naturopathic Medicine	Council for Naturopathic Medical Education	Northwest Association of Schools and Colleges
Southwest College of Naturopathic Medicine	Council for Naturopathic Medical Education	North Central Association of Schools and Colleges
University of Bridgeport College of Naturopathic Medicine	Council for Naturopathic Medical Education Candidate	New England Association of Schools and Colleges

Source: Hough, Dower & O'Neil, *Portrait of a Profession: Naturopathic Practice*, Center for the Health Professions, UCSF, 9/2001, page 46.

#### **The Council of Naturopathic Medical Education (CNME)**

The Council of Naturopathic Medical Education (CNME) is the agency recognized the US Department of Education to serve as the accrediting agency for naturopathic medical programs. The USDE also reviews the Liaison Committee on Medical Education that accredits medical education programs within the United States that grant degrees to medical doctors. The accrediting process serves to assist medical programs in maintaining and improving the quality of education and to provide the public, other education institutions and government agencies the assurance that approved programs and their graduates are meeting reasonable and appropriate national standards for primary care medical education. The CNME is an autonomous, freestanding public agency, not subordinate to either the naturopathic profession or its colleges.

#### **Post-secondary Education Commission**

In addition to accreditation by the CNME, naturopathic medical colleges must have accreditation from the Post-Secondary Education Commission in the state in which the college is located and from the individual state naturopathic licensing agency.

The Commission on Accreditation is responsible for administering the evaluation process and making accreditation decisions. The Commission uses institutional self-studies, followed by on-site campus visits to evaluate the quality of the education provided. Site visit teams are specially trained and have broad experience in education, accreditation and naturopathic medicine. The Commission renders its decision based on reports of the visits, along with materials provided by the institution. Evaluations of programs may be conducted jointly with a regional accrediting agency, although decisions are made separately.

The Commission on Accreditation, consisting of the Council members but not the institutional members, is responsible for administering the evaluation process and making accreditation decisions. (Peterson's Guide to Graduate Programs in Business, Education, Health, and Law, 1992).

# APPENDIX J



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## **Assuring Safe Naturopathic Medical Practices for Alaskans**

### **Appendix J: Arizona Pharmacy Continuing Education Program**

## **General Introductory Material**

### **for Pharmacy Continuing Education**

**What you need to know BEFORE you enroll in 60 hours of CME**

#### **Introduction**

Necessary for all 4 parts of the CME pharmacy course  
includes pharmacokinetics, pharmacodynamics, receptor systems and mechanisms.

#### **Part I**

Ancillary material for CME course Part I  
**Neuropharmacology and Controlled Substances**

##### **Mechanisms of action**

includes neurotransmitter agonists and antagonists, medications affecting neurotransmitter levels, autonomics, serotonin, opiates, GABA, PDE

#### **Part II**

Ancillary material for CME course Part II

**Cardiovascular Pharmacology**

##### **Mechanisms of action**

includes renin-angiotensin system, medications affecting the kidney (diuretics), clotting cascade, platelet aggregation

#### **Part III**

Ancillary material for CME course Part III

**Infectious Diseases and Antibiotics**

##### **Mechanisms of action**

includes bacterial/viral synthesis, retroviral action and therapeutic interventions

#### **Part IV**

Ancillary material for CME course Part IV

**Endocrine Pharmacology and Women's Medicine**

##### **Mechanisms of action**

includes hormone agonists and antagonists and medications affecting hormone response and hormone level.

For additional information, see

- **Katzung's Basic and Clinical Pharmacology, 2001, 8<sup>th</sup> edition, McGraw-Hill.**
- **Goodman and Gilman's the Pharmacological Basis of Therapeutics, 2001, 10<sup>th</sup> edition McGraw-Hill**

# APPENDIX K

**Assuring Safe Naturopathic Medical Practices for Alaska  
Appendix K: Comparison of Allopathic and Naturopathic  
Disciplinary Reports**

Alaska Association of Naturopathic Physicians, Inc.

Medical boards receive complaints and after investigation met out disciplinary actions. Information on complaints and disciplinary actions is not available for several states. Of 13 states that license Naturopathic physicians, information on disciplinary actions could only be found for six states including Alaska, Arizona, Hawaii, Oregon, New Hampshire and Washington. These results are listed below (Table 1) for the years 2000-2003.

**Table 1: Naturopathic Disciplinary Actions**

	Dates	Alaska	Arizona	Hawaii	Oregon	New Hampshire	Washington
# Naturopaths		40	369	78	550	32	644
Avg. # complaints/yr			not available	0.2	22.75	not available	10.75
Disciplinary actions	2000-2003						
Reprimand/Corrective action	"	0	1	0	0	0	1
Probation	"	0	4	0	6	0	0
Suspension	"	0	1	0	0	0	0
Revocation/Surrender	"	0	1	0	2	0	0
Total		0	7	0	8	0	1

The total number of naturopathic licensed naturopathic doctors in the states was 1,681.

The average number of disciplinary actions per year was 4 for 2000-2003

The yearly rate of disciplinary actions per 100 doctors per year is 0.24.

Arizona and Oregon are two of the three states with the largest population of naturopathic doctors and a long history of licensure. Disciplinary actions are compared between naturopathic and allopathic doctors for each state (see tables 2 and 3).

**Assuring Safe Naturopathic Medical Practices for All Alaskans**  
**Appendix K: Comparison of Allopathic and Naturopathic**  
**Disciplinary Reports**

**Table 2: Comparison of Naturopathic and Allopathic Disciplinary Actions in Arizona**

<b>Naturopathic Doctors</b>	<b>Year</b>	<b>Letters of Concern*</b>	<b>Reprimand</b>	<b>Probation</b>	<b>Suspension</b>	<b>Revocation</b>	<b>Surrender</b>	<b>Total Disciplinary</b>
<b># 369</b>	<b>2000</b>	<b>1</b>	<b>1</b>	<b>1</b>				<b>2</b>
	<b>2001</b>	<b>1</b>				<b>1</b>		<b>1</b>
	<b>2002</b>	<b>2</b>		<b>3</b>	<b>1</b>			<b>4</b>
	<b>2003</b>	<b>2</b>						<b>0</b>
<b>Total</b>		<b>8</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>1</b>		<b>7</b>
<b>Medical Doctors</b>								
<b>#10,652</b>	<b>2003</b>	<b>unknown</b>	<b>38</b>	<b>35</b>	<b>8</b>	<b>11</b>	<b>9</b>	<b>101</b>

\*Letters of concern are not considered disciplinary actions

The total number of naturopathic doctors in Arizona during 2000-2003 was 369. The total number of disciplinary actions during this time period was 7. The yearly rate of disciplinary actions per 100 doctors is 0.47.

The total number of medical doctors in Arizona during 2003 was 10,652. The total number of disciplinary actions during this time was 101. The yearly rate of disciplinary actions per 100 doctors is 0.95.



# Assuring Safe Naturopathic Medical Practices for Alaska

## Appendix K: Comparison of Allopathic and Naturopathic Disciplinary Reports

**Table 3: Comparison of Naturopathic and Allopathic Disciplinary Actions in Oregon**

<b>Naturopathic Doctors</b>	<b>Year</b>	<b>Complaints</b>	<b>Reprimand/corrective action</b>	<b>Probation/restriction</b>	<b>Suspension</b>	<b>Revocation</b>	<b>Surrender</b>	<b>Total Disciplinary</b>
# 550	2000	23	none reported	1	0	0	0	1
	2001	30	"	2	0	1	0	3
	2002	23	"	2	0	0	0	2
	2003	15	"	1	0	1	0	2
<b>Total</b>		<b>91</b>	"	<b>6</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>8</b>
<b>Medical Doctors</b>								
#11,583	2003	unknown	14	20	2	2	5	43

The total number of licensed naturopathic doctors in Oregon during 2000-2003 was 550. The total number of disciplinary actions during this time period was 8. The yearly rate of disciplinary actions per 100 doctors is 0.36

The total number of medical doctors in Oregon during 2003 was 11,583. The total number of disciplinary actions during this time was 43. The yearly rate of disciplinary actions per 100 doctors is 0.37.

**Sources:**

Arizona Board of Naturopathic Examiners: [www.npbomex.az.gov](http://www.npbomex.az.gov)

Arizona Board of Medical Examiners: [http://www.azmdboard.org/Agency\\_Reports/md\\_stats.pdf](http://www.azmdboard.org/Agency_Reports/md_stats.pdf)

Hawaii Board of Naturopathic Examiners: [naturopathy@dcca.hawaii.gov](mailto:naturopathy@dcca.hawaii.gov)

Oregon Board of Naturopathic Examiners: [www.obnme.state.or.us](http://www.obnme.state.or.us)

Oregon Board of Medical Examiners: [www.bme.state.or.us](http://www.bme.state.or.us)

New Hampshire Dept. HHS, Board of Naturopathic Examiners: (603)271-5127 License Clerk, Janet

New Hampshire Board of Medicine: <http://www.nh.gov/medicine/cidisciplinary.html>

Washington Health Professions Quality Assurance, Naturopathy Program: [Holly.Rawnsley@doh.wa.gov](mailto:Holly.Rawnsley@doh.wa.gov)

# **APPENDIX L**



Alaska Association of Naturopathic Physicians, Inc.

# Assuring Safe Naturopathic Medical Practices for Alaskans

## Appendix L: Letter from Rick Chester, ND, RPh, LAc

PR. 14. 2004 4-04711 NUTROPHIC MED CTR TEL: 541-886-9173 FAX: 541-886-8366

Crater Lake Hwy  
Medford, OR 97503



Be Well & Well Informed

tel: 541-886-9173  
fax: 541-886-8366

February 17, 2004

Representative Jim Holm  
Alaska State Capitol Building  
Juneau, Alaska 99801-1182

Attn: Representative Holm

I am writing to support legislative bills HB434 and SB 306, both titled "An act relating to the practice of naturopathic medicine."

As a pharmacist and naturopathic physician, I taught pharmacology at the Southwest College of Naturopathic Medicine in Tempe Arizona and wrote pharmacology test questions for the naturopathic board exam. I also created the original formulary used in Arizona and later used in Oregon, which included drugs derived from natural sources. As an instructor, I taught students to thoroughly research the warnings and precautions of each drug they prescribed, so they were aware of the possible harm they might cause to their patients. The test questions I wrote required knowledge of pharmacology necessary to protect the public safety. The formulary system, which I have had to practice under, is antiquated and actually has a negative effect on public safety. The formulary forces naturopathic physicians to choose less than optimal drugs over more effective newer medications.

As a provider, I know that naturopathic physicians, like MDs, regularly prescribe a handful of drugs with which they are quite familiar. Unlike medical doctors, naturopathic physicians prescribe medications as a last resort, treat fewer patients each day, and are less likely to place individuals on multiple drug regimens, which lead to interactions and complications. As general practice physicians seeing fewer patients on a daily basis, naturopathic doctors have much more time to research the consequences of drug therapy than do their MD or DO colleagues.

In Oregon, where I practice, medical care has been shifted to nurse practitioners with less education than naturopathic physicians. It is irrational for trained primary care physicians to be limited to non-drug therapies at a time when access to quality health care is becoming scarce. Consequently, I support legislation that allows naturopathic physicians to practice commensurate with their education and to the full scope of their training. Please support this Bill.

Sincerely,

Rick Chester, ND, RPh, LAc

[cascidepharmacy.com](http://cascidepharmacy.com)

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W

**SENATE COMMITTEE REPORT  
First Committee of Referral**

DATE: 3/12/07

FURTHER: Health, Education and  
Social Services

Date of 5-Day Notice: \_\_\_\_\_  
(in accordance with Uniform Rule 23)

DATE TURNED  
IN TO OFFICE: 4/3/08

Labor and Commerce Committee considered SENATE BILL NO. 113

**SB 113 NURSING MOTHERS IN WORKPLACE**

"An Act relating to break times for employees who nurse a child."

and recommends:

- be replaced with  SCS or  CS SB 113 (CLC)
- adopt previous  SCS or  CS \_\_\_\_\_ (\_\_\_\_\_)
- attached amendment(s)
- adopt \_\_\_\_\_ Letter of Intent
- further referral to \_\_\_\_\_ Committee

<b>SENATE BILL:</b>	
<input checked="" type="checkbox"/>	Same Title
<input type="checkbox"/>	New Title
<hr/>	
<b>HOUSE BILL:</b>	
<input type="checkbox"/>	Same Title
<input type="checkbox"/>	Technical Title Change
<input type="checkbox"/>	New Title w/ SCR # _____

**NEW FISCAL NOTE(S):**

ADMIN	1/22/08			✓
DLWD	12/6/07			✓

**PREVIOUS FISCAL NOTE(S):**


APPROPRIATION - no fiscal note

Betty Davis	DAVIS	✓		
<del>John Smith</del>	<del>SMITH</del>			✗
CHAIR: John Ellis	ELLIS	✓		

**ALASKA STATE LEGISLATURE  
SENATOR JOHNNY ELLIS**

**Sponsor**



**Statement**

**SB 113 – Nursing Mothers in Workplace**

Infant and childhood nutrition has been of major concern in the State of Alaska. Numerous studies have shown that infants who are breast fed have significant health, growth and developmental advantages, as well as decreased risk of acquiring acute and chronic diseases. From 2000-2003, 42% of Alaskan mothers of newborn infants reported that they were currently in school or working outside of their home. In addition, of the mothers who stopped breastfeeding their infants, 21.9% reported that one reason they did so was because they were returning to work or school.

HB 190 addresses this issue by requiring employers to provide reasonable, unpaid break time to nursing mothers for the purposes of breastfeeding or expressing breast milk. The bill also requires employers to provide a sanitary and safe place for the employee to do so, unless doing it would create an undue hardship for the employer. By allowing time for nursing mothers to continue breastfeeding, Alaskan employers can do their part in ensuring that the Alaskan workforce of tomorrow is healthy and strong enough to meet the challenges of our future. I urge your support for this important piece of health legislation.

25-L20435E

Wayne

3/26/08

**CS FOR SENATE BILL NO. 113(L&C)**  
**IN THE LEGISLATURE OF THE STATE OF ALASKA**  
**TWENTY-FIFTH LEGISLATURE - SECOND SESSION**

**BY THE SENATE LABOR AND COMMERCE COMMITTEE**

**Offered:**

**Referred:**

**Spencer(s): SENATOR ELLIS**

**A BILL**

**FOR AN ACT ENTITLED**

1 **"An Act relating to break times for employees who nurse a child."**

2 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

3 **\* Section 1. AS 23.10 is amended by adding a new section to article 7 to read:**

4 **Sec. 23.10.450. Nursing mothers. (a) An employer shall provide reasonable**  
5 **unpaid break time each day to an employee who is the nursing mother of a child so**  
6 **that the employee may breastfeed or express breast milk. The break time may run**  
7 **concurrently with other break time provided to the employee and must occur at times**  
8 **during the workday that reasonably ensure the health and comfort of the mother and**  
9 **the child and allow the employee to maintain breast milk supply.**

10 **(b) An employer shall provide a private and sanitary room or other location in**  
11 **close proximity to the work area, other than a toilet stall, where the employee can**  
12 **express milk or breastfeed the child.**

13 **(c) Nothing in this section requires an employer to allow a child in the**  
14 **workplace at times other than break times.**

15 **(d) In this section, "employer" means a corporation, company, partnership,**

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firm, association, organization, or sole proprietor, including the state and any political  
subdivision of the state.

2



## 50 State Summary of Breastfeeding Laws

Updated January 2008

Health professionals and public health officials promote breastfeeding to improve infant health. Both mothers and children benefit from breast milk. Breastfeeding helps prevent diarrhea and infections in infants. It also provides long-term preventive effects for the mother, including an earlier return to pre-pregnancy weight, reduced risk of pre-menopausal breast cancer and osteoporosis. According to the *New York Times*, about 70 percent of mothers start breastfeeding immediately after birth, but less than 20 percent of those moms are breastfeeding exclusively six months later. Healthy People 2010 objectives for the nation include increasing the proportion of mothers who breastfeed their babies in the early postpartum period to 75 percent.

Thirty-nine states have laws with language specifically allowing women to breastfeed in any public or private location (Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Utah, Tennessee, Texas, Vermont, and Wyoming).

- Twenty-one states exempt breastfeeding from public indecency laws (Alaska, Arizona, Arkansas, Florida, Illinois, Kentucky, Michigan, Mississippi, Montana, Nevada, New Hampshire, North Carolina, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Virginia, Washington and Wisconsin).
- Fourteen states have laws related to breastfeeding in the workplace (California, Connecticut, Georgia, Hawaii, Illinois, Minnesota, New Mexico, New York, Oklahoma, Oregon, Rhode Island, Tennessee, Texas, and Washington).
- Twelve states exempt breastfeeding mothers from jury duty (California, Idaho, Illinois, Iowa, Kansas, Kentucky, Minnesota, Mississippi, Nebraska, Oklahoma, Oregon and Virginia).
- Four states have implemented or encouraged the development of a breastfeeding awareness education campaign (California, Illinois, Missouri, and Vermont).
- Virginia allows women to breastfeed on any land or property owned by the state.

First Letter of State A C D E G H I K L M N O R T U V W

Several states have unique laws related to breastfeeding. For instance,

- California and Texas have laws related to the procurement, processing, distribution or use of human milk.
- Louisiana prohibits any child care facility from discriminating against breastfed babies.
- Maine requires courts, when awarding parental rights and responsibilities with respect to a child, to consider whether the child is under age one, and being breastfed.
- Maryland exempts from the sales and use tax the sale of tangible personal property that is manufactured for the purpose of initiating, supporting or sustaining breastfeeding.
- Mississippi provides for regulations for child care facilities to promote breastfeeding by mothers of children being cared for in the facility.
- Rhode Island requires the Department of Health to prepare a consumer mercury alert notice, explaining the danger of eating mercury-contaminated fish to women who are pregnant or breastfeeding their children.

### State

### Summary of Statutes

Alabama

**Ala. Acts of 2006-526** Allows a mother to breastfeed her child in any public or private location.

American Samoa

Alaska

**Alaska Stat. § 29.25.080 (1998)** prohibits a municipality from enacting an ordinance that prohibits or restricts a woman breastfeeding a child in a public or private location where the woman and child are otherwise authorized to be. The law clarifies that "lewd conduct," "lewd touching," "immoral conduct," "indecent conduct," and similar terms do not include the act of a woman breastfeeding a child in a public or private location where the woman and child are otherwise authorized to be. (SB 297)

Arizona

**Ariz. Rev. Stat. Ann § 41-1443 (2006)** Provides that indecent exposure does not include an act of breast-feeding by a mother and entitles a mother to breast-feed in any

Arkansas

public place where the mother is otherwise lawfully present.

**Ark. Act No. 600 (2007)** Allows a woman to breastfeed in any public or private location where other individuals are present. Also exempts breastfeeding women from indecent exposure laws.

California

**Cal. Health and Safety Code § 1123360, 123361 & 1257.0 (2007)** mandates the Department of Public Health to encourage breast-feeding training for mothers and infants in acute care and maternity care hospitals. The law only applies to hospitals with patient breast-feeding rates in the lowest twenty-five percent. The law also requires notification of hospital directors, improved access to lactation supports and breast pumps, and peer counseling, given that funds are available.

**Cal. Lab. Code § 1030, 1031, 1032, 1033 (2001)** Employers need to allow a break and provide a room for a mother who desires to milk in private.

**Cal. Civil Code § 210.5 (2000)** allows the mother of a breastfed child to postpone jury duty for one year and specifically eliminates the need for the mother to appear in court to request the postponement. The law also provides that the one-year period may be extended upon written request of the mother. [Chap. 266 (AB 1814)]

**Cal. Health and Safety Code § 1647 (1999)** declares that the procurement, processing, distribution or use of human milk for the purpose of human consumption is considered to be a rendition of service rather than a sale of human milk. [Chap. 87 (AB 532)]

**Cal. Assembly Concurrent Resolution 155 (1998)** encourages the state and employers to support and encourage the practice of breastfeeding, by striving to accommodate the needs of employees, and by ensuring that employees are provided with adequate facilities for breastfeeding and expressing milk for their children. The resolution memorializes the governor to declare by executive order that all state employees be provided with adequate facilities for breast feeding and expressing milk.

**Cal. Civil Code § 43.3 (1997)** allows a mother to breastfeed her child in any location, public or private, except the private home or residence of another, where the mother and the child are otherwise authorized to be present. (AB 157)

**Cal. Assembly Concurrent Resolution 95 (1996)** proclaims the week of August 1 through 7, 1996, as Breastfeeding Awareness Week.

**Cal. Health and Safety Code § 123360, 123365 (1995)** requires the Department of Health Services to include in its public service campaign the promotion of mother who breastfeed their infants. The law requires hospitals to make available a breastfeeding consultant or alternatively, provide information to the mother on where to receive breastfeeding information. (AB 973, AB 977)

**Cal. Assembly Concurrent Resolution 41 (1995)** proclaims August 1 through 7, 1995, Breastfeeding Awareness Week.

Colorado

**CRS 25-6-301, 25-6-302 (2004)** recognizes the benefits of breastfeeding and encourages mothers to breastfeed. The law also allows a mother to breastfeed in any place she has a right to be. (SB 88)

Connecticut

**Conn. Public Act § 91-182 (2001)** requires employers to provide reasonable time each day to an employee who needs to express breast milk for her infant child and to provide accommodations where an employee can express her milk in privacy. [HF 5656]

**Conn. Gen. Stat. § 46a-64 (1997)** prohibits places of public accommodation, resorts or amusements from restricting or limiting the right of a mother to breastfeed her child. [P.A. 97-210]

Delaware

**Del. Code Ann. tit. 31 § 310 (1997)** entitles a mother to breastfeed her child in any location of a place of public accommodation wherein the mother is otherwise permitted. [71 Del. Laws, c. 10, § 1]

District of Columbia  
Florida

**Fla. Stat. § 383.016 (1994)** authorizes a facility lawfully providing maternity services or newborn infant care to use the designation "baby-friendly" on its promotional materials. The facility must be in compliance with at least 80 percent of the requirements

developed by the Department of Health in accordance with UNICEF and World Health Organization baby-friendly hospital initiatives. (SB 1668)

Fla. Stat. § 383.015 (1993) allows a mother to breastfeed in any public or private location. (HB 231)

Fla. Stat. § 800.02, 800.03, 800.04 These statutes exclude breastfeeding from various sexual offenses, from the definition of an unnatural and lascivious act.

Fla. Stat. § 827.071 a mother breastfeeding her baby does not under any circumstance constitute "sexual conduct".

Georgia

Ga. Act No. 922 (2002) changes the previous law, § 31-1-9, and inserts the phrase: "The breast-feeding of a baby is an important and basic act of nurture which should be encouraged in the interests of maternal and child health. A mother may breast-feed her baby in any location where the mother and baby are otherwise authorized to be." (S.B. 221)

Ga. Code § 31-1-9 (1999) allows a mother to breastfeed in any location where she is otherwise authorized to be, provided that she "acts in a discreet and modest way." [Act 304 (SB 29)]

✓ Ga. Code § 34-1-6 (1999) allows employers to provide daily unpaid break time for a mother to express breast milk for her infant child. Employers may also required to make a reasonable effort to provide a private location (other than a toilet stall) in close proximity to the work place for this activity. The employer is not required to provide break time if to do so would unduly disrupt the workplace operations.

Guam  
Hawaii

✓ Hawaii Rev. Stat. § 367-3 (1999) requires the Hawaii Civil Rights Commission to collect, assemble, and publish data concerning instances of discrimination involving breastfeeding or expressing breast milk in the workplace. Prohibits employers to forbid an employee from expressing breast milk during any meal period or other break period. (HB 266)

Hawaii Rev. Stat. § 378-2 (1999) makes it discriminatory deny the full and equal enjoyment of the goods, services, facilities, privileges, advantages, and accommodations of a place of public accommodations to a woman because she is breastfeeding a child. (HB 2774)

HRS 489-21, HRS 489-22 Discriminatory practices; breast feeding. It is a discriminatory practice to deny, or attempt to deny, the full and equal enjoyment of the goods, services, facilities, privilege, advantages, and accommodations of a place of public accommodations to a woman because she is breast feeding a child.

Idaho

Idaho Code § 2-209 (1996) allows nursing mothers to postpone jury service until she is no longer nursing the child.

Idaho Code § 2-212 A person who is not disqualified for jury service under section 2-209, Idaho Code, may have jury service postponed by the court or the jury commissioner only upon a showing of undue hardship, extreme inconvenience, or public necessity, or upon a showing that the juror is a mother breastfeeding her child.

Illinois

Ill. P.A. 94-391 (2005) Amends the Jury Act. Provides that any mother nursing her child shall, upon her request, be excused from jury duty.

Ill. P.A. 93-942 (2004) Creates the Right to Breastfeed Act. Provides that a mother may breastfeed her baby in any location, public or private, where the mother is otherwise authorized to be; a mother who breastfeeds in a place of worship shall follow the appropriate norms within that place of worship. (SB 3211)

✓ Ill. Law, P.A. 92-68 (2001) creates the Nursing Mothers in the Workplace Act, and requires that employers provide reasonable unpaid break time each day to employees who need to express breast milk. The law also requires employers to make reasonable efforts to provide a room or other location, other than a toilet stall, where an employee can express her milk in privacy. (SB 542).

Ill. Rev. Stat. ch. 20 § 2310/SS.84 (1997) allows the Department of Public Health to

conduct an information campaign for the general public to promote breastfeeding of infants by their mothers. The law allows the department to include the information in a brochure that shares other information with the general public and is distributed free of charge. [P.A. 90-244]

**Ill. Rev. Stat. ch. 220 § 5/11-9 (1995)** clarifies that breastfeeding of infants is not an act of public indecency. (SB 190)

**Indiana**  
**Ind. Code § 16-35-6** allows a woman to breastfeed her infant anywhere that the law allows her to be. (HB 1510)

**Iowa**  
**Iowa Code § 607A.5 (1994)** allows a woman to be excused from jury service if she submits written documentation verifying, to the court's satisfaction, that she is the mother of a breastfed child and is responsible for the daily care of the child.

**Iowa Code § 135.30A (2002)** a woman may breast-feed the woman's own child in any public place where the woman's presence is otherwise authorized.

**Kansas**  
**2006 Kan. Sess. Laws, Chap. 11** excuses a nursing mother from jury duty. (H.B. 2284)

**Kan. Acts of 2005** Allows a woman to breastfeed in "any place she has a right to be." Also allows breastfeeding to be an excuse from jury service.

**Kentucky**  
**2006 Ky. Acts, Chap. 80** Permits a mother to breastfeed her baby or express breastmilk in any public or private location; requires that breastfeeding may not be considered an act of public indecency, indecent exposure, sexual conduct, lewd touching or obscenity; prohibits a municipality from enacting an ordinance that prohibits or restricts breastfeeding in a public or private place. (SB 106)

**Ky. Act No. 102 (2007)** Directs judges at all levels of the court to excuse women who are breastfeeding or expressing breast milk from jury service until the child no longer nursing. (S.B. 111)

**Louisiana**  
**La. House Concurrent Resolution 35 (2002)** establishes a joint study of requiring insurance coverage for outpatient lactation support for new mothers.

**LRS 51. 2247.1 (2001)** states that a mother may breastfeed her baby in any place of public accommodation, resort, or amusement, and clarifies that breastfeeding is not a violation of law. (HB 377)

**LRS 46. 1409 B.5** prohibits any child care facility from discriminating against breastfed babies. (HB 233)

**Maine**  
**Me. Rev. Stat. Ann. tit. 5, § 4634 (2001)** amends the Maine Human Rights Act to declare that a mother has the right to breastfeed her baby in any location, whether public or private, as long as she is otherwise authorized to be in that location. [Public Law No. 206 (LD 1396)]

**Me. Rev. Stat. Ann. tit. 19-a § 1653 (1999)** requires the court, in making an award of parental rights and responsibilities with respect to a child, to apply the standard of the best interest of the child. In making decisions regarding the child's residence and parent-child contact, the court must consider the primary the safety and well being of the child, and consider whether the child is under one year of age, and being breastfed. [Public Law No. 702 (HB 2774)]

**Maryland**  
**Md. Code § 20-801 Laws, Chap. 369 (2003)** permits a woman to breastfeed her infant in any public or private place and prohibits anyone from restricting or limiting this right. (SB223)

**Massachusetts**  
**Michigan**  
**Mich. Comp. Laws §§ 41,181,67,1aa, and 117.41 (1994)** states that public nudity laws do not apply to a woman breastfeeding a child.

**Minnesota**  
**Minn. Laws, Chap. 269 (2000)** allows a nursing mother, upon request, to be excused from jury service if she is not employed outside of her home and if she is responsible for the daily care of the child. (HF 1865)

**Minn. Stat. § 181.939 (1998)** requires employers to provide daily unpaid break time for a mother to express breast milk for her infant child. Employers are also required to make a reasonable effort to provide a private location (other than a toilet stall) in close proximity to the work place for this activity. (SB 2751)

Mississippi	<p><u>Miss. Stat. § 145.905</u> a mother may breastfeed in any location, public or private, where the mother and child are otherwise authorized to be, irrespective of whether the nipple of the mother's breast is uncovered during or incidental to the breastfeeding.</p> <p><u>Miss. Code Ann. Ch. 5 § 13-5-23 (2006)</u> Provides that breast-feeding mothers may be excused from serving as jurors.</p> <p><u>Miss. Code Ann. Ch. 25 § 17-25-7/9 (2006)</u> Prohibits against ordinance restricting a woman's right to breastfeed; provides that a mother may breastfeed her child in any location she is otherwise authorized to be (S.B. 2419).</p> <p><u>Miss. Code Ann. Ch. 20 § 43-20-31 (2006)</u> Provides for regulations for child care facilities to promote breastfeeding by mothers of children being cared for in the facility.</p> <p><u>Miss. Code Ann. Ch. 1 § 71-1-55 (2006)</u> Prohibits against discrimination towards breast-feeding mothers who use lawful break-time to express milk.</p> <p><u>Miss. Code Ann. Ch. 22 § 97-29-31 (2006)</u> Requires that a woman breastfeeding may not be considered an act of indecent exposure.</p> <p><u>Miss. Code Ann. Ch. 35 § 97-35-3/7/11/15 (2006)</u> Requires that breastfeeding may not be considered an act of disorderly conduct, indecent exposure, or disturbance of the public peace.</p>
Missouri	<p><u>Mo. Rev. Stat. § 191.215 (1999)</u> requires hospitals and ambulatory surgical centers to provide new mothers with information on breastfeeding, the benefits to the child and information on local breastfeeding support groups or a consultation. The law requires physicians who provide obstetrical or gynecological consultation to inform patients about the postnatal benefits of breastfeeding. The law requires the Department of Health to provide and distribute written information on breastfeeding and the health benefits to the child. (SB 8)</p> <p><u>Mo. Rev. Stat. § 191.218 (1999)</u> allows a mother, with as much discretion as possible, to breastfeed her child in any public or private location.</p>
Montana	<p><u>Mont. Code Ann. § 50-19-501 (1999)</u> states that the breastfeeding of a child in any location, public or private, where the mother otherwise has a right to be is legal and cannot be considered a nuisance, indecent exposure, sexual conduct, or obscenity. (SB 398)</p>
Nebraska	<p><u>Nebr. Rev. Stat. § 25-1601-4 (2004)</u> state that a nursing mother is excused from jury duty until she is no longer breastfeeding; nursing mother must file qualification form supported by certificate from her physician requesting exemption.</p>
Nevada	<p><u>Nev. Rev. Stat. § 201.232, 201.210, 201.220 (1995)</u> states that the breastfeeding of a child in any location, public or private, is not considered a violation of indecent exposure laws. (SB 317)</p>
New Hampshire	<p><u>N.H. Rev. Stat. Ann. § 121:1, et seq. (1999)</u> states that breastfeeding does not constitute indecent exposure and that limiting or restricting a mother's right to breastfeed is discriminatory. [HB 441]</p>
New Jersey	<p><u>N.J. Rev. Stat. § 26:4B-4/ 5 (1997)</u> entitles a mother to breastfeed her baby in any location, including public accommodations, resorts or amusement parks. Failure to comply with the law may result in a fine.</p>
New Mexico	<p><u>N.M. Stat. Ann. § 28-20-1 (1999)</u> permits a mother to breastfeed her child in any public or private location where she is otherwise authorized to be. (SB 545)</p> <p><u>N.M. Chapter No. 2007-18</u> Requires employers to provide a clean, private place (not a bathroom) for employees who are breast feeding to pump. Also requires that the employee be given breaks to express milk, but does not require that she be paid for this time.</p>
New York	<p><u>N.Y. Chapter No. 547 (2007)</u> States that employers must allow breastfeeding mothers reasonable, unpaid break times to express milk and make a reasonable attempt to provide a private location for her to do so. Prohibits discrimination against breastfeeding mothers.</p> <p><u>N.Y. Civil Rights Law § 79-e (1994)</u> permits a mother to breastfeed her child in any public or private location. (SB 3999)</p>
North Carolina	<p><u>N.C. Gen. Stat. § 14-190.9 (1993)</u> states that a woman is allowed to breastfeed in</p>

any public or private location, and she is not in violation of indecent exposure laws. (HB 1143)

North Dakota

Ohio

**Ohio Rev. Code Ann. Sec. 3701.55 (2005)** A mother is entitled to breast-feed her baby in any location of a place of public accommodation wherein the mother otherwise is permitted.

Oklahoma

**Okla. Stat. tit. 40 § Sec. 435 (2006)** Provides that an employer may provide reasonable unpaid break time each day to an employee who needs to breast-feed or express breastmilk for her child; requires the Department of Health to issue periodic reports on breast-feeding rates, complaints received and benefits reported by both working breast-feeding mothers and employers. (HB 2358)

**2004 OK Laws, Chap. 332** allows a mother to breastfeed her child in any location that she is authorized to be and exempts her from the crimes and punishments listed in the penal code of the state of Oklahoma. Additionally, mothers who are breastfeeding can request to be exempt from service as jurors. (HB 2102)

Oregon

**Or. Rev. Stat. § 109.001 (1999)** allows a woman to breastfeed in a public place. (SB 744)

**Or. Rev. Stat. §§ 10.050 (1999)** excuses a woman from acting as a juror if the woman is breastfeeding a child. A request from the woman must be made in writing. (SB 1304)

X

**2007 Or. Laws, Chap. (HB2372)** allows women to have unpaid 30 minute breaks during each 4 hour shift to breastfeed or pump. Allows certain exemptions for employers.

Pennsylvania

**2007 Pa. Laws, Act 28** allows mothers to breastfeed in public without penalty. Breastfeeding may not be considered a nuisance, obscenity or indecent exposure under this law. (SB34)

Rhode Island

**R.I. Gen. Laws § 23-13.2-1 (2003)** calls for employers to provide a safe private place for an employee to breastfeed her child and express breast milk. (HB 5507/SB 151)

**R.I. Gen. Laws § 23-72-1 (2001)** requires the Department of Health to prepare a consumer mercury alert notice. The notice shall explain the danger of eating mercury-contaminated fish to women who are pregnant or breastfeeding their children. (HB 6112)

**R.I. Gen. Laws § 11-45-1 (1998)** excludes mothers engaged in breastfeeding from disorderly conduct laws. (HB 8103, SB 2319)

South Carolina

**S.C. Code Ann. § 20-7-97-116 (2005)** Provides that a woman may breastfeed her child in any location where the mother is authorized and that the act of breastfeeding is not considered indecent exposure.

South Dakota

**SD § 22-22-24.1 (2002)** exempts mothers who are breastfeeding from indecency laws.

Tennessee

**Tenn. Code Ann. § 68-58-101 (2006)** Permits a mother to breastfeed an infant 12 months or younger in any location, public or private, that the mother is authorized to be, prohibits local governments from criminalizing (under public indecency or sexual conduct laws) or restricting breastfeeding (H.B. 3582).

**Tenn. Code Ann. § 50-1-305 (1999)** requires employers to provide daily unpaid break time for a mother to express breast milk for her infant child. Employers are also required to make a reasonable effort to provide a private location (other than a toilet stall) in close proximity to the work place for this activity. (SB 1856)

Texas

**Tex. Health Code § 161.071 (2001)** calls for the Department of Health to establish minimum guidelines for the procurement, processing, distribution, or use of human milk by donor milk banks. (HB 391)

**Tex. Health Code Ann. § 165.001, et seq. (1995)** authorizes a woman to breastfeed her child in any location and provides for the use of a "mother-friendly" designation for employers who have policies supporting work site breastfeeding. (HB 340, HB 359)

U.S. Virgin Islands

Utah

**Utah Code Ann. § 17-15-25 (1995)** states that city and county governing bodies may not inhibit a woman's right to breastfeed in public.

Vermont

Utah Code Ann. § 76-10-1229.5 (1995) states that a breastfeeding woman is not in violation of any obscene or indecent exposure laws. (H.B. 262)

Vt. Acts, Chap. No. 117 (2002) finds that breastfeeding a child is an important, basic and natural act of nurture that should be encouraged in the interest of enhancing maternal, child and family health. The law allows a mother may breastfeed her child in any place of public accommodation in which the mother and child would otherwise have a legal right to be. The law directs the human rights commission to develop and distribute materials that provide information regarding a woman's legal right to breastfeed her child in a place of public accommodation. (S.B. 156)

Virginia

Va. Code 2.2-1147.1 (2002) guarantees a woman the right to breast-feed her child on any property owned, leased or controlled by the state. The bill also stipulates that childbirth and related medical conditions specified in the Virginia Human Rights Act include activities of lactation, including breast-feeding and expression of milk by a mother for her child. (H.B. 1264)

HJ 145 (2002) Encourages employers to recognize the benefits of breastfeeding and to provide unpaid break time and appropriate space for employees to breast-feed or express milk.

Va. Code § 18.2-307 (1994) exempts mothers engaged in breastfeeding from indecent exposure laws.

Va. Chapter No. 195 (2005) Provides that a mother who is breast-feeding a child may be exempted from jury duty upon her request. The mother need not be "necessarily and personally responsible for a child or children 16 years of age or younger requiring continuous care . . . during normal court hours" as the existing statute provides.

Washington

Wash. Revised Code § 9A.88.010 (2001) states that the act of breastfeeding or expressing breast milk is not indecent exposure. (HB 1590)

Wash. Revised Code § 43.70.640 (2001) allows any employer (governmental and private) to use the designation of "infant-friendly" on its promotional materials if the employer follows certain requirements. [Chap. 88]

West Virginia

Wisconsin

Wis. Stat. §§ 944.17(3), 944.20(2) and 948.10(2) (1995) provides that breastfeeding mothers are not in violation of criminal statutes of indecent or obscene exposure. (AB 154)

Wyoming

Wyo. House Joint Resolution 5 (2003) encourages breastfeeding and recognizes the importance of breastfeeding to maternal and child health. The resolution also commends employers, both in the public and private sectors, who provide accommodations for breastfeeding mothers.

Wyo. Chapter No. 106 (2007) Exempts breastfeeding mothers from public indecency laws and gives breastfeeding women the right to nurse anyplace that they otherwise have a right to be. (H.B. 105)

Sources: National Conference of State Legislatures and StateNet 2007.

Note: List may not be comprehensive, but is representative of state laws that exist. NCSL appreciates additions and corrections.

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## Current Statute

- **Alaska Stat. § 29.25.000 (1996)** prohibits a municipality from enacting an ordinance that prohibits or restricts a woman breastfeeding a child in a public or private location where the woman and child are otherwise authorized to be. The law clarifies that "lewd conduct," "lewd touching," "immoral conduct," "indecent conduct," and similar terms do not include the act of a woman breastfeeding a child in a public or private location where the woman and child are otherwise authorized to be.



39 states have laws allowing women to breastfeed in any public or private locations as of 1/25/2008.

14 states have laws related to breastfeeding in the workplace.



## United States Breastfeeding Committee

- **Mission:** To improve the Nation's health by working collaboratively to protect, promote and support breastfeeding.

### Member Organizations (40)

- American Academy of Family Physicians
- American Academy of Pediatrics
- American College of Obstetrics and Gynecology
- American Nurses Association
- American Public Health Association
- DHHS/Centers for Disease Control and Prevention
- DHHS/Food and Drug Administration
- DHHS/Indian Health Service
- La Leche League International
- Lamaze International
- National Alliance for Breastfeeding Advocacy, Research, Education, and Legal



- Breastfeeding provides numerous well-documented health benefits to infants and mothers. They are the greatest when human milk is the baby's primary food for at least the first 6 months of life.

**For baby:**

- Less frequent and severe infectious illness.
- Less at risk for death, meningitis, childhood cancers, diabetes, obesity, and developmental delay.

**For mother:**

- Reduce risk for breast cancer, ovarian cancer, and osteoporosis.

**For developing child:**

- demonstrated higher IQs.
- improved reading comprehension, mathematical, and scholastic ability during the school years.

## Nursing in the Workplace

Mothers are the fastest growing segment of the U.S. labor force.

- Approximately 70% of employed mothers with children younger than 3 years work full time.
- One-third of these mothers return to work within 3 months after birth and two-thirds return within 6 months.
- Mothers who work outside the home initiate breastfeeding at the same rate as mothers who stay at home.
- The breast feeding rate declines substantially in mothers who return to work.
- This results in a shorter duration of breast feeding of children.

## Alaska

- From 2000-2003, 42% of Alaskan mothers of newborn infants reported that they were currently in school or working outside of their home.
- In addition, of the mothers who stopped breastfeeding their infants, 21.9% reported that one reason they did so was because they were returning to work or school.



## How Employers May Benefit

- A study in two Southern California corporations found that as many as 10% of a sick baby among employees who did not breastfeed compared with those who did. Among babies who were never sick, 59% were breastfed.
- Less employee turnover
- Faster return from maternity leave
- Less employee absenteeism
- Reduced overtime or temporary worker cost
- Lower utilization of employee health care benefits
- Improved employee morale and loyalty
- Improved image of company as family friendly
- Improved recruiting for personnel
- Improved retention of employees after childbirth

- The trend in employment legislation seems to be evolving, with these various approaches combined:
- Specifying that it is a discriminatory practice to stop a woman from expressing milk or breast feeding on her breaks, or to treat her differently from other employees because she is breastfeeding.
- Requiring employers to provide sufficient break time to express milk, and a private, sanitary place to do so.
- Providing mothers with a remedy for violation of the law, from civil penalties and fines to an award of attorneys' fees.

## Minimal Conditions to Support Breastfeeding in the Workplace

- Allowing a 20 to 30 minute break for both morning and afternoon for a mother to nurse her infant or express her milk.
- Providing a private, clean area for breastfeeding or milk expression.
- Providing a safe, clean, and cool place or container to store expressed breast milk.
- Having a clean, safe water source and sink nearby for washing hands and equipment.

## SB 113

- Employer shall provide reasonable unpaid break time each day to an employee who is the nursing mother of a child so that the employee may breastfeed or express breast milk.
- The break time may run concurrently with other break time provided to the employee and must occur at times during the workday that reasonably ensure the health and comfort of the mother and the child and allow the employee to maintain breast milk supply.
- Unless to do so would create a substantial and undue hardship on the employer, an employer shall provide a private, secure, and sanitary room or other location in close proximity to the work area, other than a toilet stall, where the employee can express milk or breastfeed the child.

## Definitions

- "employer" means a corporation, company, partnership, firm, association, organization, or sole proprietor, including the state and any political subdivision of the state.
- "undue hardship" means an action that is unreasonably difficult or costly when considered in relation to factors such as the size of the employer's business, its financial resources, and the nature and structure of its operation.



## **Working & BF**

**My name is Jennifer Aist. I am speaking today as a lactation consultant, parent educator and mother. I've worked at Providence in the Maternity Center and at the WIC clinic for the past 13 years. During that time, I've helped BP & Providence establish employee breastfeeding programs. I've also worked with countless families to help them find a successful balance between the demands of finances, family, and breastfeeding.**

**The financial reality for today's families necessitates two incomes.**

**Approximately 70% of employed mothers with children younger than 3 years work full time. According to the 2000 census, close to 70% of jobs in the state of Alaska are low to mid wage jobs. These are exactly the jobs that pose a challenge to breastfeeding mothers and need the support of legislation such as that being presented here tonight.**

**In a recent review of charts at one WIC clinic, we found 98 breastfeeding women who had returned to work. Of that number only 17 were able to pump while at work. Reasons cited included "my boss is a man and said it made him uncomfortable", "I don't ever get a break", and the most common**

reason, "there is no private place to pump where I work". Only 8 mothers were able to breastfeed for the full year recommended by The American Academy of Pediatrics, ACOG, WHO, UNICEF and every other reputable body of health care professionals. 8 women out of 98. All 98 cited wanting to breastfeed for at least a year at the time of delivery. 90 out of 98 women stopped breastfeeding by 14 weeks. One mom quit her job so she could continue breastfeeding. I should point out that these 98 women had regular follow up by a highly skilled peer counselor. These women all had free access to hospital grade electric breast pumps and free lactation consultant services. And they still weren't able to have a successful breastfeeding experience.

We all know the health benefits of breastfeeding and health risks of feeding formula to babies. 40% less ear infections, 9 times less likely to be hospitalized, reduction in SIDS, 40% less likely to develop Type I Diabetes, the list goes on and on. Breastfeeding mothers are up to 50% less likely to develop pre-menopausal breast cancer, use less insulin for treatment of diabetes, have less bladder infections, 45% less likely to develop ovarian cancer and their list goes on and on as well.

According to the State of Alaska WIC office, as of Oct 2006, the statewide WIC caseload was 25,570 individuals. These are all low income families likely on Denali Kid Care and or Medicaid as well. In other words, these numbers represent a lot of people utilizing state funded insurance dollars. These are families likely to have both parents working full time out of the home.

It makes financial sense to support breastfeeding. Just think of the cost savings of ear infections alone. One visit to the doctor costs an average of \$165. One prescription for antibiotics costs about \$75. The follow up visit will be another \$165. That totals \$405 in health care dollars. This isn't to mention time off from work or a miserable baby. According to the National Institute on Deafness and other Communication Disorders, 3 out of 4 children develop otitis media or ear infections before age 3. Put in Alaska numbers, using 2000 census data, that is almost 36 thousand cases of ear infections each year. Or almost 10,000 WIC children. Multiply that by \$405/infection and you get roughly \$4 million. Up the rate of exclusive breastfeeding to even just 4 months and you can reduce that number by 40% or \$1.6 million dollars every year. Now add up the costs for all the other diseases breastfeeding protects against.

**Breastfeeding makes sense financially.**

**In order for women to maintain an adequate milk supply, women must regularly pump throughout the day. Inability to do this results in engorgement which triggers a negative feedback loop which in turn lowers the milk supply and puts the mother at risk for mastitis a painful breast infection. The milk supply does not simply increase the next time mom pumps or feeds her baby. Working moms need to pump at least every 4 hours throughout their shifts.**

**Mothers need to work. Babies need to breastfeed. The state of Alaska needs to save money. This legislation needs to pass. Thank you.**

I worked as a design engineer at a Federal Agency and went back to work after having a glorious 4 month maternity leave. I was given plenty of time to pump milk for my baby and my employer installed an electrical outlet for me in a handicap bathroom that had one toilet, a sink, a chair and a locking door. That bathroom was also very close to my work area and I had enough room to sit away from the toilet and a place to wash. There was also a refrigerator in the office where I could store my expressed milk and keep it cold. It was an okay place to pump and the only thing I wished I could have had was a sign to put on the door to make that bathroom more available to me at the break times I had, because sometimes someone would be in there when I needed to pump and I would have to wait for them to get out and when I would go in after them it would smell. My story was a success there except for the stink and the wait. Other women there were also able to pump for as long as they wanted. Most all the mothers pumping breastmilk at that work place would have liked a dedicated area, such as reserving that one bathroom for breastfeeding mothers when anyone in the building needed it.

My friend who worked at a local hospital as a nurse does not have the success story I did. She could not pump adequately and ended up losing her milk within 2 months of returning to work. She told me that she explained to her supervisor she needed to pump at least twice during her 12 hour shift and that she needed to be gone for 10 minutes. Most people need to pump once every 3 to 4 hours and need at least 15 to 20 minutes. She asked to have someone cover her patients for that break. Her supervisor agreed, but when the time came for her to go pump, no one would ever cover her patients and she would have to wait until she was totally engorged and then she would just go with no relief person, then bad things would happen while she was gone. She ended up usually only pumping once during her 12 hour shift and sometimes not at all because there was never a time when she could go. It was very sad for her and very frustrating. They provided a great place for her to pump, but no time to do it.

by  
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March 2007

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# Workplace Breastfeeding Support



United States Breastfeeding  
COMMITTEE  
PROMOTING • SUPPORTING • PROTECTING

**W**omen with infants and children are the fastest growing segment of the U.S. labor force.

Among employed women with children under age 3, approximately 70 percent work full time. One-third of mothers return to work within 3 months after giving birth, and two-thirds return within 6 months.<sup>1,2</sup>

Breastfeeding offers proven health benefits for babies and mothers, but women often find it difficult to continue breastfeeding once they return to the workplace.

Challenges include lack of break time and inadequate facilities for pumping and storing human milk.

Many of these workplace challenges can be reduced with a small investment of time, money, and flexibility.

Providing accommodations for breastfeeding offers tremendous rewards for the employer, in cost savings for health care, reduced absenteeism, employee morale, and employee retention.

## Benefits for Employers

Companies that have adopted breastfeeding support programs have noted:

- cost savings of \$3 per \$1 invested in breastfeeding support
- less illness among the breastfed children of employees
- reduced absenteeism to care for ill children
- lower health care costs (an average of \$400 per baby over the first year)
- improved employee productivity
- higher morale and greater loyalty
- improved ability to attract and retain valuable employees
- family-friendly image in the community

## What's Needed

Simple strategies can allow infants, mothers, and employers to experience the benefits of workplace breastfeeding support. The strategies are feasible, safe, and relatively easy to imple-

ment, and they require only a modest budget.

These strategies have proven effective in a wide range of settings, including corporations, educational institutions, local government offices, manufacturing and sales organizations, and tribal organizations.

## Develop a breastfeeding support program tailored to the company.

Each company, organization, or agency should develop a breastfeeding support program tailored to its needs and resources. Possible components of a workplace breastfeeding support program appear in Table 1.

It may be useful in larger companies to convene a task force to assess women's needs. Potential task force members include human resource specialists, company nurses, expectant mothers, an employee who is or recently was a breastfeeding mother, and a lactation consultant hired on a short-term basis.

**Table 1: Components of a Workplace Breastfeeding Support Program**

The table below outlines components of several levels of workplace breastfeeding support. The choice of components depends on the number of women who need support and the resources and realities of the workplace.

Adequate	Expanded	Comprehensive
<p>A clean, private, comfortable multi-purpose space (that is not a bathroom) with an electrical outlet in order to pump milk or to breastfeed.</p> <p>Employee provides her own breast pump.</p> <p>Table and comfortable chair.</p> <p>Sink, soap, water, and paper towels. If these are very far from BMBR, extra time is allowed for cleaning hands and equipment.</p> <p>Employee supplies cold packs for storage of milk.</p>	<p><b>Facilities</b></p> <p>A Breastfeeding Mothers' Break Room (BMBR) for use only by breastfeeding women.</p> <p>Employer provides one multi-user electric breast pump, and employees provide their own collection kits.</p> <p>Improved aesthetics to promote relaxation.</p> <p>Items listed in "Adequate" column are available near the BMBR.</p> <p>Employer makes available refrigerator space designated for food near BMBR.</p>	<p>A Breastfeeding Mothers' Break Room (or rooms) close to women's worksites.</p> <p>Employer provides collection kits. Additional multi-user electric pumps are provided if needed.</p> <p>Room large enough to accommodate several users comfortably.</p> <p>Items listed in "Adequate" column are available in the BMBR.</p> <p>Employer provides a small refrigerator in the BMBR for storage of human milk.</p>
<b>Written Company Policy</b>		
<p>Employer grants a 6-week unpaid maternity leave.</p> <p>Employer allows creative use of accrued vacation days, personal time, sick days, and holiday pay after childbirth.</p> <p>Employer allows two breaks and a lunch period during an 8-hour work day for expressing milk or breastfeeding the child.</p>	<p>Employer grants 12-week unpaid maternity leave (FMLA).</p> <p>In addition, employer allows part-time work, job sharing, individualized scheduling of work hours, compressed work week, or telecommuting.</p> <p>Employer allows expanded unpaid breaks during the workday for expressing milk or breastfeeding the child.</p>	<p>Employer offers a 6- to 14-week paid maternity leave (ILO).</p> <p>In addition, mother can bring child to work, caregiver can bring child to workplace, or on-site day care is available.</p> <p>Nursing breaks are paid and are counted as working time.</p>
<b>Workplace Education</b>		
<p>Company breastfeeding support policy is communicated to all pregnant employees.</p> <p>Employer provides a list of community resources for breastfeeding support.</p>	<p>New employees, supervisors, and coworkers all receive training on the breastfeeding support policy.</p> <p>Employer contracts with skilled lactation care provider on an "as needed" basis.</p>	<p>Breastfeeding education is offered to the partners of employees who are expectant fathers.</p> <p>Employer hires a skilled lactation care provider to coordinate a breastfeeding support program.</p>

Key factors include the number of women who are likely to use the program, the potential available space, and the needs and priorities of potential program users. Other successful breastfeeding support programs can be used as models.

Information about types of pumps and how to obtain them can be acquired from a local hospital, a lactation consultant, a health department, or a mother's support group.

Employers can contract with breast pump manufacturers to arrange discounted rates on purchased personal-use pumps. They can also rent or purchase multi-user pumps for placement in a Breastfeeding Mothers' Break Room.

Providing key decision-makers with information on specific costs for at least two levels of breastfeeding support can facilitate the planning process.

Smooth and safe operation of the breastfeeding support program is easiest with a designated lead person, even though minimal programs generate only a few hours of work each month.

### **Inform all employees about the company's breastfeeding support policy.**

A workplace breastfeeding support program should be governed by a written policy communicated to all employees.

The policy should spell out details of the workplace support program, such as facilities provided and time allotted for breaks.

The policy should also prohibit harassment of and discrimination against breastfeeding employees. It should include job protection for



employees during and after maternity leave, and a ban on assigning breastfeeding employees to less desirable jobs.

### **Consider flexible scheduling options.**

Flexible work arrangements can ease new mothers' return to work following childbirth. Regardless of flexibility, there will be a period of adjustment. Examples of scheduling options that can benefit both mothers and employers include:<sup>3</sup>

- *part-time work*
- *earned time*, in which sick time, vacation time, and personal days are grouped into one set of paid days off work, from which workers can take time at their own discretion
- *job-sharing*, in which two workers each work part time and share the responsibilities and benefits of one job
- *phase-back*, in which workers return from leave to their full-time work load over several weeks or months

- *flex-time*, in which workers arrange to work unusual hours to accommodate their home schedules
- *compressed work week*, in which employees work more hours on fewer days
- *telecommuting*, where employees work all or part of their jobs from home

### **Allow women sufficient break time to breastfeed or express milk on the job, and provide space in a private, clean place (not a bathroom).**

Breastfeeding or expressing milk during working hours enables a mother to keep up a good supply of milk for her child.

The number of breaks needed to breastfeed or express milk is greatest when the child is younger, then gradually decreases.

For milk safety reasons, mothers must have clean hands and must clean equipment after use. Proximity of a sink is important. In addition, secure cold storage capability is essential

(this could include coolers with cold packs, provided by employees).

Women who work in a variety of sites throughout the week or the workday have special challenges and need authorization from their employer to use creative solutions. Solutions may include expressing milk in a vehicle or in a nursing mothers' room in a shopping mall.

### **Provide education.**

Many parents get information and support for family issues from friends and coworkers. The worksite can be a significant source of support for breastfeeding.

Information collected by the breastfeeding support program can be provided to pregnant and breastfeeding employees, as well as to new or expectant fathers, so that each family does not have to go through the same information-gathering process.

Useful information includes a list of child care facilities near the worksite and a list of resources for obtaining breast pumps.

### **Support and be aware of legislation and policies promoting workplace support for breastfeeding women.**

Legislators and policymakers have played an important role in promoting workplace support for breastfeeding women.

More state and federal laws are needed to:

- protect breastfeeding women from discrimination
- promote adequate maternity leave
- encourage employers to accommodate the needs of breastfeeding employees (e.g., through tax

incentives, mandates, honoring model practices)

- establish worksite support programs for government employees
- replicate existing model legislation and policies in new locations
- reconsider aspects of welfare-to-work legislation that have made breastfeeding more difficult
- develop systems to assist businesses wanting to improve breastfeeding support

These laws should apply to all sectors of the work force, including part-time workers and welfare-to-work participants. Particular attention is needed for disadvantaged families, who suffer the most illness, have the lowest breastfeeding rates, and often work in jobs lacking workplace breastfeeding support.

Several states have passed or are considering legislation mandating that employers make available appropriate space and sufficient time for mothers to breastfeed or express milk in the workplace.

Other states' legislation does not include mandates but offers tax incentives to companies with strong breastfeeding support.<sup>4</sup>

Legislators, government agencies, and business leaders are responsible for providing the vision and leadership on a national level that will support breastfeeding mothers, reward progressive and forward-thinking companies, and encourage others to join the effort.

Tax incentives for breastfeeding support, paid maternity leave, and model family support programs in government agencies are all part of this vision and leadership.

## **Conclusion**

The majority of new parents work hard to be both dedicated, quality workers and dedicated, devoted parents. Many industries, companies, departments, and divisions work creatively to make their work environments family-friendly.

Increased initiation and duration of breastfeeding are important national and global public health goals. By falling short of these goals, we put babies and mothers at increased health risk. Breastfeeding support in the workplace is an essential component of meeting these goals and is truly a win-win-win for mothers, babies, and employers.

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**protecting | promoting | supporting**

The mission of the United States Breastfeeding Committee (USBC) is to protect, promote, and support breastfeeding in the United States. The USBC exists to ensure the rightful place of breastfeeding in society.

The USBC works to achieve the following goals:

**Goal I**

Ensure access to comprehensive, current, and culturally appropriate lactation care and services for all women, children, and families.

**Goal II**

Ensure that breastfeeding is recognized as the normal and preferred method of feeding infants and young children.

**Goal III**

Ensure that all federal, state, and local laws relating to child welfare and family law recognize and support the importance and practice of breastfeeding.

**Goal IV**

Increase protection, promotion, and support for breastfeeding mothers in the work force.

**Visit us at [www.usbreastfeeding.org](http://www.usbreastfeeding.org).**

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## RELUCTANT LACTIVIST

WHILE I HAVE ALWAYS PROMOTED BREASTFEEDING IN MY OWN PERSONAL WAY, I NEVER WANTED TO BECOME A LACTATION ACTIVIST. READ ON TO LEARN WHY I AM NOW THE RELUCTANT LACTIVIST.

THURSDAY, MARCH 29, 2007

### HB 2372 Passes Overwhelmingly in the Oregon House

*I don't have time to say much about this today, except, Whoo-hoo and Thank you Diane Garret for all your amazing work and dedication! Next stop, the Oregon Senate! Here's the press release from Speaker Jeff Merkley.*

**SALEM**—The Oregon House of Representatives today approved a bill that would give nursing mothers the opportunity to express breast milk in a private area while at work. House Bill 2372 passed the House on an overwhelming 49-7 vote.

“There is no nutrient as important to an infant as breast milk,” said House Speaker Jeff Merkley (D-Portland). “This bill gives nursing mothers more opportunities to provide that nourishment to their children and that is something we should encourage in as many ways as possible.”

The bill as passed requires businesses of 25 or more employees to accommodate the expression of breast milk in the workplace. They must provide a clean and private area and unpaid break time for their nursing employees. Under the bill, employers may negotiate different terms if those requirements would impose an undue hardship. The bill requires only that employees be allowed to express their breast milk; it does not require that mothers be allowed to actually nurse their children in the workplace.

“It’s a great day for mothers and babies in Oregon,” said Rep. Carolyn Tomei, chair of the Human Services and Women’s Wellness Committee. “Working moms now don’t have to choose between the health of their babies and keeping their jobs.”

Three members of the Human Services Committee opposed the bill as it was originally introduced, but eventually it passed that committee on a unanimous vote. In total, 18 amendments were

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offered by Rep. Tomel and approved by the committee to gain broader support for the bill.

"Carolyn Tomel deserves the credit for shepherding this bill through the House," said Merkley. "Let me also extend my thanks and congratulations to Rep. Diane Rosenbaum, Diane Garrett and the Nursing Mothers Counsel for their years of hard work on this bill. It has all paid off today."

The bill is expected to clear the Oregon Senate before the end of the legislative session.

May 2006 (10)

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On May 17, 2007, Oregon Gov. Ted Kulongoski signed the Breastfeeding and Return to Work bill into law. Employers of 25 or more are now mandated to provide unpaid breaks and clean, private places to express breastmilk, unless doing so would cause undue hardship. Gov. Kulongoski was surrounded by beaming children as he picked up one ceremonial pen after another to add his signature to the law books. "This is a great day," he told them. "It's wonderful to finally see this passed."

After the signing, the governor relinquished his chair in the ceremonial office to Diane Garrett, volunteer lobbyist with Nursing Mothers Counsel of Oregon. Garrett has been working to improve workplace conditions for new moms since 2004, and was heartily congratulated by Reps. Tomel, Rosenbaum and Mauer for her work. Labor Commissioner Dan Gardner and House Speaker Jeff Merkley were also present at the ceremony.

"There is no nutrient as important to an infant as breast milk," said House Speaker Jeff Merkley, D-Portland. "This law gives nursing mothers more opportunities to provide that nourishment to their children and that is something we should encourage in as many ways as possible."

"I want to thank the Nursing Mothers Counsel of Oregon and Diane Garrett for all their hard work on HB 2372," said Sen. Ginny Burdick, a chief sponsor of HB2372. "This important public health legislation will make a real difference in the lives of Oregon babies and their mothers."

"This is a victory for working families in Oregon," said Sen. Kate Brown, D-Portland. "We need to make sure we give families every tool they need to succeed."

A broad coalition of supporters, including business lobbying groups and the Bureau of Labor and Industry, have worked together to draft language that will help businesses administer the policy. As a result, Oregon's bill will be the most detailed breastfeeding-in-the-workplace legislation in the country. This is a natural role for Oregon, the national leader in breastfeeding, where 87 percent of mothers initiate breastfeeding. The precipitous fall in breastfeeding rates once mothers return to work was a red flag for health officials.

"This achievement was made possible through the leadership of the Nursing Mothers Counsel," said Bruce Goldberg, MD, director of the Oregon Department of Human Services. "This is a win-win for Oregon's families and businesses. Better health outcomes for our children, healthy options for breastfeeding mothers who return to work and the creation of breastfeeding friendly environments for families are all crucial parts of a strong economy."

Families appreciate the consideration.

"Returning to work after a baby is a big transition," said Marion Rice, managing director of Public Internet Channel. "Having an employer who supported me in providing breast milk for my child created an inclusive work environment where I felt supported."

Businesses across the country have found creative ways to provide breastfeeding accommodation in a wide variety of settings and budgets. Initial perceptions of inconvenience are offset by direct cost savings and vast public health benefits. Research has found that for every \$1 spent on breastfeeding, companies save \$3. This is because in companies that support breastfeeding:

- Women return to work earlier.
- Fewer health-care dollars are spent.
- Fewer sick days are taken (for themselves or to care for an infant)
- Employees report greater job satisfaction.
- Companies report reduced staff turnover.

For more information, contact Amelia Psmythe, Executive Director, Nursing Mothers Counsel of Oregon, (503) 804-6515, [amelia@nursingmotherscounsel.org](mailto:amelia@nursingmotherscounsel.org).

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- **New mothers who aren't breastfeeding have 3 times as many 1-day absences from work as breastfeeding mothers, because their children are sick more often (Cohen, Mrtek, Mrtkek, Am J Health Promot, 1995)**
- **The longer a woman breastfeeds, the lower her risk of breast cancer and possibly diabetes. The longer a woman breastfeeds, the lower her child's risk of obesity. The risk of infant's disease goes up the earlier formula is introduced (Moreland, Am Fam Physician, 2000)**

## Accommodations for Breastfeeding in the Workplace

Listed below are several components of breastfeeding support in the workplace. Not all of them apply to every workplace situation. They are offered as a guide to employers and employees who are considering ways to support breastfeeding as a health behavior. This checklist may be most useful when considered in conjunction with the USBC issue paper *Workplace Breastfeeding Support*.

### Facilities

- Space
  - Dedicated, private pumping/breastfeeding room
  - Floating, multipurpose room (space available)
  - Restroom
  - Other (please specify) \_\_\_\_\_
  
- Location of facilities
  - Within a 5 minute walk of employee work stations
  - Within a 10 minute walk of employee work stations
  - In another building
  - Other (please explain) \_\_\_\_\_
  
- Pumps
  - Multi-user pump provided on site
  - Employer provides pump rental
  - Employer subsidizes pump rental
  - Employer subsidizes pump purchase
  - Employee provides own pump
  
- Breast pump personal supplies
  - Provided by employer
  - Subsidized by employer
  - Purchased by employee
  
- Furnishings (check all that apply)
  - Chair, table, sink and use of a dedicated refrigerator
  - Chair, table, sink and use of refrigerator space
  - Chair, table and sink
  - Chair and table
  - Chair
  - Other (please elaborate)

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## Written company policy

- **Maternity leave**
  - Paid, > 12 weeks (International Labor Organization Convention 183)
  - Paid, 12 weeks
  - Paid, 6 weeks
  - Unpaid, > 12 weeks
  - Unpaid, 12 weeks (FMLA)
  - Unpaid, 6 weeks
  
- **Other sources of leave**
  - Telecommuting
  - Combined use of accrued vacation/sick leave
  - Part-time work
  - Job sharing
  - Flex time
  - Compressed work week
  
- **Other accommodations for breastfeeding mothers**
  - Mother brings child to work
  - Care giver brings child to mother for feedings
  - On-site child care with accommodation for breastfeeding
  - Contract with nearby child care center that accommodates breastfeeding mothers
  
- **Breaks for expressing milk or breastfeeding**
  - 2 breaks and a lunch period in an 8½ hour day
  - paid breaks for pumping (breaks are not deducted from work time)
  - expanded unpaid breaks
  
- **Workplace education and clinical support**
  - hire a skilled lactation care provider
  - contract with a skilled lactation care provider on an as-needed basis
  - provide a list of community resources to employees
  - offer breastfeeding education to partners as well as employees
  - offer breastfeeding education to employees
  - include protection for pregnant and breastfeeding women in company sexual harassment policy and training
  - train all employees, supervisors and co-workers on the policies
  - communicate policy to all pregnant employees

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## Returning to Work While Breastfeeding

FRANCES BIAGIOLI, M.D., Oregon Health & Science University School of Medicine, Portland, Oregon

Mothers who work outside the home initiate breastfeeding at the same rate as mothers who stay at home. However, the breastfeeding continuance rate declines sharply in mothers who return to work. While the work environment may be less than ideal for the breastfeeding mother, obstacles can be overcome. Available breast pump types include manual pumps, battery-powered pumps, electric diaphragm pumps, electric piston pumps, and hospital-grade electric piston pumps. Electric piston pumps may be the most suitable type for mothers who work outside the home for more than 20 hours per week; however, when a mother is highly motivated, any pump type can be successful in any situation. Conservative estimates suggest that breast milk can be stored at room temperature for eight hours, refrigerated for up to eight days, and frozen for many months. A breastfeeding plan can help the working mother anticipate logistic problems and devise a practical pumping schedule. A mother's milk production usually is well established by the time her infant is four weeks old; it is best to delay a return to work until at least that time, and longer if possible. (Am Fam Physician 2003;68:2201-8,2215-7. Copyright© 2003 American Academy of Family Physicians.)

**A patient information handout on returning to work while breastfeeding, written by the author of this article, is provided on page 2215.**

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**E**xclusive breastfeeding for the first six months of life is recommended for most infants, followed by breast milk supplemented with solid foods for at least the rest of the first year.<sup>1,2</sup> [References 1 and 2--Evidence level C, consensus/expert guidelines] Although breastfeeding rates in the United States have improved, they remain below the Healthy People 2010 goals (Table 1).<sup>3,4</sup> As of January 2003, 60.7 percent of women are working outside the home, and women comprise 46.5 percent of the civilian work force.<sup>5</sup> While working outside the home does not affect the initiation rate for breastfeeding, it does affect the duration of breastfeeding<sup>3,6</sup> (Table 2).<sup>3</sup>

**See page 2113 for definitions of strength-of-evidence levels.**

To achieve the Healthy People 2010 goals, family physicians and other health care professionals should provide encouragement, advice, resources, and support to help mothers continue breastfeeding after they return to work. During an early prenatal appointment, the physician should ask the pregnant woman whether she intends to work outside the home after the birth of her infant. Another time to discuss work plans is at the two-week or one-month well-child check-up. If a mother intends to return to the work force, the family must begin making plans. Hence, education about community support, breast milk pumps, breast milk storage, and breastfeeding planning should be given as early as possible.

**See editorial on page 2129.**



**TABLE 1**  
**Breastfeeding Rates in the United States**

Source	Percentage of infants who are breastfed		
	Early postpartum period	Six months of age	One year of age
Mothers survey: breastfeeding trends through 2002 <sup>2</sup>	68	31	17
Healthy People 2010 goals <sup>4</sup>	75	50	25

Information from references 3 and 4.

**TABLE 2**  
**Effect of Employment on Breastfeeding Rates**

Maternal employment status	Percentage of infants who are breastfed		
	Early postpartum period	Six months of age	One year of age
Employed outside of the home	67.7	Full time: 22.8	Full time: 10.6
		Part time: 33.4	Part time: 19.2
Not employed outside of the home	68.0	35.4	22.0

Information from reference 3.

**Legislative and Community Support**

U.S. legislation supports breastfeeding in selected situations. The Family and Medical Leave Act<sup>7</sup> provides 12 weeks of unpaid time for workers to care for their newborns. Women who take longer maternity leaves have a better breastfeeding continuance rate,<sup>8</sup> but extended leave time is not an option for many families.

Several federal initiatives<sup>9,10</sup> have directly addressed breastfeeding in the workplace. Corporate lactation support programs clearly can be effective in improving breastfeeding duration. As reported in one review,<sup>11</sup> 75 percent of women who participated in two corporate lactation support programs breastfed for at least six months. Indeed, the best long-term approach to improving the breastfeeding continuance rate may be to help communities establish lactation support programs for local businesses. Until such programs are in place, family physicians and other health care professionals should supply information about other support resources.

Manual-cycle pumps require the mother to release the suction at appropriate intervals to allow adequate tissue perfusion between suction cycles.

Evidence shows that the breastfeeding rate improves when parents are given the names of breastfeeding resources and groups.<sup>12,13</sup> [Reference 12—Evidence level B, meta-analysis of lower quality randomized trials; Reference 13—Evidence level B, uncontrolled clinical trial] Some parents prefer to receive a list of Web sites, such as the list presented in *Table 3* or the list provided in the patient information handout that accompanies this article. In addition, numerous books on breastfeeding are available.