

2022 CURRENT MICHIGAN AND FEDERAL BREASTFEEDING LEGISLATION

SYSTEM	MICHIGAN	FEDERAL	MIBFN POLICY PRIORITIES
<p>ANYTIME, ANYWHERE</p>	<p>Breastfeeding Anti-Discrimination Act / Act 197 of 2014</p> <p>Protects the right to breastfeed/bodyfeed in public. (Breastfeeding Anti-Discrimination Act, 2014)</p>	<p>Fairness for Breastfeeding Mothers Act of 2019 was signed into Public Law No. 116-30.</p> <p>The Act requires that certain public buildings that contain a public restroom also provide a lactation room, other than a bathroom, that is hygienic and available for use by a member of the public.</p> <p>2018 Friendly Airports for Mothers (FAM) Act</p> <p>Ensures that all medium, and large airports in the nation provide accessible, clean, and convenient private spaces in each terminal for travelers to express human milk.</p> <p>2020 Friendly Airports for Mothers (FAM) Improvement Act Extends 2018 legislation that ensures lactation rooms be provided in small airports throughout the United States.</p>	<ul style="list-style-type: none"> • In an explicit effort to normalize extended breastfeeding and natural weaning, all personnel are provided with training on why and how to support breastfeeding, bodyfeeding, and milk expression by patrons and visitors to their establishment without age limitations • Breastfeeding, bodyfeeding, and milk expression are expected and encouraged in all places • Financial penalties are assigned each time breastfeeding, bodyfeeding, and/or milk expression are not permitted • Private breastfeeding, bodyfeeding, and milk expression spaces are readily available and optional to use • Breastfeeding, bodyfeeding, and milk expressing folk are welcome in all spaces without question or regard to the age of the child • Breastfeeding-supportive written policy is publicly available to all who enter an establishment
<p>BIRTH JUSTICE</p>	<p>None</p>	<p>None</p>	<ul style="list-style-type: none"> • All inpatient and outpatient birthing care organizations provide all personnel with equity-centered training to support breastfeeding/bodyfeeding • Equitable compensation for birth and breastfeeding/bodyfeeding professionals is based on the levels of clinical skill, effort, responsibility, and working conditions involved in doing the work • Birth and breastfeeding/bodyfeeding support are offered at low/no cost to families and families have access to financial aid when they need it.

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<p>BIRTH JUSTICE (CONT)</p>	<p>None</p>	<p>None</p>	<ul style="list-style-type: none"> • Birth and breastfeeding/bodyfeeding care teams are multidisciplinary and meet - at least - the following criteria <ul style="list-style-type: none"> ◦ Racially and ethnically representative of the families they serve, and are actively anti-racist ◦ Skilled in adhering to the cultural traditions of each family they serve ◦ Trauma-informed ◦ Center the families they serve ◦ Provide warm hand offs among lactation providers so families have access to care 24-7 ◦ Communicate with each other to coordinate care and optimize families' health outcomes ◦ Fairly compensated with stable income and benefits packages that are adequate to support their families • IBCLC is a stand-alone credential that does not require significant financial burden to obtain • A multitude of birthing locations and resource options are available to each family, including homebirth, birth centers, and hospitals and costs do not limit choices among families. • Milk expression education and supplies - e.g. pumps and equipment - are easily accessed, equitably distributed, and offered at low/no cost to the breastfeeding/bodyfeeding parent. Access to financial aid is available when parents need it. • Milk sharing programs are readily accessible, honor the cultural traditions of the milk donor and milk recipient, and are offered at low/no cost to families. Access to financial aid is available when families need it. • Community milk sharing - a traditional practice in BIPOC communities and consists of lactating parents feeding and/or sharing human milk with others based on informed choice - is free from systemic barriers. • Birth spaces and birthing center policy recognize the importance of support persons for the laboring parent without restrictions or hardship • Parents and newborns are kept together in critical hours after birth, including during crises and emergencies. • Postpartum policies support bonding time to help parents and infants to establish breastfeeding/bodyfeeding without intrusion by unnecessary staff or procedures • Families have access to birth and/or postpartum doula support that is easily accessed and free of financial burden to the family • Medicare for all is guaranteed • Reparations are paid to descendants of enslaved Africans • Reparations are paid and land is returned to Indigenous people

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CHILD CARE	None	<p>Child and Adult Care Food Program Guidelines</p> <p>Provides reimbursement for child care providers who feed human milk to infants in their care.</p>	<ul style="list-style-type: none"> • All staff are trained to support breastfeeding/bodyfeeding and provide expressed human milk to children in their care, regardless of the age of the child • Parents and staff are encouraged to breastfeed/bodyfeed on site at drop-off, pick up, and during intervals throughout the day as mutually agreed, regardless of the age of the child • When a parent cannot be onsite for breastfeeding/bodyfeeding • Human milk is provided to the child during all meals and snacks, using “paced feeding” method • Human milk is handled according to evidence-based guidelines, like those provided by the Centers for Disease Control and Prevention • Space is created for parents and staff to breastfeed/bodyfeed and/or express milk that is private, free from intrusion, and accessible throughout the day • Workers are allowed the time required to breastfeed/bodyfeed and/or express human milk and are not penalized for not working • Breastfeeding/bodyfeeding information, referrals, and community resources are readily available for families seeking support • On-site child care is provided at all places of employment • Child care does not require significant financial burden for families
CHILD CUSTODY	<p>Child Custody Act of 1970 MCLS § 722.27a</p> <p>Allows the judge to consider the breastfeeding/bodyfeeding relationship when determining parenting time.</p>	None	<ul style="list-style-type: none"> • Child custody laws protect the breastfeeding/bodyfeeding relationship between parent and child for at least two years of life or until agreed upon by the breastfeeding/bodyfeeding parent • All judicial, court, and Friend of the Court personnel are educated to prioritize protection of the breastfeeding/bodyfeeding relationship with particular attention to the evidence that pumping and milk expression should not be mandated substitutes for direct body feeding • Friend of the Court provides both the breastfeeding/bodyfeeding and non breastfeeding/bodyfeeding parent with evidence-based breastfeeding/bodyfeeding resources and referrals to skilled lactation support • Materials on breastfeeding/bodyfeeding along with community resources are readily available to families • Children are welcome at proceedings to ensure that breastfeeding/bodyfeeding is not interrupted

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COURTS	<p>Revised Judicature Act of 2961 / Act 236 of 1961</p> <p>Protects the right to seek exemption from jury duty while breast/bodyfeeding.</p> <p>(Note: does not protect the right to breastfeed/bodyfeed while serving on a jury.)</p>	None	<ul style="list-style-type: none"> • All personnel are trained on why and how to support breastfeeding/bodyfeeding and milk expression • Accommodations for virtual court proceedings are provided whenever possible • When a virtual proceeding is not possible, <ul style="list-style-type: none"> ◦ Children are allowed onsite with breastfeeding/bodyfeeding parents ◦ Space is created for lactating folx who enter the court (including jurors, litigants, etc.) to breastfeed/bodyfeed and/or express milk that is private but not a bathroom, free from intrusion, and accessible throughout the time folx are required in court ◦ All courtroom personnel - from judges to security - are educated and able to support breastfeeding/bodyfeeding parents • A breastfeeding/bodyfeeding-affirming policy is publicly shared with every person visiting the judicial space
EDUCATION	None	None	<ul style="list-style-type: none"> • Elementary through high school: breastfeeding/bodyfeeding education is part of health and sex education curriculum through established health and sex education standards that include breast anatomy and physiology and function, including the composition and nutritious value of human milk. • College and beyond: All health-related courses (e.g. anatomy, physiology, biology, etc.) include education on breastfeeding/bodyfeeding and breast/chest anatomy for students • Post-secondary courses include specific breastfeeding/bodyfeeding education as required education for all health professions • All personnel and students have access to childcare on-site, free of financial burden (see "child care" campaign for additional policy guidance) • All schools - elementary through post-secondary - have space available to breastfeed/bodyfeed and/or express human milk that is private but not a bathroom, free from intrusion, accessible, and convenient for everyone on campus • Data collection, reporting, and dissemination is centered in respect for the traditions, customs, and cultures of the communities where information is learned • Free college tuition is guaranteed for all

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EMERGENCIES	None	None	<ul style="list-style-type: none"> • All personnel (e.g. first responders, volunteers, and emergency shelter staff) are trained on why and how to support breastfeeding/bodyfeeding and milk expression • Community-centered and culturally relevant breastfeeding/bodyfeeding education and referrals are provided to families • Families are kept together without separating infants and children from their families • Access to human milk is widely available within multiple settings, including NICU, hospital, birth center, and the community with an emphasis on providing milk to families that are most harmed by current policy, and during emergencies/disasters. • Community milk sharing is normalized and financially supported • Families have access to virtual skilled lactation support, if desired, including increased access to the internet and HIPAA-compliant telehealth platforms • All breastfeeding/bodyfeeding people are supported to continue breastfeeding/bodyfeeding and/or milk expression without delay or interruption • Hand expression is taught and supported to maintain lactation without electricity • Donations of human milk substitutes are not accepted and/or distributed to families during emergencies/disasters • Equitable access to human donor milk is a priority for families during emergencies/disasters including but not limited to the ongoing COVID-19 pandemic and formula shortage crisis • The US system of commodifying land degradation through capitalism is abolished and replaced

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FOSTER	None	None	<ul style="list-style-type: none"> • Whenever possible, children are not forcibly separated from their breastfeeding/bodyfeeding parent • When child and breastfeeding/bodyfeeding parent are separated, access to the birthing parent's milk is prioritized, <ul style="list-style-type: none"> ◦ Breastfeeding/bodyfeeding parent is supported, with supplies and courier service (e.g. Mama's Mobile Milk) to provide human milk to their child at low/no cost. ◦ Foster parents are trained on why and how to provide human milk, via paced feeding, to the child ◦ Fostering agreements require that human milk is provided by the foster parent. Penalties for failure to do so range from termination of the foster relationship to termination of licensure. ◦ Human milk is handled by the breastfeeding/bodyfeeding parent, courier, and foster parent according to evidence-based guidelines, like those provided by the Centers for Disease Control and Prevention • Where maintaining access to milk from the birth parent is not possible, the donor milk and community milk sharing systems are activated to ensure uninterrupted access to human milk for the child • The US systems of family separation are abolished and replaced
HEALTH CARE	None	<p>2010 Patient Protection and Affordable Care Act (ACA)</p> <p>Effective March 23, 2010, the Patient Protection and Affordable Care Act amended the FLSA to require employers to provide lactating employees with reasonable break time to express human milk after the birth of a child. The amendment also requires that employers provide a place for an employee to express human milk.</p>	<ul style="list-style-type: none"> • All health care providers are aware of the positive impact breastfeeding/bodyfeeding has on health outcomes in their specialization and are skilled at protecting breastfeeding/bodyfeeding in their care plans, including during medical intervention • All healthcare providers utilize a referral system that supports families to find culturally relevant, skilled care rooted in their communities • All health care providers have written policies in place that are publicly shared to ensure breastfeeding/bodyfeeding is protected within all offices and clinics and provide education to staff for supporting breastfeeding/bodyfeeding families • All health care spaces encourage and promote breastfeeding/bodyfeeding for those visiting and/or undergoing procedures (for example, the emergency department, outpatient offices, specialty clinics) • All health care providers have access to and utilize current evidence-based information for human milk and medication compatibility

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<p>INCARCERATION</p>	<p>2021 Michigan Department of Corrections Policy Directive: Pregnant and Postpartum Prisoners</p> <p>Expands maternal and postpartum healthcare for women who are incarcerated.</p>	<p>None</p>	<ul style="list-style-type: none"> • All personnel are trained on why and how to support breastfeeding/bodyfeeding, milk expression, and milk courier service • Deferred sentencing or commutation to a different type of service (e.g. classes, etc.), where baby can safely be with breastfeeding/bodyfeeding parent, is an explicit option for breastfeeding/bodyfeeding parents • When commutation and/or deferral are not possible, <ul style="list-style-type: none"> ◦ Baby stays at the facility with the breastfeeding/bodyfeeding parent (e.g. Illinois example) ◦ Milk expression with milk courier (e.g. Mama's Mobile Milk) is arranged for the breastfeeding/bodyfeeding parent ◦ Medical care required by the breastfeeding/bodyfeeding parent is provided by a skilled lactation professional to prevent and/or treat any lactation concerns • Visitors have space to breastfeed/bodyfeed and/or express human milk without penalty during visitation with incarcerated people • The US carceral system is abolished and replaced
<p>MENTAL HEALTH CARE</p>	<p>None</p>	<p>None</p>	<ul style="list-style-type: none"> • Providers know the positive correlation between breastfeeding/bodyfeeding and mental health and the negative correlation between weaning and mental health and speak to patients about the importance of breastfeeding for positive mental health outcomes. • Patients are central in all decision-making about the course of mental health treatment. They are provided clear, evidence-based, and complete information about the risks of pursuing treatment options and risks of not breastfeeding/bodyfeeding. • Providers use data driven resources like Medications and Mothers' Milk and/or LactMed to make decisions regarding courses of treatment and use of medications in ways that protect and prioritize the breastfeeding/bodyfeeding relationship. • Providers are clear on the mental health implications of, at minimum, the following: Weaning, Miscarriage, Birth trauma, and Infant loss. • Patients are screened for, at minimum, the following Weaning, Miscarriage, Birth trauma, and Infant loss, and treatment plans are developed accordingly.

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<p>MENTAL HEALTH CARE (CONT)</p>	<p>None</p>	<p>None</p>	<ul style="list-style-type: none"> • Skilled lactation support is part of the care team and/or direct referrals are made to skilled lactation care in the community where the patient lives. www.mibreastfeeding.org/coalition is an available resource for connecting with breastfeeding supporters in your patient's community. • Staff at all levels and professions within the mental health care team reflect and represent the intersectional diversity of the patients they serve (e.g. Black, Indigneous, Latinx, LBGTOIA, non-native English speaking). • When working with patients prenatally and interconception, providers educate patients about the mental health benefits of doula care and refer patients to doulas in their community who reflect and represent the racial, ethnic, and cultural identity and preferences of the patient.
<p>WATER PROTECTION</p>	<p>None</p>	<p>None</p>	<ul style="list-style-type: none"> • Indigenous water protectors are centered in leadership and decision-making regarding the protection and safety of water • Emergent and ongoing water crises in Michigan are prioritized for remediation and include - but are not limited to: lead contamination, PFAS contamination, Legionnaires disease, oil spills, and boil water advisories • Especially in light of the emerging and ongoing water crises primarily impacting Black and Indigenous communities across Michigan, traditional human milk feeding practices are protected and supported to reduce the detrimental effects of unsafe drinking water supply • To prevent future contamination of Michigan's fresh water supply and in solidarity with the Native American Relief Fund and the Anishinnabe people of Bay Mills Indian Community, the proposed Enbridge Straits of Mackinac Line 5 pipeline is closed and all proposed expansion projects are terminated

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WORKPLACE	<p>Medicaid insurance guidelines for breast pumps will cover personal use standard pumps or manual pumps per the Affordable Care Act.</p>	<p>2010 Federal Break Time for Nursing Mothers Law</p> <p>Protects non-exempt employees' right to time and privacy to express milk up to their child's first birthday.</p> <p>2021 Providing Urgent Maternal Protection (PUMP) for Nursing Mothers Act</p> <p>Strengthens the Break Time for Nursing Mothers law by expanding workplace protections for lactating workers currently excluded from overtime protections; clarifying employers' obligations under the law; ensuring workers can recover appropriate forms of relief in court, including reinstatement and back pay; and ensuring employees have access to appropriate remedies.</p>	<ul style="list-style-type: none"> • In an explicit effort to normalize extended human milk feeding and natural weaning, all workplace lactation support policies are written without limitations for the age of the child • All personnel are provided with training on why and how to support breastfeeding, bodyfeeding, and milk expression, and on all lactation policies/accommodations available to employees • Employment policies that are inclusive of the needs of lactating folx are established. Policies can include, but are not limited to: <ul style="list-style-type: none"> ◦ Baby-at-work where employees have access to baby for direct breastfeeding/bodyfeeding in the workplace whenever possible ◦ Virtual/remote work for the duration of milk expression and human milk feeding ◦ On-site lactation support that includes providing employees with employee-determined time and space to express human milk regardless of legal status and employment classification without penalty • Employment policies regarding milk expression are inclusive of lactating folx who express milk for a child who is not in their custody (e.g. for milk donation, milk sharing, surrogacy, etc.) • Universal basic income is guaranteed for all • Federal minimum wage is guaranteed for all workers • Two years of paid family leave is provided to both the breastfeeding/bodyfeeding and non breastfeeding/bodyfeeding parent