PUBLIC HEALTH LAW CENTER at Mitchell Hamline School of Law | NACCHO National Association of County & City Health Officials | AMCHP Association of Maternal & Child Health Programs

STATE POLICY OPTIONS FOR **LACTATION SUPPORT**

Introduction

Breastfeeding is a crucial source of nourishment for infants and provides long- and short-term health benefits for children and parents across their lives.[1] Consistent breastfeeding has been shown to support cognitive and nervous system development for infants while lowering their risk of a variety of illnesses (e.g., flu, cold,[2] asthma, Type 1 diabetes, severe lower respiratory disease, gastrointestinal infections, and sudden infant death syndrome (SIDS)).[3] Breastfeeding can also have a positive effect on the long-term health of mothers by lowering their risk of high blood pressure, Type 2 diabetes, ovarian cancer, and breast cancer.[4] The American Academic of Pediatrics (AAP)[5] and the World Health Organization (WHO)[6] recommend exclusive breastfeeding for the first six months of a baby's life and continued breastfeeding through the first two years. However, structural and systemic barriers make achieving these benchmarks difficult for already under-resourced and under-supported mothers. This is where state policy can play a critical role.



Supportive families, communities, and workplaces are not always enough to overcome structural barriers preventing parents from achieving their breastfeeding goals. State-level policies have the power to support and promote breastfeeding and pumping for new mothers. State governments can serve as key points of connection to services and cement collaborative relationships.[7]



By working with health care providers, community-based organizations, schools, the criminal justice system, and workplaces to implement evidence-based breastfeeding best practices, states can weave a web of support to improve the nutritional environment for infants and their families.



The range of lactation supportive policies states can implement is broad. Supportive policies can span from legal protections for lactating workers to providing financial reductions for lactation supplies and support services. Some states have increased lactation access by requiring lactation rooms and ensuring adequate funding to successfully create them.[8] This resource discusses state-level lactation policy options, and highlights examples of policies already in place or have contemplated.

Five categories of state-level policy change are presented:

1. Supporting Public Lactation
2. Worksite Protections
3. Student Protections
4. Protections for Incarcerated Women
5. Lactation Support and Supplies

This list is by no means exhaustive—nor are the examples, but simply a starting point for states looking for ways to leverage the power of policy and have a positive impact on the health of their communities.



Supporting Public Lactation

The legal protection and social normalization of human milk expression is a critical component in breastfeeding promotion and support. Allowing women to lactate in public spaces is a foundational policy that cements the rights of lactating mothers to breastfeed and pump in spaces that work best for them and their babies. All fifty states, as well as the District of Columbia, Puerto Rico and the Virgin Islands, have laws that specifically permit women to breastfeed in any public or private place where they are otherwise allowed to be.[9] Despite the prevalence of these laws, many jurisdictions lack additional protections against harassment and other persecution (e.g., public indecency). Only 31 states exempt breastfeeding women from public indecency laws.[10] Even in states that protect against charges of public indecency, many still experience harassment or negative treatment with mothers having been asked to leave church,[11] big-box stores,[12] and even the courtroom[13] for breastfeeding in public.

In 2018, two breastfeeding mothers in Minnesota were confronted at a public pool by uncomfortable patrons.[14] Pool employees asked the women to cover up or move to the locker room.[15] Despite breastfeeding being legal in public spaces in Minnesota for decades, the incident escalated to police involvement.[16] City officials eventually issued an apology.[17] This is a common example in which many women can experience disenfranchisement and discouragement around breastfeeding in public spaces and demonstrates the importance of education around enacted policies to empower women to feed their babies publicly. When lactation policies are comprehensive and enforced widely throughout a jurisdiction, they can support and promote milk expression for everyone.

Although every state allows for basic protections around public breastfeeding, many lack specific language allowing for pumping in public areas. For varied reasons, lactating mothers may want to pump to produce milk for their babies. Although states can consider designating funding to create more public lactation spaces—and many have—states can also support lactating mothers by including protections for women who may want to pump in a public space. Michigan, for example, passed a law in 2024 that prohibits discriminatory practices for mothers who are breastfeeding or expressing milk in a public place.[18] Laws such as this play an important role in ensuring protections for mothers to express milk in their community.



Some other state-level policy examples that protect and support public lactation include:

1. Kentucky allows a mother to breastfeed her baby or express breast milk in any public or private location.[19] The law clarifies that breastfeeding may not be considered an act of public indecency, indecent exposure, sexual conduct, lewd touching or obscenity.[20] It also prohibits a municipality from enacting an ordinance that prohibits or restricts breastfeeding in a public or private place.[21]
2. Hawaii makes it a discriminatory practice to deny, or attempt to deny, the full and equal enjoyment of the goods, services, facilities, and accommodation of a place of public accommodations to a woman because she is breastfeeding a child.[22] The law allows a private cause of action for any person who is injured by a discriminatory practice under this act.[23]
3. Oklahoma 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.[24]
4. Puerto Rico has also enacted a law that if a mother is breastfeeding her child in any place where she authorized to be, it shall not be considered indecent exposure, an obscene act, or other punishable actions.[25]



In addition to protecting women's right to express milk in public, states have the power to increase lactation access by requiring and funding lactation spaces in the community. Several states have already embarked on this policy work, and many others are in the process:

1. Florida mandates that each county courthouse has at least one lactation space for members of the public and court employees[26] and authorizes state and private funds to be used to provide lactation spaces in appellate courthouses.[27]
2. New York has enacted several laws that increase public access to lactation rooms, including requiring that any commercial airport with at least one million enplanements per year provide a location at each airport passenger terminal behind airport security for members of the public to express milk.[28] The state also mandates that certain public buildings have a lactation room available for the public to breastfeed or express breast milk.[29] New York also considered several related bills during its 2025 legislative session, including one that would require lactation rooms behind the security screening area of public transportation facilities[30] and another that would have required that lactation rooms in public buildings to be well lit, have access to clean running water, and have appropriate signage to notify the public of its availability.[31]
3. New Jersey law requires lactation rooms in certain public facilities and that the New Jersey Department of Health provides information about lactation room availability.[32]
4. Pennsylvania recently passed a law requiring that all publicly owned buildings have a lactation room for either employees or members of the public to use.[33]



Federal Laws Supporting Breastfeeding in the Workplace and Ways States Can Build upon Existing Worksite Protections

Returning to work is a major challenge to starting and maintaining breastfeeding.

Mothers who return to full-time paid work after giving birth have lower rates of breastfeeding initiation and are more likely to stop breastfeeding before the recommended time.[34] Comprehensive workplace policies to support breastfeeding—often referred to as "lactation accommodations policies"—not only benefit employees and their infants, but benefit employers by creating a healthier, more productive workforce.[35]

Breastfeeding initiation and duration rates vary across industry, but inflexible, low-wage jobs with few benefits tend to have less robust lactation accommodations.[36] Worksite lactation policies can mitigate the effects of structural barriers and support all workers. These policies make a significant difference, as research shows that breastfeeding workers are more likely to continue to breastfeed after the first six months of their baby's life if they have the support to pump at work.[37]

Lactation accommodation policies can include time and space to pump, as well as other employee supports such as room cleanliness standards, equipment and supply requirements, and educational training for managers and supervisors. Lactation support state policies that are responsive to the needs of breastfeeding and lactating women are fundamental for effective implementation at any worksite. These laws can also incorporate mechanisms for enforcement and provide funding for communication and education around the law. Workplaces with comprehensive lactation supports have higher rates of productivity, retention, and employee satisfaction.[38] Breastfeeding is also associated with lower healthcare costs and absenteeism rates for employers.[39] Lactation accommodation policies are not just good for the health of mothers and babies; they are good for business and the greater community.

The evidence to support breastfeeding in the workplace is clear and the federal government has listened. In 2010, Congress amended the Fair Labor Standards Act (FLSA) and established the Break Time for Nursing Mothers Act, which was passed as part of the Affordable Care Act.[40] This law required employers to provide reasonable break times and a place to express milk for one year after a child's birth.[41]

In late 2022, the federal government once again amended FLSA to create the PUMP for Nursing Mothers Act (PUMP Act) which expanded these federal protections to include millions of additional workers who were not previously included in the Break Time for Nursing Mothers Act, such as teachers, nurses, and farmworkers. [42]

The PUMP Act gave employees and regulators tools to ensure breastfeeding workers get the support they deserve.[43] For the first time, workers were guaranteed the right to paid lactation breaks if they were not completely relieved of their work duties during this time.[44]

The Pregnant Workers Fairness Act (PWFA) also went into effect around the time the Pump Act was enacted, providing even more protections for lactating mothers.[45] PWFA allows workers to have certain modifications in the workplace to accommodate a pregnancy-related condition,[46] such as allowing employees to temporarily transfer to less physically demanding work, permitting more flexible breaks to eat or use the restroom, and mandating break time to express milk in a clean, private space that is not a bathroom.[47]

Although worksite lactation protections have come a long way, these laws should be considered the baseline. State governments can establish laws that go beyond the federal minimum standards to support breastfeeding more comprehensively in the workplace. Some states have exceeded the federal worksite lactation laws by either mandating paid lactation breaks, extending lactation protections past the federal duration, or both.

In 2024, Minnesota established a law requiring employers with one or more employees to allow their lactating workers to have reasonable break times to express milk.[48] Employers cannot reduce an employee's time used to express milk.[49] The law directs employers to make "reasonable efforts" to have a lactation room that is "clean, private, and secure . . . in close proximity to the work area, other than a bathroom or a toilet stall . . . ,"[50] and have access to an electrical outlet.[51] Notably, this law does not place a time limit on this right.[52] Employers are prohibited from retaliating or discriminating against employees asserting their right under this law and are required to inform employees of their rights at several key times during their employment.[53]

Georgia also has a robust law to support its lactating workers.[54] It requires employers[55] to provide reasonable break time to employees to express milk.[56] Employers are prohibited from reducing employee compensation for using break time to express milk[57] or requiring a salaried employee to use paid leave during any break time.[58]



A legislative bill from Massachusetts's 2025 legislative session proposed an Infant-Friendly Workplace Program that would allow parents or guardians to bring their babies (between the ages of six weeks to six months) to the workplace, in an effort to reduce barriers to breastfeeding.[59]

With more women entering the workforce, states can help mothers transition into motherhood via supportive worksite policies that facilitate breastfeeding.



Student Protections

Like returning to work, returning to school can create another barrier in starting and maintaining breastfeeding for young mothers. Breastfeeding rates are low among young parents. Only 16% of women under twenty one are still breastfeeding at six months.[60] Although teen parents show high rates of breastfeeding initiation, lack of social support and supportive environments present barriers to continued breastfeeding.[61] Supportive environments can improve these rates, benefiting the health of parents and babies while improving school performance for student-parents.[62]

Title IX is a set of federal laws and rules that were created to address bias and discrimination in school based on sex.[63] In April 2024, the U.S. Department of Education changed the regulations to provide supports for students who are pregnant, recovering from pregnancy, and who are lactating or have other pregnancy-related conditions.[64] These new regulations required that schools that received federal funding (including K-12 schools) provide "reasonable modifications," including breaks from class to pump or breastfeed and a designated private space to pump of breastfeed, which could not be a bathroom stall.[65]

Although the 2024 amendments to Title IX created comprehensive lactation protections for students, the applicability of the 2024 amendments remains uncertain. Currently, the 2024 amendments have been enjoined and the U.S. Department of Education has announced that it will be not enforcing the new regulations or defending them in court.[66]

Regardless of the 2024 amendments to Title IX, states are still able to enact legislation that mirrors or exceeds lactation protections outlined in those amendments. Illinois and California have enacted almost identical laws mandating breastfeeding accommodations for K-12 students, including reasonable time to express milk (either pumping or breastfeeding) and access to a private, secure room (not including a bathroom) to express milk.[67] The laws include mechanisms for filing complaints and receiving remedies in instances of noncompliance.[68]



Nebraska allows students in K-12 to breastfeed or pump in school and requires that the school provide a designated location for milk expression and storage.[69] The law requires each school district to adopt a written policy to accommodate pregnant and parenting students.[70] The policy must meet, at a minimum, requirements set forth by the model policy established by the Nebraska Department of Education.[71]

Recognizing that student mothers face enormous hurdles as they try to complete their education and care for their children, states can develop thorough laws that allow mothers to continue pursuing their academics goals while feeding their baby in the way they choose.

Protections for Incarcerated Women

The U.S. incarcerates women at the highest rate in the world.[72] Incarcerated mothers often have reduced opportunity for breastfeeding. Although limited data is collected on pregnant and postpartum women who are incarcerated,[73] estimates from the Department of Justice suggest around 4% of the prison population are pregnant at the time of their incarceration, an estimated 58,000 annually.[74] While federal law does not explicitly mandate lactation support in correctional facilities, state laws and programs have an opportunity to address the needs of this vulnerable population.

For most incarcerated women, birth is followed by near immediate separation from their newborn.[75] Mothers give birth and then return to prison while infants are placed with alternative caregivers in the community, foster care, or other government-run programs.[76] Rarely are incarcerated new mothers given the resources that would facilitate successful breastfeeding or sustaining of their milk supply through pumping and milk storage.4 Separating postpartum mothers from their babies limits their bonding and attachment, preventing mother and baby from enjoying breastfeeding's many health benefits. These benefits may be particularly impactful for incarcerated mothers and their children.[77]

States have taken a variety of policy approaches to help incarcerated mothers breastfeed their babies. Some state laws facilitate breastfeeding by allowing incarcerated postpartum women to live with their infants in prison nursery programs or community-based settings.[78] In other states where mother/infant separation is more common, laws allow mothers to pump and store breastmilk that is delivered to their baby.[79] States can also provide lactation support and education before and after birth.

Access to doulas,[80] childbirth educators,[81] home-visiting programs,[82] lactation consultants,[83] and other health care providers[84] who provide education and support services across pregnancy, birth, and the postpartum period improve breastfeeding outcomes for incarcerated mothers.

Research shows that mothers who selected community-based, residential programs in lieu of returning to prison during their postpartum period, were more likely to initiate breastfeeding.[85]

In 2019, New Mexico enacted a series of laws prioritizing breastfeeding for incarcerated mothers, by requiring correctional facilities to develop lactation policies that include provisions for access to breast pumps and milk storage,[86] as well as requiring courts to consider pregnancy or lactation as factors when determining whether a female inmate is eligible for release or bond.[87]

New York allows a nursing mother's child to stay with her until the age of one if she is residing in a correctional facility at the time she is breastfeeding.[88] A bill introduced during New York's 2025 legislative session would have allowed incarcerated mothers to keep their breast pump and other lactation supplies while in custody (or be supplied with them).[89] With authorization, the law would have allowed the mother to breastfeed her child or express milk at a frequency she determined.[90] The mother could also designate someone to gather and deliver breast milk to her child.[91] The law would have entitled a breastfeeding mother participating in institutional or correctional jobs or programs to have certain pregnancy-related work accommodations.[92]

Delaware recently passed a law creating a lactation program within the state's Department of Corrections to provide support to lactating women in their custody.[93]

The program includes policies for expressing breast milk, storing breast milk, and milk delivery to the inmate's child.[94] It requires policies around providing and sterilizing breast pump equipment, and procedures for identifying a comfortable place to pump, based on national best practices.[95] The law also requires prenatal vitamins and a meal plan tailored towards pregnant, post-partum, and lactating inmates.[96]

State-level policies for incarcerated mothers help guarantee that all lactating members of a community and their babies can receive the lifelong benefits of breast milk. States can consider policies that facilitate lactation support, provide access to breastfeeding supplies and opportunities to feed or pump their newborns, support incarcerated mothers and babies' health and well-being.

Lactation Support and Supplies

Lactation support and supplies are crucial for successful breastfeeding.

They help establish and maintain milk production, address challenges that may arise during feeding, and help ensure the mother and baby's well-being and nutritional needs are met. Lactation support can take many forms including lactation consultants, breastfeeding education and support groups, and access to essential supplies.

Lactation consultants specialize in supporting breastfeeding mothers and offer support that has significant impact in increasing breastfeeding rates.



Lactation consultants may be certified as an International Board-Certified Lactation Consultant (IBCLC), a Certified Lactation Counselor (CLC), or have received other informal training not currently recognized by a governing agency. Lactation consultant supports improve breastfeeding rates of initiation and duration.[97] Other community-based interventions, such as breastfeeding support groups, educational programming, and breastfeeding friendly programing also support increased breastfeeding duration and exclusivity.[98]



Tax Exemption for Lactation Supplies

Sales tax exemptions for basic necessities are common across the United States. The Internal Revenue Service has considered breast pumping and lactation supplies as deductible medical expenses since 2011.[99]

However, infant formula and breastfeeding supplies to support nursing or pumping are sometimes subject to tax. Many states exempt formula alongside other "food and food ingredients" but this is not true across the country. Similarly, baby bottles, nursing and pumping supplies are not universally exempt. To improve access to breastfeeding supplies, several states have passed legislation to exempt these products from sales tax.[100]



Insurance Coverage for Lactation Support Services

Private and public insurance coverage of lactation services is another way state-level policies can be used to increase breastfeeding initiation and duration.[101] These policies are especially helpful for communities that have historically low breastfeeding rates and have been shown to reduce barriers in breastfeeding.[102] Some states include comprehensive lactation support coverage for Medicaid enrollees.[103] Other states require that all health insurers operating in their state provide lactation support services.[104] Some states are developing policies that provide lactation counseling, including a bill before the New Jersey legislature that would require that every person who delivers in a baby in a state-licensed hospital or birthing center to be entitled to lactation counseling. Oregon recently established a community-based perinatal services support program that provides access to comprehensive, community-aligned services offered during the perinatal period, including lactation counselors.



Insurance Coverage for Human Milk Banks

Sometimes, even with the proper supplies and support, mothers are unable to produce sufficient milk for their infants. Donor human milk is often used for premature and ill infants when a mother's milk supply may be insufficient or unavailable. Neonatal conditions such as gastrointestinal anomalies, congenital heart disease, and complications from premature birth may make an infant at high risk for feeding complications.[105] Using donor human milk to feed these high-risk infant populations improves health outcomes and is more cost effective than formula alternatives. While donor human milk is an important source of nutrition for the most vulnerable infants, hospitals that have higher proportions of patients on Medicaid, and Black patients and other patients of color, have lower levels of milk supply.[106] Regulatory policies for milk bank distribution and expanded Medicaid coverage for donor human milk can help get milk to infants in need, especially in under-resourced hospitals.[107] Medically necessary donor milk can be covered or reimbursed through state Medicaid plans for inpatient and outpatient use.[108] Louisiana is a state that is leveraging this policy option through its Medicaid program and requiring that pasteurized donor human milk is covered for the state's Medicaid enrollees when it is determined to be medically necessary.[109] Pennsylvania has a similar law.[110] Some states have expanded these policies to all of the health insurance plans that operate in their state, including New York,[111] Hawaii,[112] and Pennsylvania.[113]



Conclusion

Lactation policies matter. Human milk has many health benefits for moms and babies including reduced risk of chronic disease. However, systemic barriers can make it difficult for women to start breastfeeding and continue through their babies' first year. These barriers include a lack of social support, stigma, and discrimination in the workplace, school, or other institutions. State governments serve as an important connector to resources and programs and by establishing and funding comprehensive lactation policies tailored to mothers' needs, states can help support lactating parents and their babies, the newest members of their communities.

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1 *About Breastfeeding*, CDC: Breastfeeding (Dec. 9, 2024), https://www.cdc.gov/breastfeeding/php/about/index.html [https://perma.cc/8VMW-P9WR].

2 *About Breastfeeding*, CDC: Breastfeeding (Dec. 9, 2024), https://www.cdc.gov/breastfeeding/php/about/index.html [https://perma.cc/8VMW-P9WR]; *Benefits of Breastfeeding*, Am. Acad. of Pediatrics: Patient Care (Mar. 9, 2021) https://www.aap.org/en/patient-care/breastfeeding/breastfeeding-overview/?srsltid=AfmBOorMue04r7GWtxmpoQYwxFtPx94Ph6o_wgYwRoo5w8LfY2R5yLJH [https://perma.cc/8MVR-C643].

3 Cesar G. Victoria et al., *Breastfeeding in the 21st Century: Epidemiology, Mechanisms, and Lifelong Effect*, 387 The Lancet 475, 475-490 (2016), https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)01024-7/fulltext [https://perma.cc/9E9K-F23K]; *Breast Milk Is Best*, Johns Hopkins Med.: Health, https://www.hopkinsmedicine.org/health/conditions-and-diseases/breastfeeding-your-baby/breast-milk-is-the-best-milk [https://perma.cc/M3C3-TK59] (last visited Aug. 29, 2025); *About Breastfeeding*, CDC: Breastfeeding (Dec. 9, 2024), https://www.cdc.gov/breastfeeding/php/about/index.html [https://perma.cc/8VMW-P9WR]; *Benefits of Breastfeeding*, Am. Acad. of Pediatrics: Patient Care (Mar. 9, 2021) https://www.aap.org/en/patient-care/breastfeeding/breastfeeding-overview/?srsltid=AfmBOorMue04r7GWtxmpoQYwxFtPx94Ph6o_wgYwRoo5w8LfY2R5yLJH [https://perma.cc/8MVR-C643].

4 *Benefits of Breastfeeding*, Am. Acad. of Pediatrics: Patient Care (Mar. 9, 2021) https://www.aap.org/en/patient-care/breastfeeding/breastfeeding-overview/?srsltid=AfmBOorMue04r7GWtxmpoQYwxFtPx94Ph6o_wgYwRoo5w8LfY2R5yLJH [https://perma.cc/8MVR-C643]; *About Breastfeeding*, CDC: Breastfeeding (Dec. 9, 2024), https://www.cdc.gov/breastfeeding/php/about/index.html [https://perma.cc/8VMW-P9WR].

5 Joan Younger Meek et al., *Policy Statement: Breastfeeding and the Use of Human Milk*, 150 Pediatrics (July 2022), https://publications.aap.org/pediatrics/article/150/1/e2022057988/188347/Policy-Statement-Breastfeeding-and-the-Use-of?autologincheck=redirected [https://perma.cc/G68L-W9NK].

6 *Breastfeeding*, World Health Org., https://www.who.int/health-topics/breastfeeding#tab=tab_1 [https://perma.cc/KJ3F-2L8G] (last visited Sep. 3, 2025).

7 Summer Sherburne Hawkins et al., *Do State Breastfeeding Laws in the USA Promote Breast Feeding?*, 67 J. Epidemiol. Cmty. Health 250 (Oct. 2012), https://pmc.ncbi.nlm.nih.gov/articles/PMC3574222/ [https://perma.cc/2RHU-RMF5].

8 Florida, New York, New Jersey, and Pennsylvania are some of the states that have increased lactation access by established policies mandating additional lactation spaces for public use.

9 *Breastfeeding State Laws*, NCSL (Aug. 26, 2021), https://www.ncsl.org/health/breastfeeding-state-laws [https://perma.cc/2TCX-9MF2].

10 *Breastfeeding State Laws*, NCSL (Aug. 26, 2021), https://www.ncsl.org/health/breastfeeding-state-laws [https://perma.cc/2TCX-9MF2].

11 Julie Mazziotta, *Mom Asked to Leave Church Service for Breastfeeding: 'I'll Never Set Foot in that Church Again'*, People (Apr. 28, 2017), https://people.com/health/breastfeeding-mom-asked-leave-church/ [https://perma.cc/NX7P-DCDL].

12 Terri Peters, *See How Strangers Awesomely Defended Mom Bullied for Breastfeeding at Target*, Today (June 16, 2016), https://www.today.com/parents/see-how-strangers-awesomely-defended-mom-bullied-breastfeeding-target-t98776 [https://perma.cc/JQE2-LJMZ].

13 Leigh Cowart, *She Was Kicked Out of Court for Breastfeeding*, Daily Beast (Apr. 15, 2016), https://www.thedailybeast.com/she-was-kicked-out-of-court-for-breastfeeding/ [https://perma.cc/5WB7-YEZ9].

14 *Cops Called on Women Nursing Their Kids at Pool, So Dozens of Breastfeeding Moms Show Up to Protest*, CBS News (July 23, 2018), https://www.cbsnews.com/news/dozens-of-moms-breastfeed-outside-public-pool-in-protest-of-nursing-women-asked-to-leave/ [https://perma.cc/R6FC-699W] .

15 *Cops Called on Women Nursing Their Kids at Pool, So Dozens of Breastfeeding Moms Show Up to Protest*, CBS News (July 23, 2018), https://www.cbsnews.com/news/dozens-of-moms-breastfeed-outside-public-pool-in-protest-of-nursing-women-asked-to-leave/ [https://perma.cc/R6FC-699W].

16 *Cops Called on Women Nursing Their Kids at Pool, So Dozens of Breastfeeding Moms Show Up to Protest*, CBS News (July 23, 2018), https://www.cbsnews.com/news/dozens-of-moms-breastfeed-outside-public-pool-in-protest-of-nursing-women-

asked-to-leave/ [https://perma.cc/R6FC-699W].

17 *Cops Called on Women Nursing Their Kids at Pool, So Dozens of Breastfeeding Moms Show Up to Protest*, CBS News (July 23, 2018), https://www.cbsnews.com/news/dozens-of-moms-breastfeed-outside-public-pool-in-protest-of-nursing-women-asked-to-leave/ [https://perma.cc/R6FC-699W].

18 2024 Mich. Pub. Acts No. 130.

19 Ky. Rev. Stat. § 211-755 (2024).

20 Ky. Rev. Stat. § 211-755 (2024).

21 Ky. Rev. Stat. § 211-755 (2024).

22 Hawaii Rev. Stat. §§ 489.21-22 (2024).

23 Hawaii Rev. Stat. §§ 489.21-22 (2024).

24 Okla. Stat. tit. 63, § 1-234.1 (2024).

25 24 L.P.R.A § 3518 (2024).

26 Fla. Stat. § 29.24 (2024).

27 Fla Stat. § 29.24 (2024).

28 N.Y. Pub. Health Law § 2505-b.

29 N.Y. Pub. Buildings Law § 144.

30 S.B. 2263, 2025 Leg., Reg. Sess. (N.Y. 2025).

31 A.B. 5361, 2025 Leg., Reg. Sess. (N.Y. 2025).

32 N.J. Rev. Stat. § 26:4C et. seq (2024).

33 S.B. 940, 2025 Gen. Assemb., Reg. Sess. (Pa. 2025).

34 Eric A. Lauer et al., *Identifying Barriers and Supports to Breastfeeding in the Workplace Experienced by Mothers in the New Hampshire Special Supplemental Nutrition Program for Women, Infants, and Children Utilizing the Total Worker Health Framework*, 16 Int'l J. Env't. Rsch. & Pub. Health (Feb. 2019), https://pmc.ncbi.nlm.nih.gov/articles/PMC6406909/pdf/ijerph-16-00529.pdf [https://perma.cc/X7TG-G75E].

35 Carissa M. Rocheleau et al., *Promoting Worker Well-Being through Maternal and Child Health: Breastfeeding Accommodations in the Workplace*, CDC: NIOSH Sci. Blog (Feb. 11, 2019), https://blogs.cdc.gov/niosh-science-blog/2019/02/11/breastfeeding-work/ [https://perma.cc/9LDZ-DC84].

36 You can read Janet Dill and Mignon Duffy's analysis here [https://perma.cc/3DFK-GDCQ]; Sarah Jane Glynn & Diana Boesch, *Connecting the Dots: "Women's Work" and the Wage Gap*, U.S. Dep't of Labor Blog (Mar. 14, 2022),

https://blog.dol.gov/2022/03/15/connecting-the-dots-womens-work-and-the-wage-gap [https://perma.cc/ZN4U-MJKF]; Mathilde Roux, *Five Facts About Black Women in the Labor Force*, U.S. Dep't of Labor Blog (Aug. 3, 2021), [https://perma.cc/CC7V-6AZF].

37 Su-Ying Tsai, *Impact of a Breastfeeding-Friendly Workplace on an Employed Mother's Intention to Continue Breastfeeding After Returning to Work*, 8 Breastfeed. Med. 8 (2013), https://pmc.ncbi.nlm.nih.gov/articles/PMC3616406/ [https://perma.cc/6QG5-F7WE].

38 Christine Michel Carter, *Breastfeeding at Work Benefits Mom, Baby, and Employer*, Forbes (July 31, 2019) https://www.forbes.com/sites/christinecarter/2019/07/31/breastfeeding-at-work-benefits-mom-baby-and-the-employer/ [https://perma.cc/9HGC-WJ6T]; Carissa M. Rocheleau et al., *Promoting Worker Well-Being through Maternal and Child Health: Breastfeeding Accommodations in the Workplace*, CDC: NIOSH Sci. Blog (Feb. 11, 2019), https://blogs.cdc.gov/niosh-science-blog/2019/02/11/breastfeeding-work/ [https://perma.cc/9LDZ-DC84].

39 Rona Cohen et al., *Comparison of Maternal Absenteeism and Infant Illness Rates Among Breast—Feeding and Formula-Feeding Women in Two Corporations*, 10 Am. J. Health Promot. (Nov. 1995), https://pubmed.ncbi.nlm.nih.gov/10160049/#:~:text=Results%3A%20Approximately%2028%25%20of%20the,among%20the%20formula%2Dfed%20group [https://perma.cc/9KRS-N563].

40 Patient Protection and Affordable Care Act, Pub. L. No. 111-148, § 4207, 124 Stat. 119, 577–78 (2010).

41 Patient Protection and Affordable Care Act, Pub. L. No. 111-148, § 4207, 124 Stat. 119, 577–78 (2010).

42 PUMP for Nursing Mothers Act, Pub. L. No. 117-328 Division KK, H.R. 2617—1635 (2022).

43 PUMP Act, 29 U.S.C. § 218d; *Frequently Asked Questions — Pumping Breast Milk at Work*, U.S Dep't of Labor: Wage & Hour Div., https://www.dol.gov/agencies/whd/nursing-mothers/faq [https://perma.cc/F89D-YVTM].

44 PUMP Act, 29 U.S.C. § 218d.

45 Pregnant Workers Fairness Act, 42 U.S.C. § 2000gg.

46 Pregnant Workers Fairness Act, 42 U.S.C. § 2000gg.

47 Pregnant Workers Fairness Act, 42 U.S.C. § 2000gg.

48 Minn. Stat. § 181.939, subdiv. 1(a) (2024).

49 Minn. Stat. § 181.939, subdiv. 1(a) (2024).

50 Minn. Stat. § 181.939, subdiv. 1(b) (2024).

51 Minn. Stat. § 181.939, subdiv. 1(b) (2024).

52 Minn. Stat. § 181.939 (2024).

53 Minn. Stat. § 181.939, subdiv. 1(d), subdiv. 3 (2024).

54 Ga. Code Ann. § 34-1-6 (2025).

55 Employers with fewer than 50 employees don't need to comply with this law if it would cause an "undue hardship" which could cause "significant difficulty or expense." Ga. Code Ann. § 34-1-6(c) (2025).

56 Ga. Code Ann. § 34-1-6(b)(1) (2025).

57 Ga. Code Ann. § 34-1-6(b)(2) (2025).

58 Ga. Code Ann. § 34-1-6(b)(2) (2025).

59 S.B. 1304, 194th Gen. Ct. (Mass. 2025).

60 Heather L. Sipsma et al., *Breastfeeding Behavior Among Adolescents: Initiation, Duration, and Exclusivity*, 53 J. Adolesc. Health 394 (Sep. 2013), https://pmc.ncbi.nlm.nih.gov/articles/PMC3755029/pdf/nihms472014.pdf [https://perma.cc/4785-5Y47].

61 Heather L. Sipsma et al., *Breastfeeding Behavior Among Adolescents: Initiation, Duration, and Exclusivity*, 53 J. Adolesc. Health 394 (Sep. 2013), https://pmc.ncbi.nlm.nih.gov/articles/PMC3755029/pdf/nihms472014.pdf [https://perma.cc/4785-5Y47].

62 Paige Hall Smith et al., *Early Breastfeeding Experiences of Adolescent Mothers: A Qualitative Prospective Study*, 7 Int'l Breastfeed. J. (2012), https://pmc.ncbi.nlm.nih.gov/articles/PMC3565878/pdf/1746-4358-7-13.pdf [https://perma.cc/6GBH-TA44].

63 The law known as Title IX is found at 20 U.S.C. 1681-1684 (2024), and the regulations are at 34 C.F.R 106.1-106.48 (2024).

64 34 C.F.R. § 106 (2024).

65 34 C.F.R. § 106 (2024).

66 Letter from Craig Trainor, Acting Assistant Sec'y for C.R., U.S. Dep't of Educ., Off. for C.R., to Colleagues (Feb. 4, 2025) (including the Title IX Enforcement Directive).

67 105 Ill. Comp. Stat. 5/10-20.60 (2025), Cal. Educ. Code 222 (2025).

68 105 Ill. Comp. Stat. 5/10-20.60(e)–(f) (2025), Cal. Educ. Code 222(f)(1)–(4) (2025).

69 Neb. Rev. Stat. 20-170 (2025).

70 Neb. Rev. Stat. 79-2, 150 (2025).

71 Neb. Rev. Stat. 79-2, 150 (2025). Nebraska's Department of Education's model lactation policy for the state's K-12 schools includes sample policy language for pregnant or lactating students, including allowing for reasonable time and space to express breast milk or breast feed. The policy also includes a provision for policy dissemination, ensuring that students, staff, and parents are aware of these protections. Read more here: https://www.education.ne.gov/policyreference/s13/.

72 Helen Fair & Roy Walmsley, *World Prison Population*, Inst. for Crime & Just. Pol'y Rsch. https://www.prisonstudies.org/sites/default/files/resources/downloads/world_prison_population_list_14th_edition.pdf [https://perma.cc/9NPW-Z64W].

73 U.S. Gov't Accountability Off., GAO-25-106404, Pregnant Women in State Prisons and Local Jails: Federal Assistance to Support Their Care (2024), https://www.gao.gov/assets/gao-25-106404.pdf [https://perma.cc/V55N-FACW].

74 *Pregnancy in Prison Statistics*, Advoc. & Rsch. on Reproductive Wellness Incarcerated People, https://drive.google.com/file/d/1RxjSmcH5w3c6mZI_JrD2QK-ZXkuixF5C/view [https://perma.cc/AB9Z-NR3E].

75 Leah Wang, Unsupportive Environments and Limited Policies: Pregnancy, Postpartum, and Birth During Incarceration, Prison Pol'y Initiative (Aug. 19, 2021), https://www.prisonpolicy.org/blog/2021/08/19/pregnancy_studies/ [https://perma.cc/Y56Q-USKS].

76 Virginia E. Pendleton et al., Caregiving Arrangements and Caregiver Well-Being When Infants Are Born to Mothers in Prison, 31 J. Child Fam. Studs. 1894 (2022) (copy on file with the Public Health Law Center).

77 Katy Huang et al., *The Significance of Breastfeeding to Incarcerated Pregnant Women: An Exploratory Study*, 39 Birth, at 8–9 (2012), https://pmc.ncbi.nlm.nih.gov/articles/PMC7159089/ [https://perma.cc/DD95-SAF9].

78 Ctr. for Leadership Educ. in Maternal & Child Pub. Health, Breastfeeding & Lactation Support for Incarcerated People in the U.S. (2023), https://mch.umn.edu/wp-content/uploads/2023/04/JIWC-Policy-Brief-Breastfeeding-and-Lactation-.pdf [https://perma.cc/4S4J-CZZ3].

79 tr. for Leadership Educ. in Maternal & Child Pub. Health, Breastfeeding & Lactation Support for Incarcerated People in the U.S. (2023), https://mch.umn.edu/wp-content/uploads/2023/04/JIWC-Policy-Brief-Breastfeeding-and-Lactation-.pdf [https://perma.cc/4S4J-CZZ3].

80 Andrea Knittel et al., *Evidence-Based Recommendations to Improve Reproductive Healthcare for Incarcerated Women*, 13 Int'l J. Prison Health 200 (Sep. 2017), https://pubmed.ncbi.nlm.nih.gov/28914121/ [https://perma.cc/HX2S-KKAP].

81 Barbara A. Hotelling, *Perinatal Needs of Pregnant, Incarcerated Women*, 17 J. Perinat. Educ. 37 (2008), https://pmc.ncbi.nlm.nih.gov/articles/PMC2409166/ [https://perma.cc/42CF-DQLN].

82 Laina G. B. Mason, *The Journey of One Pregnant Incarcerated Woman Through Systemic Bias: How Family Support Workers Can Positively Affect Change—A Case Study*, 28 J. Women & Social Work 32 (2013), https://journals.sagepub.com/doi/abs/10.1177/0886109912475173 [https://perma.cc/2KHW-J7EP].

83 Sherry Seibenhener & Robin McCormick, *Implementation of a Breast Milk Pumping Program for Women Who Give Birth While They Are Incarcerated*, 48 J. Obstet. Gynecol. Neonatal Nurs. S1 (2019), https://www.jognn.org/article/S0884-2175(19)30048-6/fulltext [https://perma.cc/J448-XPLX].

84 Sherry Seibenhener & Robin McCormick, *Implementation of a Breast Milk Pumping Program for Women Who Give Birth While They Are Incarcerated*, 48 J. Obstet. Gynecol. Neonatal Nurs. S1 (2019), https://www.jognn.org/article/S0884-2175(19)30048-6/fulltext [https://perma.cc/J448-XPLX].

85 Violet H. Barkauskas et al., Health Outcomes of Incarcerated Pregnant Women and Their Infants in a Community-Based Program, 47 J. Midwifery Womens Health 371 (Dec. 2010), https://pubmed.ncbi.nlm.nih.gov/12361349/ [https://perma.cc/D47E-L8VR].

86 N.M. Stat. Ann. § 33-1-23 (2025).

87 N.M. Stat. Ann. § 31-3-11 (2025).

88 N.Y. Correct. Law § 611 (Consol. 2025).

89 Assemb. B. 1607A, 2025 Leg., Reg. Sess. (N.Y. 2025).

90 Assemb. B. 1607A, 2025 Leg., Reg. Sess. (N.Y. 2025).

91 Assemb. B. 1607A, 2025 Leg., Reg. Sess. (N.Y. 2025).

92 Assemb. B. 1607A, 2025 Leg., Reg. Sess. (N.Y. 2025).

93 H.B. 3, 153rd Gen. Assemb., Reg. Sess. (Del. 2025).

94 H.B. 3, 153rd Gen. Assemb., Reg. Sess. (Del. 2025).

95 H.B. 3, 153rd Gen. Assemb., Reg. Sess. (Del. 2025).

96 H.B. 3, 153rd Gen. Assemb., Reg. Sess. (Del. 2025).

97 Curtis J. D'Hollander et al., Breastfeeding Support Provided by Lactation Consultants in High-Income Countries for Improved Breastfeeding Rates, Self-Efficacy, and Infant Growth: A Systematic Review and Meta-Analysis Protocol, 12 Systematic Revs. (2023), https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/s13643-023-02239-9 [https://perma.cc/LU57-23NJ].

98 S. A. van Dellen et al., The Effect of a Breastfeeding Support Programme on Breastfeeding Duration and Exclusivity: A Quasi-Experiment, 19 BMC Pub. Health (2019), https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-019-7331-y [https://perma.cc/UP3X-P7JS]; Carrie D. Patnode et al., Interventions to Support Breastfeeding: Updated Evidence Report and Systematic Review for the U.S. Preventative Services Task Force, 333 JAMA (2025), https://jamanetwork.com/journals/jama/fullarticle/2832390 [https://perma.cc/RXC3-BWHU].

99 *Lactation Expenses as Medical Expenses: Announcement 2011-14*, IRS, https://www.irs.gov/pub/irs-drop/a-11-14.pdf [https://perma.cc/GA7T-B586].

100 Assemb. B. 1203, 2023 Leg., Reg. Sess. (Cal. 2023) *codified at* Cal. Rev. & Tax. Code § 6370.2 (West 2025) temporarily exempts the gross receipts from the sale and storage, use, or other consumption in the state of breast bumps, breast pump collection and storage supplies, breast pump kits, breast pads through April 1, 2029; Connecticut (SB 1202 (2021)) amended its list of exemptions from sales taxes to add the sales of and the storage, use, or other consumption of breast pumps and breast pump collection and storage supplies in 2021; Louisiana law (La. Rev. Stat. § 47:305.67 (2024)) provides that the state sales and use tax shall not apply to the consumer purchase of breast pumps and accessories, replacement parts, storage bags and accessories, and nursing bras; Maryland (Md. Code Ann. §11-211 (2024)) exempts the sale of breast pumps and related supplies from the state's sales and use tax; New Jersey exempts breast pumps, breast pump repair and replacement parts, breast-pump collection and storage supplies and certain breast-pump kits from sales tax; Alabama recently passed a sales and use tax exemption for pregnancy-related items including breast pumps and related supplies; A bill in Maine is headed to the governor's desk which would allow a tax exemption for the sale or lease of breast pumps.

101 Summer Sherburne Hawkins et al., Do State Breastfeeding Laws in the U.S. Promote Breastfeeding?, J. Epidemiol. Cmty. Health 250 (2012), https://jech.bmj.com/content/67/3/250 [https://perma.cc/NMR3-VFB7]; Kandice A. Kapinos et al., Lactation Support Services and Breastfeeding Initiation: Evidence from the Affordable Care Act, 52 Health Servs. Rsch. 2175, 2189–2190 (Dec. 2017), https://pmc.ncbi.nlm.nih.gov/articles/PMC5682156/pdf/HESR-52-2175.pdf [https://perma.cc/Q38H-6V9M].

102 Kandice A. Kapinos et al., *Lactation Support Services and Breastfeeding Initiation: Evidence from the Affordable Care Act*, 52 Health Servs. Rsch. 2175, 2189 (Dec. 2017), https://pmc.ncbi.nlm.nih.gov/articles/PMC5682156/pdf/HESR-52-2175.pdf [https://perma.cc/Q38H-6V9M].

103 2022 Colo. Sess. Laws H.B. 22-1289 amended health insurance coverage for low-income pregnant women and children in low-income families. It includes comprehensive coverage for lactation support services and a special enrollment period for pregnant women for health insurance coverage; GA. Code Ann. § 49-4-159 (2025) broadens postpartum coverage under Medicaid, including lactation care and services, for up to one year following the date the pregnancy ends; New Jersey (N.J. Rev. Stat. § 30:4D-6o (2024)) requires Medicaid coverage for breastfeeding support; Arkansas just passed a law to include coverage for a lactation consultant in its Medicaid program; and Texas recently passed a law to include lactation consultation as a covered service under their Medicaid program.

104 Ill. Pub. Act 103-0720 (2023) provides that insurers shall cover all services and breastfeeding supplies for postpartum insureds, including home visits by lactation consultants and breast pumps and breast pump supplies; 2024 La. Acts No. 762 requires Louisiana state health insurance providers to cover qualified lactation care provider services; Conn. Gen. Stat. § 38a-503f (2024) requires individual insurance policies to cover breastfeeding support and counseling for any pregnant or breastfeeding woman and breastfeeding supplies, including a breast pump.

105 Stephen Daniels et al., *Donor Human Milk for the High-Risk Infant: Preparation, Safety, and Usage Options in the United States*, 139 Pediatrics (2017), https://publications.aap.org/pediatrics/article/139/1/e20163440/52000/Donor-Human-Milk-for-the-High-Risk-Infant?autologincheck=redirected# [https://perma.cc/TQ6N-CTWU].

106 Allison T. Rose et al., *U.S. State Policies for Medicaid Coverage of Donor Human Milk*, 42 J. Perinatol. 829, 829–830 (2022), https://pmc.ncbi.nlm.nih.gov/articles/PMC8979482/ [https://perma.cc/4LX2-ZQSX].

107 Allison T. Rose et al., *U.S. State Policies for Medicaid Coverage of Donor Human Milk*, 42 J. Perinatol. 829, (2022), https://pmc.ncbi.nlm.nih.gov/articles/PMC8979482/ [https://perma.cc/4LX2-ZQSX].

108 Allison T. Rose et al., *U.S. State Policies for Medicaid Coverage of Donor Human Milk*, 42 J. Perinatol. 829, (2022), https://pmc.ncbi.nlm.nih.gov/articles/PMC8979482/ [https://perma.cc/4LX2-ZQSX].

109 2022 La. Acts No. 488.

110 023 Pa. Laws No. 32.

111 2024 N.Y. Laws Ch. 422.

112 Haw. Rev. Stat. § 321 (2025).

113 Act of Feb. 12, 2020, P. L. No. 13, No. 7.