

**Testimony before the Connecticut Human Services Committee
Regarding HB 7165, An Act Concerning Medicaid Coverage for Donated Breast Milk
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Good afternoon, Representative Abercrombie, Senator Moore, and Members of the Committee. Thank you for the opportunity to testify today. My name is Dr. Maushumi Assad, and I am an attending neonatologist at Boston Children's Hospital. I also recently completed a neonatal-perinatal fellowship at the University of Connecticut. Perhaps most relevant for today, I performed and published a clinical study that demonstrates the value of an exclusive human milk diet for very low birthweight babies; that is, a diet that includes donor human milk along with a human milk-based human milk fortifier. I thank Chairwoman Abercrombie and the Members of the Committee for the opportunity to speak today in support of the intent of HB 7165.

According to the CDC, there are 55,000 very low birthweight infants born in the US every year. Clinical research has shown that this high-risk population has specific nutritional needs requiring more nutrition than a mother's own milk or donor milk can provide alone. By fortifying the milk fed to very low birthweight babies, physicians are able to better manage the babies' metabolic needs and help promote optimal growth. The most common fortifier currently used in the majority of NICUs is derived from cow's milk, which contains proteins that can cause feeding intolerance and may also increase the incidence of necrotizing enterocolitis, or NEC, a life-threatening intestinal disease. Both of these complications lead to increased length of stay, and NEC in particular has been shown to be a devastating and extremely costly complication. Studies have estimated average hospitalization costs due to NEC are as high as \$216,666 per baby, and the total annual estimated cost of caring for babies with NEC is between \$500 million to \$1 billion in the United States. And, of course, not all babies survive NEC.

The alternative to using cow's milk-based fortifiers for very low birthweight infants is an exclusive human milk diet, which as I mentioned, is the use of mother's own milk or donor human milk that is fortified with a human milk-based fortifier. An exclusive human milk diet helps avoid many of the complications brought on by the early introduction of cow's milk proteins, and helps improve feeding tolerance and lower the incidence of NEC.

Despite the numerous benefits of an exclusive human milk diet, many NICUs are currently not providing this diet due to the high associated costs. I performed and published a study that demonstrates that an exclusive human milk diet can be cost effective. The results of our study in fact show that an exclusive human milk diet decreases overall hospital cost by decreasing feeding intolerance, time to full feeds and hospital stay in very low birth weight infants. An exclusive human milk diet has also been shown to have an additional benefit of decreasing other significant morbidities such as retinopathy of prematurity, bronchopulmonary dysplasia and sepsis. In other

words, despite the increased up-front costs of donor human milk and human milk-based fortifiers, my research shows that providing them can lower overall costs, while improving clinical outcomes.

Providing optimal nutrition for very low birthweight infants during this critical time period of rapid growth is important for improving their long-term outcomes. Based on current research and our findings, I would strongly encourage you to recognize the benefits of an exclusive human milk diet and further promote its use in our premature infants by amending this bill to include Medicaid reimbursement for human milk-based human milk fortifiers, in addition to donor milk.

Thank you for your time, and the opportunity to testify today. I welcome any questions, and look forward to working with the Committee and the Department of Public Health to ensure a bill that will benefit Connecticut's most vulnerable population.