

**Testimony before the Connecticut House Human Services Committee
Regarding HB 7165, An Act Concerning Medicaid Coverage for Donated Breast Milk
Jeffrey Bartlett, DO
February 28, 2019**

Good Afternoon Chairwoman Abercrombie, Senator Moore, and Members of the Committee. My name is Dr. Jeffrey Bartlett, and I am the Medical Director for Neonatology in the Western Connecticut Health Network, which includes Danbury, Norwalk, and New Milford Hospitals.

I want to thank Representative Frey for raising the critical issue of regulation and reimbursement for donor human milk, and to the Committee for including such an important issue in today's hearing. I wholeheartedly support the intent of HB 7165, but in order for the bill to have the intended impact on Connecticut's most vulnerable infants, the legislation must be changed.

At all of the NICUs in which I practice, we strive to provide the best care possible for each child we treat. This includes a focus on nutrition and providing a human milk-based diet to the greatest extent possible. In our NICUs, we work with mothers to help them provide milk for their babies, either by breastfeeding or by pumping. Unfortunately, for many of our very low birthweight infants, a mother is often unable to provide her own milk for a period of time or to a volume at which her baby needs. In these cases, the baby is fed with donor human milk.

At the Danbury and Norwalk Hospitals, we use donor milk purchased from Prolacta, a milk bank based in California, which is not a member of HMBANA. For our very low birthweight babies, who are so small they fit in the palm of your hand, we supplement donor milk with a human milk-based human milk fortifier, also made by Prolacta. This combination of donor human milk along with a human milk-based human milk fortifier is known as the exclusively human milk diet, and it is crucial to meeting the nutritional and caloric needs of our tiniest babies. It is a particularly critical component of our care for very low birthweight babies because it delays the introduction of cow's milk into these babies' diets, which reduces the chance of the infant developing a life threatening disease called necrotizing enterocolitis by nearly 80 percent.

The results we have seen from the exclusively human milk diet are, quite literally, life changing. Our babies are growing stronger more quickly than ever before. Feeding intolerance, which often leads to a disruption in the feeding plan, insertion of an invasive peripherally inserted central catheter for nutritional support, and has symptoms that overlap with necrotizing enterocolitis, has been reduced dramatically. The use of an exclusively human milk diet in our very low birth weight infants has resulted in a reduction in the incidence of necrotizing enterocolitis. Additionally, the length of time to reach full feeds and that a baby remains on intravenous nutrition have been reduced in our units. Each of these also has the potential to reduce the length of time each infant stays in the NICU.

I realize that my time to testify is limited today, so I will allow others to provide further education and information on the importance, efficacy, and cost reductions resulting from the

exclusively human milk diet. However, I do want to leave you with one take away: As physicians, one of the most frustrating experiences we encounter is having our hands tied when we know the best treatment for our patients. In the case of neonatologists, we spend weeks and months with our patients. We know these babies and what they need to survive and thrive. With this legislation, the Committee has the chance to greatly improve the availability of critical therapies for all Connecticut babies, regardless of their birth date or location, or their socioeconomic status. But in order to do so effectively, I urge you to ensure two things: first, that this legislation also covers human milk-based human milk fortifier, so that our most fragile babies that require an exclusively human milk diet can receive it; and second, to ensure that milk reimbursed by the state includes milk from Department of Health certified banks which ensure donor milk is of the highest possible quality. This will allow each hospital to procure donor milk based on their specific needs and clinical decision making.

Again, I want to thank you, Chairwoman Abercrombie, Senator Moore, and Members the Committee for taking up such an important issue. I welcome any questions you may have and look forward to a continued conversation.