



## Mothers' Milk Bank Northeast *Share the Health*

### **Testimony to the Human Services Committee regarding House Bill 7165, An Act Concerning Medicaid Coverage for Donor Breast Milk February 28, 2019**

Senator Moore, Representative Abercrombie, members of the Human Services Committee, thank you for the opportunity to share my thoughts about House Bill 7165, An Act Concerning Medicaid Coverage for Donor Breast Milk. My name is Naomi Bar-Yam, Executive Director of Mothers' Milk Bank Northeast, representing my organization together with board members Natalee Martin of West Hartford, Elizabeth Brownell of Bloomfield, and Sarah Taylor of Madison. I am submitting this testimony in support of this proposed legislation because Medicaid coverage of donor milk will save the lives of Connecticut babies and save the state of Connecticut money. We strongly encourage Connecticut to join the seven other states and Washington, DC currently providing Medicaid funding for donor milk.

Mothers' Milk Bank Northeast is a nonprofit community milk bank operating under the guidelines of the Human Milk Banking Association of North America (HMBANA). Similar to a blood bank in operation and protocols, a nonprofit milk bank provides donated, pasteurized human milk to babies in fragile health. Mothers' Milk Bank Northeast is the primary nonprofit milk bank serving Connecticut. Among the 80+ hospitals we serve in the Northeast region are Yale New Haven Medical Center, Connecticut Children's Medical Center, Bridgeport Hospital, Hospital of Central Connecticut, Manchester Memorial Hospital, Middlesex Hospital, Saint Francis Hospital and Medical Center, and St. Vincent's Medical Center.

We also have strong community support in Connecticut, with milk depots (drop-off locations) at Acelleron Medical Products (Guilford), Connecticut Childbirth and Women's Center (Danbury), UConn Health (Farmington), and Catholic Charities, Diocese of Norwich (Norwich and New London locations). Since 2011, nearly 700 Connecticut women have volunteered for screening as milk donors.

In addition to lives saved and better short- and long-term health outcomes for premature babies, donor human milk saves health care dollars over the short and long term.

An estimated 1.4% to 1.7% of babies are born weighing less than 1500 grams (3.3 pounds), putting them at highest risk for necrotizing enterocolitis (NEC), a disease with a high mortality and morbidity rate largely affecting premature babies. According to the Centers for Disease Control, 36,015 babies were born in Connecticut in 2016, which means that an estimated 504 to 612 babies were born at less than 1500 grams.

It is estimated that a baby born at 30 weeks gestation (of what should be a 40-week pregnancy) and 1000 grams (2.2 pounds) will require 5,484 ml of enteral (tube feeding) nutrition until he or she reaches 34.4 weeks and 1500 grams. At a cost of \$0.133 per ml / ~\$4.00/ ounce, the cost of pasteurized donor human milk (PDHM) is \$729 per baby in need. For the same amount of formula at \$0.27/ml / ~ \$ 0.81/ounce) the cost is \$114 per baby in need.

With **500-600 babies in Connecticut** born below 1500 grams, it is estimated that PDHM will cost between \$367,416 and \$446,454 per year. When subtracting formula costs already incurred, PDHM costs an additional **\$292,774 to \$355,817 per year**, to feed babies until 34.4 weeks and 1500 grams. This assumes that babies do not receive any of their mothers' own milk, which is rarely the case. Most mothers are able to provide some milk for their babies, from small amounts to 100%.

NEC is a serious and costly illness. About 1/3 of babies with NEC can be treated medically, 1/3 require surgery to remove parts of the intestine that have died, and 1/3 do not survive. Multiple research studies over decades tell us that human milk is an important factor in preventing and mitigating the severity of NEC. It is estimated that 5-7% of premature babies will face NEC some time in their hospital stay.

In Connecticut, at an average of 6% NEC rate, **between 30 and 37 babies will have NEC each year. NEC averages \$225,000 to treat.** If one conservatively estimates that a human milk diet can reduce NEC by 50%, a human milk diet will prevent 15-18 cases of NEC per year. **An investment of \$292,774 to \$355,817 for donor human milk will save the state \$3,375,000 - \$4,050,000 to treat NEC. These calculations are NICU costs only and do not measure the long-term effects and costs** of developmental delays and short gut syndrome that often affect premature babies who have had NEC.

Bill 7165, An Act Concerning Medicaid Coverage for Donor Breast Milk, will provide much-needed coverage for life-, health- and money-saving donor human milk for our most vulnerable and fragile citizens. It has been well documented that **low-income and families of color have higher rates of premature birth, NEC, and infant mortality. They are more likely to be treated in safety net hospitals, which are less likely to use donor milk, because it is not covered by Medicaid** and their budgets are stretched even more thinly than more affluent hospitals. Medicaid coverage for pasteurized donor human milk will save lives and money for the state of Connecticut. It will also ensure more equitable access to quality health care for all its citizens.

Mothers' Milk Bank Northeast is eager to work closely with the Human Services Committee on refining the details of this bill. Please call upon us and draw upon the expertise of the esteemed physicians and researchers on our Medical and Research Advisory Boards, in service of the citizens of Connecticut.

Respectfully submitted,

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