

**Testimony before the Connecticut House Human Services Committee
Regarding HB 7165, An Act Concerning Medicaid Coverage for Donated Breast Milk
Martha Dawson, DNP, RN, FACHE
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Good Afternoon, Representative Abercrombie, Senator Moore, and Members of the Committee. My name is Dr. Martha Dawson. I am an Assistant Professor the University of Alabama at Birmingham's School of Nursing. I have over 40 years of experience in practice, academia and health care leadership. I sit here today wearing not just my nursing hat, but also in my role as a long-time and proud board member of the National Black Nurses Association (NBNA). The NBNA represents the voice of some 280,000 nurses with 113 chapters nationwide, including two in Connecticut. Our mission is, "to advocate and implement strategies to ensure access to the highest quality of healthcare for persons of color." NBNA have sponsored two resolutions supporting breastfeeding and safe human donor milk, including milk-based fortifier.

I am here to testify in support of HB 7165, but also to request crucial amendments that will improve its efficacy. This is an issue that NBNA takes extremely seriously. Not only are African American women 60 percent more likely to have a premature infant, but their infants suffer the highest mortality rate in the nation. My colleagues and I consider it our obligation to give them what they deserve, which is every fighting chance to a quality life.

One of, if not the most, critical parts of giving extremely preterm infants a fighting chance is ensuring that they receive a diet that provides their tiny bodies with the nutrients and calories they need to catch up on the weeks and months they have missed in their mother's womb. Our goal is to have policies that allow the growth of these infant bodies and brains to become strong and healthy infants, not just to strive, but to thrive.

Accordingly, the NBNA supports equal and expanding access not only to pasteurized donor milk, but to a human milk-based fortifier for those most fragile premature infants. Only by providing mother's own milk or donor milk **plus** an essential human milk-based fortifier can these infants grow and have a chance at optimal health outcomes. The alternative, as you have heard, are cow's milk-based fortifiers, which increase the chances of complications like necrotizing enterocolitis, or NEC. **(a serious bacterial infection in the intestine that can cause the death of intestinal tissue and progress to blood poisoning).**

The evidence both in the literature and in our clinical practice demonstrates a direct correlation between the use cow's milk products and development of the devastating, and often terminal NEC. By contrast, with the use of an all human milk diet, we not only reduce NEC by 77%, but we also decrease many other comorbidities such as sepsis, retinopathy, bronchopulmonary dysplasia and feeding intolerance. By preventing these adverse events, we are able to decrease the length of stay and overall cost by as many as nine NICU days.

By supporting donor milk without human milk-based fortification, the state would be negating the very benefit of what you are trying to achieve. The added benefits of human milk-based fortifier are essential to a healthy start for African American Medicaid preemies. Your approach to address the health care of premature infants must give providers and mothers a choice of the best care possible.