



**Testimony of James Moore MD, Ph.D. of Connecticut Children's Medical Center
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 Dr. James Moore, Division Chief for Neonatology at Connecticut Children's Medical Center. We are submitting this testimony in support of this proposed legislation because of the significant health benefits to our neonatal patients, in addition to the reduction in cost of care of these neonates that comes directly from the use of human donor milk.

Before commenting on the bill, I want to provide some background about Connecticut Children's. We are a nationally recognized, 187-bed not-for-profit children's hospital driving innovation in pediatrics. With over 2,600 employees and over 1,100 on our medical staff, we are the only hospital in the State dedicated exclusively to the care of children. Through our partnerships with adult hospitals and primary care providers across Connecticut, we are able to offer a continuum of care for children, from primary prevention to complex disease management, closer to their home. Last year alone, Connecticut Children's directly cared for more than 15% of all kids in Connecticut covered by Medicaid and spent over \$90 million on free and uncompensated care. As the primary pediatric teaching hospital for the University of Connecticut School of Medicine and the Frank H. Netter MD School of Medicine at Quinnipiac University, we trained 284 medical students, 375 physician residents, and 71 physician fellows last year. We are also the primary pediatric research partner of The Jackson Laboratories.

Our statewide newborn services network allows our neonatologists, NNPs and PAs to share their expertise with families at eleven hospital locations from Putnam to Hartford to Norwalk. Our virtual health network, the State's only pediatric telehealth service, allows us to reach even more children in their communities. In 2019, this resource will enhance our partnership strategy and allow more families to benefit from the unique expertise of Connecticut Children's clinicians, through provider e-consults and virtual visits for patients, connecting their children to the programs and services that will help them grow, learn and succeed.

Donor breast milk is extremely important in the field of newborn care. Increasing human milk usage has become a focus within Pediatrics and Neonatology, based on substantial literature evidence. In every textbook on neonatal nutrition, and also in policy statements from the American Academy of Pediatrics, it is clear that human milk should be used for preterm babies as a best practice because it improves health outcomes. Human milk is much more than strictly

nutrition; it is a living tissue. In addition to sugars, proteins and fats, human milk is actually made up of hundreds of other components that are vital to newborn health. Some of these include immunologic factors such as antibodies, leukocytes (a type of white blood cell), and proteins such as Lactoferrin that together help prevent infections. Human milk also contains hormones that promote organ growth and development. The full array of proteins, hormones and cellular signals that are contained in human donor milk are too extensive to list here but the key message is that human milk and human donor milk are specifically designed for our human babies and have many more benefits than just getting them to grow.

Human donor milk, when used in the Newborn Intensive Care Unit (NICU), improves tolerance to oral feedings, and has been shown to reduce NICU length of stays by up to 3-4 days per patient. In fact, there are more than 53 studies just in the last 11 years that have shown improved tolerance, reduced length of stay and reduced instances of a catastrophic GI tract infection called Necrotizing Enterocolitis or NEC for short. NEC affects up to 10% of all babies admitted to NICUs that have birth weights of less than 1500 grams. Of those babies that develop NEC, mortality can approach 50% in infants that require surgery. For survivors of NEC, they often have lifelong problems including neurodevelopmental disabilities. Using human milk instead of formula can reduce the rates of NEC by 50% or more. This impact can lead to immediate savings of more than \$40,000 for each baby that otherwise would have developed NEC, and improves their long-term health outcomes.

I want to conclude with a personal story. A number of years ago, I took care of a family that had a baby born 13 weeks early at 27 weeks' gestational age. This little boy transitioned from Mom's milk to formula because mom was unable to keep up her supply. One week later he developed NEC and died of complications from the infection in his intestines. Two years later this same mom had a second 27-week infant. This little girl was able to get Mom's milk in the beginning and then received donor milk for nearly a month. Unfortunately, the hospital where she was receiving care transitioned this little girl to formula and 2 days later she developed NEC and almost died. I was working at that time at the Level IV NICU in the local referral hospital and each time this mom had to come to us with her children, she looked at me and asked how could this happen again. While NEC is a complex disease, and we do not fully understand all of the contributing factors, human milk is the only intervention we have in Neonatology to reduce its incidence. It is best practice to supply preterm babies with their mother's own milk, or human donor human milk when Mom's own milk is not available.

Unfortunately, we still have many families that do not benefit from this therapy. Human donor milk it is not offered at all NICUs across Connecticut because of the cost. I urge you to approve House Bill 7165 so we can extend this vital intervention to all babies that need it.

Thank you for your consideration of our position. If you have any questions about this testimony, please contact Jane Baird, Connecticut Children's Senior Director of External Relations, at 860-837-5557.