



**Yale University  
School of Medicine**

**Division of Neonatal-Perinatal Medicine  
Department of Pediatrics**

333 Cedar Street  
P.O. Box 208064  
New Haven, CT 06520-8064  
Tel: (203) 688-2320  
Fax: (203) 688-5426

February 26, 2019

Dear Connecticut General Assembly Committee for Human Services:

Mark R. Mercurio, MD, MA  
*Division Chief*  
Matthew Bizzarro, MD  
*Medical Director*

Thank you so much for your attention to CT bill 6897 022019 "An Act Concerning Medicaid Coverage for Donor Breast Milk". Very preterm infants (born <32 weeks' gestational age) are at risk for a devastating disease called necrotizing enterocolitis (NEC). NEC occurs in 5-7% of very preterm infants and, sadly, a third of those infants will die and another third will have long-term complications such as Short Gut Syndrome or neurodevelopmental delay.

Renee Barrett, MD  
Christie Bruno, DO  
Rosa Carrasco, MD  
Matthew Drago, MD  
Richard A. Ehrenkranz, MD  
Patrick G. Gallagher, MD  
Yeisid F. Gozzo, MD  
Emily C. Gritz, MD  
Jeffrey R. Gruen, MD  
Robert Herzlinger, MD  
Harris C. Jacobs, MD  
Edward K. James, MD  
Lindsay C. Johnston, MD, M.Ed  
Soo H. Kwon, MD, MHS  
Orly L. Levit, MD  
Cheryl Menzies, MD  
Eliza Myers, MD  
Angela Montgomery, MD, MsED  
Steven M. Peterec, MD  
Melissa Posner, MD  
Sarah N. Taylor, MD, MSCR

With this rate of NEC, approximately 30 Connecticut very preterm infants develop NEC per year and, of those, ten die. Mother's milk is a powerful intervention to avoid NEC. However, mother's milk is not always available due to maternal medications or difficulties with milk supply. Therefore, many very preterm infants must receive a substitute for mother's milk. Pasteurized donor human milk is a substitute. Studies show a 60% reduction in the rate of NEC when infants receive donor human milk instead of formula. Therefore, if having donor human milk available to all Connecticut very preterm infants would drop the NEC rate by 60%, 18 infants would avoid NEC each year, and, of those, 6 deaths would be avoided.

Due to the protection from NEC, the American Academy of Pediatrics recommends donor milk to be accessible to all very preterm infants. At Yale New Haven Children's Hospital, we were compelled by the evidence to initiate a donor human milk program in 2011. The fact that, eight years later, donor human milk is not available to very preterm infants in all Connecticut hospitals is a real disparity in preterm infant care. The annual cost to Yale New Haven Hospital is \$34,000 which is well below the \$225,000 published cost of one case of necrotizing enterocolitis.

Donor human milk for all Connecticut very preterm infants, has the potential to decrease disease, save lives, and save money. Please continue your support for this bill that is critical for Connecticut children.

Sincerely,

Sarah N. Taylor, MD, MSCR  
Associate Professor  
Director of Clinical Research  
(see second page)

Mark R. Mercurio, MD  
Professor  
Chief of Neonatology

Matthew Bizzarro, MD  
Professor  
Medical Director, Yale NICU Network



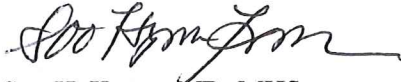
Matt Drago, MD, MBE  
Assistant Professor



Emily C. Gritz, MD  
Assistant Professor



Steven M. Peterec, MD  
Associate Professor



Soo H. Kwon, MD, MHS  
Assistant Professor