

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

Good Afternoon, Chairwoman Abercrombie, Senator Moore, and Members of the Committee. My name is Dr. Victoria Niklas, and I am the Vice President of Innovation and Medical Communication at Prolacta Bioscience.

I want to echo the other witnesses' gratitude to Representative Frey for introducing HB 7165, which addresses such a critical issue, and the Committee for considering it.

As you're all aware, doctors and experts agree that a mother's breast milk is the best source of nutrition for a newborn baby. The AAP, the American Academy of Pediatrics, recommends breast milk be the sole source of food for all newborns from birth until six months. For a variety of reasons, however, not all mothers can provide milk to their babies in sufficient quantities, whether due to an inability to produce breastmilk, adoption, surrogacy, or other complications. In these cases, the use of donor human milk is prudent.

For very low birthweight babies in the NICU, the need for human milk is highest. During the last trimester, unborn babies receive vast amounts of nutrition through the umbilical cord. Very premature infants miss this crucial nutrition, and their dietary needs are greater than what breast milk alone can supply. For this reason, the AAP recommends that babies weighing less than 1,500 grams receive fortified milk.

This is where Prolacta enters the picture. Prolacta makes a human milk-based human milk fortifier. While this title is long, it is essential to understanding the product's importance. Without human milk-based human milk fortifier, a very low birthweight baby is at an increased risk of developing necrotizing enterocolitis, or NEC, and suffering from delayed neurological development and other complications that can significantly and permanently impact the baby's quality of life, if the baby is able to survive its time in the NICU.

As you have heard already, our fortifier is mixed with either mom's own pumped milk, or donor human milk, creating the exclusively human milk diet. While I could testify at length on the benefits of the exclusively human milk diet, I know that I am time limited today, and would like to focus on another request for the Committee to consider as you review this bill.

As drafted, the bill would require all donor human milk for which the state provides reimbursement to come from a milk bank accredited by the Human Milk Banking Association of North America, or HMBANA. While Prolacta does have a donor milk product in use at both Danbury and Norwalk hospitals, among others, other hospitals use HMBANA's donor milk with Prolacta's fortifier, which, of course, still results in an exclusively human milk diet.

Prolacta and HMBANA are two of several organizations in the human milk industry, and while we compete in some places, we work closely in others. That being said, there are several other players entering the human milk industry – some of whom have high quality and standards, and some of whom do not. This is an industry that will only continue to grow, as science helps us identify additional uses for human milk, like treating pediatric cardiac patients.

HMBANA produces a good product with high quality, and Prolacta is proud to partner with them in many hospitals, including in Connecticut. However, we believe that the Connecticut Department of Public Health is the more appropriate licensing agency for any milk bank providing donor milk or fortifier in the state, independent of the reimbursement issue. While HMBANA does wonderful work, it cannot substitute in the role of a governmental regulatory agency.

Again, I want to thank Representative Frey for introducing this bill, and the Committee for considering it. We all share the goal of increasing the availability of human milk for Connecticut's neediest infants. The amendments I and others have requested today will both improve the clinical benefit of the human milk we provide in the NICU, by pairing it with human milk-based human milk fortifiers, as well as help ensure the quality and safety of all the milk procured in the state, by introducing licensure from the Connecticut Department of Public Health. By taking these two key steps, Connecticut can be at the forefront of this vital issue.

I thank the Committee for your time and the opportunity to testify today and am happy to answer any questions you may have. We look forward to working with the Representative Frey and the Committee to refine the legislation and ensure that Connecticut's most vulnerable babies have access to these lifesaving products.