

Dear House Health Committee:

The **National Perinatal Association**, a national multidisciplinary perinatal education and advocacy group, **affirms our support of SB 500 PN 484 and HB 1111 PN 1307 to expand Medicaid coverage to provide pasteurized donor milk for Pennsylvania's infants.**

In addition, NPA is writing to express support for amending this bill to **include Medicaid coverage for human-milk derived fortifiers.**

We are also asking today that you **ensure these fragile babies have access to the critical nutrition provided by an exclusive human milk diet**, which includes human milk derived fortifiers.

Here's why this issue is so important:

Infants' intestines are one of the last organs to develop in infants. Therefore, **Very Low Birthweight Babies (VLBW), those born as early as 22 weeks, are unable to digest foreign proteins** (i.e. cow's milk).

As a result, **parents rely on human milk as the singular source of food for their babies.**

However, human milk - whether donor or mother's own milk - is **insufficient for meeting all the nutritional and caloric needs of the most vulnerable and fragile infants**, particularly premature infants who weigh less than 1500 grams.

Human milk derived fortifiers should be provided to extremely low birth weight premature babies (<1500g). Fortification can be added to a mother's own pumped milk or to donor milk to ensure the infant has adequate nutrition during these early critical periods of brain growth and organ development.

Fortification of human milk is the standard of care to meet these needs.

 [Learn more about the unique composition of human milk.](#)



Currently, human milk fortifier comes in two forms: human milk-derived or bovine-derived (cow's milk). **Research shows that mortality and morbidity for the most vulnerable infants is reduced when they are fed an exclusive human milk diet.** Necrotizing enterocolitis (NEC) is the leading cause of death in premature infants. NEC is extremely fatal; of the 10% of VLBW babies who need surgery for NEC, half will die. Using human milk derived fortifier reduces the mortality rate to around 1%. However, when cow's milk-derived fortifier is used, the mortality rate is only reduced to 10%. The risk of sepsis and other complications is also greatly reduced when a complete human milk-derived diet is used. **No parent should have to worry about their baby developing a devastating condition which can be nearly eliminated by avoiding cow's milk.**

Beyond the health benefits, multiple national, independent studies have shown that human milk-derived human milk fortifiers **reduce the time premature infants spend in NICUs – with savings ranging from \$307,916 to \$2,520,000** per institution annually.

Other states have passed legislation to cover donor milk and human milk-derived human milk fortifiers, such as New York, New Jersey, Ohio, Florida, Kentucky, and Illinois. Nearly half of all Medicaid and CHIP enrollees nation-wide are children, thus **coverage of the best treatments for this especially vulnerable population is imperative to ensuring ongoing health and well-being.**

Coverage of human milk-derived human milk fortifiers in the Commonwealth would also reduce disparities in access to the best and most cost-effective treatment for the state's most vulnerable babies.

Please do the right thing for preemie infants: amend SB 500 PN 484 or HB 1111 PN 1307 to include coverage for human derived-human milk fortifiers.

This will give our most vulnerable and fragile babies the best chance possible to live. Inclusion of human-milk derived fortifiers would benefit the most vulnerable babies and impact the health and well-being of families in Pennsylvania.

These extremely vulnerable babies deserve the opportunity to receive human-milk derived fortifiers to receive their best chances of survival and to optimize long term neurodevelopmental outcomes.

Sincerely,



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