

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™
NYSAAP, District II, Chapters 1, 2 & 3



Memo of Support for A.9353/S.6583

INSURANCE COVERAGE FOR DONOR BREAST MILK FOR HIGH RISK NEWBORNS

New York State American Academy of Pediatrics (NYSAAP), representing over 4,000 pediatricians across the state, enthusiastically supports A.9353/S.6583. This legislation would ensure adequate financial support for the use of donated, pasteurized breast milk – a lifesaving, cost effective treatment for high-risk, premature infants born at less than 3 ½ pounds. The measure will allow New York to join California, Missouri, Kansas, Texas, Utah and Washington D.C. in providing insurance coverage for donor human milk.

Passage of the bill will positively impact the life chances of our state's tiniest and most critically ill babies. Of the approximately 250,000 births in New York State, roughly 3,500 (~1.5%) are born at very low birth weights. These infants spend months in neonatal intensive care units. Very low birthweight infants suffer primarily from respiratory, neurologic and nutritional disorders. Paramount among these issues is a condition called Necrotizing Enterocolitis (NEC) – a devastating, and extremely costly, diagnosis with a very high mortality rate. NEC incurs between \$276,076 and \$398,173 in additional hospitalization costs for each sick baby.

Prevention of NEC is an essential aspect of reducing death and suffering for extremely premature infants. Multiple medical studies support use of pasteurized, human milk obtained from medically-screened donors as a medically proven and cost-effective means of reducing NEC. Donor milk is simply better suited to the fragile digestive systems of these newborns than commercial formulas.

From an economic perspective, widespread use of pasteurized, donor human milk in these infants offers a significant cost-saving to the health care system. For every 28 children who receive exclusive milk diets, 1 case of NEC requiring surgery is prevented at a cost of approximately \$398,000. Based on New York State live birth data, the roughly 3,500 infants who would be eligible for this treatment under the new legislation would save the state an estimated \$10.5 million in direct hospitalization costs.

However, despite its clear benefits, there is no third-party payer support for use of donor milk in the NICU. Hospitals in the state must therefore bear the full start-up and

maintenance costs of providing this service to premature babies. As donor human milk is a biologic product capable of transmitting disease if not properly processed, specific licenses and oversight are required before a hospital can use this treatment in babies. Equipment storage, proper screening and tracking of donors requires an estimated \$150,000 in initial costs and an additional \$120-150,000 annually to maintain a program.

Given these high cost barriers, some hospitals allow parents to purchase donor human milk from a certified donor human milk bank, creating an unjust, significant healthcare disparity as wealthy mothers can afford this treatment while babies of poor mothers on Medicaid assistance (which comprise up to 70% of preterm infants in our state) are denied this “best” quality of care.

New York State is uniquely suited to take full benefit of this legislation as the state already funds 18 Regional Perinatal Centers across the state. These hospitals care for the majority of very low birth weight infants, helping to centralize, and thus rapidly implement, expansion of donor milk service to high risk infants. Ultimately, the hope is this bill will allow Regional Perinatal Centers to establish their own revenue-neutral donor milk banks – providing this resource to all high risk babies throughout their regional networks of neonatal intensive care units.

Similar results have been seen in California. California’s Perinatal Quality Care Collaborative saw hospital adoption of donor human milk more than double. More importantly, breast feeding rates by mother’s producing their own milk, foregoing the need for donor milk, increased by 10%, indicating this bill may have the secondary benefit of improving overall breast feeding rates, a National Healthy Person 2020 goal.

Providing partial reimbursement for donor milk from a certified milk bank for use in feeding extremely high risk, very low birth weight infants will provide neonatal physicians with a successful, cost-effective method for helping our state’s babies prevent the catastrophe of NEC.

We urge you to join us, the March of Dimes, the New York Milk Bank, and the New York Perinatal Association in working to pass this bill this session.

For Additional Information Contact:

Elie Ward, MSW
Director of Policy & Advocacy, NYSAAP
eward@aap.net

