October 23, 2023

To Whom It May Concern:

As neonatologists in Pennsylvania with decades of experience, we write in support of a legislative amendment to SB 500 and HB 1111 to provide critical nutrition for premature infants. Without this important addition, the health and safety of our most vulnerable population is at risk.

Recent advances for infant nutrition have been positive, but there is still work to be done to ensure preemies that spend their first days after birth in the Neonatal Intensive Care Unit (NICU) have access to proper nutrition. As medical professionals, we urge the Legislature to amend SB 500 and HB 1111 to include Medicaid coverage for an exclusive human milk diet for premature infants. This specifically includes coverage for donor breast milk and human milk-based fortifier.

For babies born as early as 23 weeks (a full-term pregnancy is about 40 weeks), physicians prefer human milk products over cow's milk-based products. This is because very low birthweight (VLBW) babies often have underdeveloped digestive systems and are unable to digest foreign proteins – leaving them more susceptible to disease and life-threatening illness. Fortifier is a nutritional supplement that is added to milk, containing essential vitamins, minerals and nutrients for fragile babies. This product can be made from either human milk or cow's milk – but there is evidence that human milk is a better and safer nutrition source for this vulnerable population.

Unfortunately, not all of the Commonwealth's infants receive an exclusive human milk diet, putting them at risk for health problems such as necrotizing enterocolitis (NEC). NEC is one of the most common causes of death among VLBW babies, and this risk can be greatly reduced when babies receive an exclusive human milk diet. According to a recent study, hospitals had better clinical outcomes for VLBW infants who were fed an exclusively human milk diet. This includes fewer cases of chronic lung disease, visual impairments, late-onset sepsis and NEC.

In addition to being a health and safety issue, this is also an equity issue that disproportionately affects vulnerable families. In 2021, Medicaid paid for <u>51.2% of births</u> for VLBW babies. With your help, Medicaid will pay for an exclusive human milk diet and provide much needed support to the Commonwealth's babies. Other states have already enacted this coverage including Ohio, New Jersey and New York. Pennsylvania should be next.

It is an honor and a privilege to care for the Commonwealth's most fragile babies in their first day and weeks after birth. With this amendment, you will be providing us with a powerful tool that will reach families in every corner of our state. When considering SB 500 and HB 1111, please ensure there is Medicaid coverage for donor breast milk and human milk-based fortifier.

Thank you for your consideration.

Sincerely,

Jack D. Guida, MD, PhD Attending Neonatologist, CHOP Care Network at Main Line Health

Mitchell J. Kresch, MD, F.A.A.P

Professor of Pediatrics, Division of Neonatal-Perinatal Medicine, Penn State Health Children's Hospital

Joe Livingston, MD, MPH Medical Director, Ephrata NICU, Lancaster County, PA

Roschanak Mossabeb, MD Medical Director, Temple University Hospital NICU, Clinical Associate Professor of Pediatrics, Drexel University, College of Medicine

Andrea Willietner, MD Neonatologist, Magee Women's Hospital of UPMC

Caitlynne Crowley, MSN RNC-NIC, IBCLC Neonatal Educator, Temple University Hospital

Jill Cummins, RD, LDN, CNSC Registered Dietitian, Lankenau Medical Center NICU

Carole Kenner, PhD, RN, FAAN, FNAP, ANEF, IDFCOINN Neonatal Nurse Consultant, Yardley, PA

Liz Meinert King, MS, RD, CNSC Clinical Dietitian, Department of Clinical Nutrition, Intestinal Care and Rehabilitation Center (ICARE), UPMC Children's Hospital of Pittsburgh

Kareemah Parker, RDN, LDN, IBCLC NICU Dietitian, Temple University Hospital

Colleen Tsarnas Clinical Dietitian III, Intensive Care Nursery, Thomas Jefferson University Hospital