November 16, 2016

Via Email: RADAcuteCare@hhsc.state.tx.us

Texas Health and Human Services Commission
Attn: Rate Analysis
H-400, PO Box 149030
Austin, Texas 78714

## Re: Proposed Payment Rate Adjustment for the Medical Policy Review of Human Donor Milk

Thank you for the opportunity to submit comments on the proposed rate adjustments to Medicaid payment rates for the Medical Policy Review of Human Donor Milk. We commend the Texas Health and Human Services Commission (HHSC) and the Department of State Health Services (DSHS) for their leadership and dedicated efforts to improve maternal and infant health in Texas. Texans Care for Children strongly supports HHSC's proposed adjustment related to Medicaid payments for human donor milk. This critical step will increase the availability and use of human milk in neonatal units (NICUs) and, in turn, improve infant health, prevent infections and illnesses in babies, improve child growth and development, and reduce costs for the state.

Texans Care for Children is a statewide non-profit, non-partisan, multi-issue children's policy organization that works to drive policy change to improve the lives of Texas children today for a stronger Texas tomorrow. We collaborate with community leaders and local partners around the state to identify challenges facing children and families and develop policy solutions to improve the well-being of Texas children and families. Recognizing that a child's experiences during first years of life significantly influence her health, development, and ability to succeed in school, we are particularly focused on policy solutions that will improve the health of moms, babies, and infants.

**Human milk is both *food and medicine* for babies**. Years of research show that breastfeeding and human milk have significant nutritional and medical benefits for infants, particularly babies that are born too early (premature) or too small (low birth weight).

- Human milk improves child brain development[1] and decreases the risk of infant death, respiratory tract infections, gastrointestinal tract infections, Infant Death Syndrome (SIDS), celiac disease, diabetes, and obesity.[2]
- In particular, pasteurized donor human milk for premature and high risk infants has been proven to reduce the risk of NEC, sepsis, and infection, leading to shorter hospital stays.[3]

- Given these benefits, it's no wonder the American Academy of Pediatrics (AAP) recommends that "all preterm infants should receive human milk" and, if mother's own milk is not available, that preterm infants should receive pasteurized donor human milk, appropriately fortified.[4]

**The proposed Medicaid adjustment is a necessary step to ensure payment mechanisms appropriately cover and incentivize the availability and use of human milk.** Many initiatives across the state have been implemented to educate providers and families on the benefits of human milk, help new moms learn to breastfeed or pump, and encourage skin-to-skin contact following delivery (which helps establish and maintain milk supply). In particular, we commend the work of the Texas Collaborative for Healthy Moms and Babies (TCHMB) neonatal quality improvement initiative, which has worked with over 800 NICUs to develop a "10 Steps" human milk feeding bundle. The 10 Steps bundle includes recommended hospital practices and protocols to maximize use of human milk. As part of the 10 Steps, NICUs should establish and utilize written infant feeding protocols for infants in the NICU, and NICUs should provide human donor milk for infants with birth weight under 1500 grams whose mother's milk is unavailable.[5]

The proposed Medicaid adjustment will help ensure hospitals and NICUs can effectively implement the "10 Steps" and make donor human milk available to babies. Hospitals face an added cost of $1 to 2 million per year for storing, processing, and supplying donor human milk, a cost that is not currently captured in Medicaid reimbursement methodologies.[6] Also, infant formula companies provide infant formula at low or no cost to hospitals, which exacerbates the issue. The Medicaid proposal will help offset the costs of processing, storing, and distributing human donor milk, thereby enabling more providers to offer human donor milk and improving the health of babies in Texas.

**The proposed Medicaid policy change will increase the availability and use of human milk and decrease both short and long term costs to the state.** Use of donor human milk for preterm infants in NICUs reduces the risk of necrotizing enterocolitis (NEC) and sepsis, both of which contribute to longer hospital stays and infant death.[7] Illnesses and infections while a baby is in the NICU drive up Texas Medicaid costs. In fact, NEC is one of the most common emergencies in the NICU and outpatient care due to NEC is costing the state $10 million per year.[8] Additionally, kids with NEC may have more medical and developmental needs later in childhood, such as needing nutritional therapies and/or occupational therapies. Protecting a baby from illnesses and infections, such as NEC, is a key way to save state dollars in the short and long term. Accordingly, the proposal to cover the cost of supplying donor human milk through the Medicaid program will not only help increase the availability and use of human milk and improve infant health, but also save money for the state.

*******

Thank you for your time and commitment to these important issues. If you have any questions or I can provide further information, please feel free to contact me at 512.473.2274 or akohler@txchildren.org.

Respectfully Submitted,

Adriana Kohler
Senior Health Policy Associate
akohler@txchildren.org

---

[1] Human milk is associated with better neurodevelopment in children, particularly in preterm infants that are at higher risk of poor neurodevelopmental outcomes. *See* American Academy of Pediatrics. 2012 Policy Statement: Breastfeeding and Use of Human Milk. *Pediatrics*. Vol. 129, No. 3 (Mar. 2012).

[2] Ibid.

[3] Wright, N. Donor human milk for preterm infants. *J. of Perinatology*, 21, 1-6 (2001). Lucas, A., Morley, R., Cole, T.J., Gore, S.M. A randomized multicentre study of human milk versus formula and later development in preterm infants. *Archives of Disease in Childhood*, 70, f, 141-146 (1994). Naranyanan, I., Prakashil, K., Gujral, W. The value of human milk in the prevention of infection in the high-risk low-birth- weight infant. *J. Pediatr.,* 99, 3, 496-498 (1981). Naranyanan, I., Prakashil, K., Murphy, N.S. et al. Randomized controlled trial of affect of raw and holder pasteurized human milk and formula supplements on the incidence of neonatal infection. *Lancet*, ii, 8412, 111-1113 (1984).

[4] American Academy of Pediatrics. 2012 Policy Statement: Breastfeeding and Use of Human Milk. *Pediatrics*. Vol. 129, No. 3 (Mar. 2012).

[5] Alex Kenton, MD, FAAP. Presentation at Texas Collaborative for Healthy Mothers and Babies. (Nov. 2016).

[6] Ibid.

[7] American Academy of Pediatrics. 2012 Policy Statement: Breastfeeding and Use of Human Milk. *Pediatrics*. Vol. 129, No. 3 (Mar. 2012).

[8] Alex Kenton, MD, FAAP. Presentation at Texas Collaborative for Healthy Mothers and Babies. (Nov. 2016).