Saint Luke's Health System

Good Afternoon,

My name is Christine Pai and I am a Neonatal Nurse Practitioner with Pediatrix Medical Group at Saint Luke's Hospital in Kansas City and I am here in support of HB 2149. The bill would allow medical care facilities, including hospitals, to be reimbursed for providing medically prescribed donor human milk to critically ill infants who are under three months of age and receiving treatment in the Neonatal Intensive Care Unit (NICU) of a hospital.

The medically fragile infants that I care for often require highly specialized and technical medical care which can include mechanical ventilation, intravenous medications and nutritional fluids and around the clock intensive nursing care. One of the most important things I can do for these infants does not involve expensive equipment or medications or hands-on nursing. One of the best therapies is donor human milk. The medical benefits of human milk are well known and documented and newborns that are able to be fed their own mother's milk are healthier, have shorter hospital stays and better long-term outcomes.

While most mothers are able to provide this life-sustaining and protective benefit for their baby, many may not be able to provide milk in sufficient quantities for their infant, or in some cases, simply cannot make milk. Mothers who deliver prematurely or who are ill and take medically prescribed medications can see a decrease in milk production or the milk can be too risky to use. Additionally, the stress of having a premature infant or an infant with chronic medical needs can limit the ability of a mother to produce milk.

Many ask why not simply use formula. Multiple studies show that the best outcomes are obtained when infants are fed an exclusive diet of human milk. The American Academy of Pediatrics recommended in 2012 that infants in the NICU be fed donor human milk. Saint Luke's Heart of America Mothers' Milk Bank, which was founded in 2010, allows women to donate their milk and after a rigorous screening process the milk is then pasteurized which makes it safe for infants to consume. The milk is tested for bacteria and the women undergo blood screening similar to how a blood donor is screened.

Unfortunately, many infants do not have access to this recommended therapy as donor human milk is often seen as a nutritional supplement by third party payers. Donor human milk typically costs between $4.50 and $6.50 an ounce and the cost-benefit analysis has shown that using human donor milk is cost effective for NICU care. Our milk bank and hospitals do not seek to profit on this resource. They are merely seeking to cover costs so that donor human milk can continue to be offered to as many babies as possible. There is not a single, more cost-effective, natural and simple intervention that I or any of my colleagues can provide to our babies or moms that has such a powerful impact. I encourage you to consider my testimony and lend your support to pass HB 2149. I thank you again for your time and your consideration. I am happy to answer any questions you may have.