

MaineHealth

MaineHealth Local Health Systems

Franklin Community
Health Network
LincolnHealth
MaineHealth Care At Home
Maine Behavioral Healthcare
Memorial Hospital
Maine Medical Center
Mid Coast-Parkview Health
NorDx
Pen Bay Medical Center
Southern Maine Health Care
Synernet
Waldo County General Hospital
Western Maine Health

Part of the MaineHealth Family

MaineHealth Accountable
Care Organization

MaineHealth Affiliates

MaineGeneral Health
New England Rehabilitation
Hospital of Portland
St. Mary's Health System

Testimony of Sharon Craig Economides, LM, CPM, MMiD, IBCLC, MaineHealth

In Support of LD 85,

“An Act Concerning MaineCare Coverage for Donor Breast Milk”

February 11, 2021

Senator Claxton, Representative Meyer, and distinguished members of the Joint Standing Committee on Health and Human Services, I am Sharon Craig Economides, Program Manager of Lactation Consultation and Childbirth Education at Maine Medical Center, and I am writing on behalf of MaineHealth in support of LD 85, "An Act Concerning MaineCare Coverage for Donor Breast Milk."

MaineHealth is Maine's largest integrated non-profit health care system that provides the full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire, including our state's most vulnerable, and, oftentimes, smallest residents at The Barbara Bush Children's Hospital (BBCH) at Maine Medical Center. In recent years, 25% of infants born in the state of Maine are born in our Family Birth Center.

The American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) and the World Health Organization (WHO) all recommend that infants be fed only human milk for the first six months of life, adding in complimentary foods at six months and continuing to breastfeed through the first year and beyond as mutually desired by parent and child. The evidence in support of the importance of breastfeeding is voluminous, including reduced incidence and severity of pediatric respiratory infections, ear infections, necrotizing enterocolitis (NEC), Sudden Infant Death Syndrome (SIDS) obesity, allergies, asthma, diabetes and more as well as reduced incidence of maternal diabetes, and ovarian and breast cancer. (Eidelman 2012). The AAP's Section on Breastfeeding states that "more than 900 infant lives per year may be saved in the United States if 90% of mothers exclusively breastfed for 6 months." (Eidelman 2012) The state of Maine's Maternal and Child Health Priorities 2020-2025 Performance Measure 4 lists the goal to "increase breastfeeding initiation and duration" including "percent of infants who are ever breastfed" and "percent of infants breastfed exclusively through 6 months."

Until recently, the reality has been that if there is a medical indication that an infant receive a higher volume of breastmilk than the lactating parent is able to produce, breastmilk substitutes (also known as formula) are given. Medical indications for supplementation of additional volume can include hypoglycemia, excessive weight loss, feeding difficulty or if the lactating parent has low milk supply, is receiving medications that necessitate an interruption in direct breastfeeding, or in cases where there is maternal and infant separation usually due to medical complexity. At Maine Medical Center,

we have a policy to provide Pasteurized Donor Human Milk in most of these cases. While the infant is cared for at Maine Medical Center, the cost of Pasteurized Donor Human Milk is covered by the hospital for the first 96 hours of the infant's life, and for 28 days in the NICU.

If the infant continues to need supplementation after discharge from the hospital, parents are faced with a challenging choice: privately purchase donor milk, or switch to supplementing with formula. For families who have the means, most choose to pay the out of pocket costs to be able to continue to follow the recommendations for feeding their infant only breastmilk, as long as there continues to be a reason to supplement in addition to their own milk. However, if a family does not have the ability to pay for donor milk, their only option is to switch to supplementation with formula while continuing to work on increasing their own milk supply, which can take days or weeks and for some, they may never produce a full supply. This creates an inequity in access to human milk. For MaineCare enrolled patients who deliver at MMC, the total annual cost to MaineCare to cover donor milk not already paid for by the hospital would be an average of \$15,000 per year.

LD 85 will allow families to continue following the AAP, ACOG, AWHONN and WHO guidelines on infant feeding and will take the financial burden off families. Your support will be an investment in the future health of the children and families of Maine, and you will see a return on the investment in the reduction of future healthcare costs on the MaineCare system. Should you approve this legislation, Maine will join at least five other states (California, Missouri, Kansas, Texas, and Utah) and the District of Columbia in Medicaid coverage for donor human milk (National Conference of State Legislatures, 2016).

Lastly, I would like to mention that recognizing the financial burden this places on families and that this truly is the standard of care, MaineHealth has already added donor breast milk as a covered benefit in its own employee health plan, effective this year.

Thank you,

Sharon Craig Economides, LM, CPM, MMiD, IBCLC,
MaineHealth

References:

Eidelman A., Schanler R., Pediatrics (2012). AAP Section of Breastfeeding: *Breastfeeding and the Use of Human Milk*. Available at: <https://pediatrics.aappublications.org/content/129/3/e827.full#content-block>