

Congress of the United States
Washington, DC 20515

February 7, 2024

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20510

Dear Administrator Brooks-LaSure:

Supporting the health and dignity of the communities we serve is a top priority. As part of our ongoing partnership and collaboration with the Centers for Medicare & Medicaid Services (CMS), we want to do everything we can to ensure our families are protected, affirmed, and given all the best. Unfortunately, thousands of Americans must fight every day to have their insurance cover vital procedures, prescriptions, and other medically necessary care. One glaring example remains access to proper nutrition for premature infants who spend their first days, weeks, and sometimes, even months of life in the neonatal intensive care unit (NICU). Today, we write to encourage CMS to issue a bulletin to state Medicaid directors supporting coverage of “human milk-derived human milk fortifier,” “human milk-derived fortified human milk,” and “pasteurized donor human milk” and reminding states that these products may be eligible for coverage at the state level.

As you know, extremely premature infants require specialized nutrition. Clinical guidance recommends that all babies, but particularly premature babies, should receive human milk – either breast milk directly from their mother, or pasteurized donor human milk in other cases – as their primary form of nutrition. However, human milk alone is often not nutrient-dense enough to provide the full nutrition that premature babies need, especially very low birthweight babies. Instead, these babies rely on fortifier, a supplement that can be made from either human milk or cow’s milk containing essential nutrients and calories.

Human milk-derived human milk fortifier is preferred by many physicians because it is easier for a premature baby’s digestive system to process and reduces the risk of life-threatening diseases that can be caused by foreign proteins (such as cow’s milk). Premature infants are at risk of a range of diseases and complications, including necrotizing enterocolitis (NEC), a devastating disease of the bowel. NEC can come on suddenly and have devastating, and even fatal, consequences for preemies. Even babies that survive NEC often continue to suffer from its aftereffects. Clinical evidence suggests that one of the best ways of preventing NEC is by ensuring that premature infants are fed exclusively human milk. Although these products are increasingly recognized as lifesaving by neonatologists around the country, unfortunately, many NICUs are not able to utilize these products due to concerns over cost and insurance reimbursement.

Yet despite the upfront costs associated with the exclusive human milk diet, clinical research has found that these products, pasteurized donor human milk and human milk-derived human milk fortifier, can be significant cost savers. A newly released study found that the clinical benefits associated with the use of human milk-derived human milk fortifier (reductions in NEC, bronchopulmonary dysplasia, retinopathy of prematurity, and late-onset sepsis) was also associated with shorter NICU stays and cost savings ranging from \$307,916 to \$2,520,000 per institution annually.¹

Given that Medicaid covers about 42% of mothers, ensuring that Medicaid reimburses and supports hospitals in carrying human milk-derived human milk fortifier for very low birthweight babies is essential.² Kentucky was the first to provide such coverage in 2013, and several state Medicaid programs, including Connecticut's in 2019, have followed suit and covered donor human milk and human milk-derived human milk fortifier since then. Research and data have demonstrated that such products are medically better than alternatives such as cow-milk based fortifiers in terms of promoting growth, protecting against NEC, and reducing feeding intolerance.

Thus, we write to ask that CMS support and encourage state efforts to cover human milk-derived human milk fortifier products under Medicaid. Specifically, we encourage CMS to issue a bulletin to state Medicaid directors reminding them that such products may be eligible for state level coverage.

We hope that all parents can access the best quality of care for their kids. Ensuring access to necessary nutrition for premature infants is one vital step.

Sincerely,



Morgan McGarvey
Member of Congress



Rosa L. DeLauro
Member of Congress



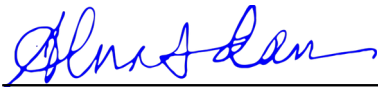
Raja Krishnamoorthi
Member of Congress



Ann McLane Kuster
Member of Congress

¹ Swanson, J.R., Becker, A., Fox, J., Horgan, M., Moores, R., Pardalos, J., Pinheiro, J., Stewart, D., Robinson, T. (2023). Implementing an exclusive human milk diet for preterm infants: real-world experience in diverse NICUs. BMC Pediatrics., 23:237.

² <https://www.marchofdimess.org/peristats/data?reg=99&top=11&stop=154&lev=1&slev=1&obj=18>



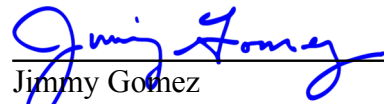
Alma S. Adams, Ph.D.
Member of Congress



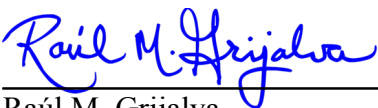
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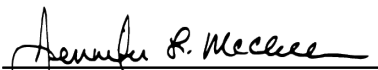
Andy Kim
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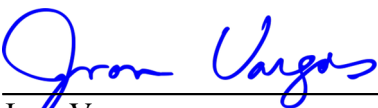
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