

Banked Human Milk Mandated Benefit Sunrise
Written Comments Received
July 22, 2015

I am writing in support of the Sunrise Review proposal submitted to the Washington Department of Health to mandate healthcare coverage of banked human milk in Washington State.

Currently, insurance does not cover the cost of banked human milk. This issue is important because use of banked human milk, when mothers own milk is unavailable, improves the survival of premature and at risk infants. In addition, healthcare costs are reduced because of shorter length of hospital stay and less need for expensive treatments.

I care about this issue because I have been lucky enough to donate breast milk to the Northwest Mothers Milk Bank in order to help these fragile infants. I also work in the healthcare industry so I understand the many benefits that breast milk provides these infants that formula cannot. According to the U.S. Department of Health and Human Services' Office of Women's Health, research suggests that breastfed babies have lower risks of:

- Asthma
- Childhood leukemia
- Childhood obesity
- Ear infections
- Eczema
- Diarrhea and vomiting
- Lower respiratory infections
- Necrotizing enterocolitis, a disease that affects the gastrointestinal tract in pre-term infants
- Sudden infant death syndrome
- Type 2 diabetes

Banked human milk, when deemed medically necessary, should be a required health care benefit. Thank you for considering my voice in this important decision.

Julie Bannester

I am writing in support of the Sunrise Review proposal submitted to the Washington Department of Health to mandate healthcare coverage of banked human milk in Washington State.

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I care about this issue because not only am I a huge proponent for breast feeding but also an advocate for mothers who are unable to breast feed. Having opportunities and resources such as these for Washington residents would have a positive impact on maternal and child health.

Banked human milk, when deemed medically necessary, should be a required health care benefit. Thank you for considering my voice in this important decision!

Jessica Stallings

This is a letter in support of the Banked Human Milk Mandated Benefits Proposal. We recognize that breast milk is the optimal source of nutrition and multiple studies have demonstrated that it is much more than that. Breastfeeding reduces infant death, malnutrition and chronic illness. Breastfeeding also reduces the incidence of diarrhea, otitis media, respiratory illness, and meningitis and has been associated with decreased risk of allergies, asthma, childhood obesity, diabetes and sudden infant death.

Recent studies have shown that preterm infants have improved feeding tolerance, lower infection risks and a decreased risk of necrotizing enterocolitis (a life-threatening intestinal infection) with an exclusive human milk diet. With the development of breast milk banks, we now have the ability to utilize banked breast milk as a form of therapy. Breast milk donors and their milk are fully tested and the milk is treated to ensure safety and efficacy. The cost of processing and delivering the breast milk means this treatment option is often only available if covered by insurance. An analysis by Lois D. W Arnold, MPH, IBCLC published in the Journal of Human Lactation May 2002 revealed that the cost of using banked donor milk to feed premature infants is inconsequential when compared to the savings from preventing necrotizing enterocolitis. Since the use of banked breast milk has become standard practice in the neonatal intensive care unit, coverage by health carriers is imperative.

We urge Medicaid coverage for this cost-effective benefit and are grateful for the opportunity to express our support for this proposal.

Monica Richter, MD, PhD, IBCLC, FAAP
Nancy Danoff, MD, MPH, FAAP
Washington Chapter of the American Academy of Pediatrics

I am writing in support of the Sunrise Review proposal submitted to the Washington Department of Health to mandate healthcare coverage of banked human milk in Washington State.

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Before I returned to graduate school in population health, I worked for 5 years in the blood services area of the American Red Cross. Despite that background, the thought of banked human milk never crossed my mind until I had a surplus of frozen milk as a new mom in 2014. I looked to the Northwest Mothers Milk Bank as a place to donate that extra milk and feel as good about that donation to help small, premature babies as I would feel about making a platelet blood donation to these little ones. I would not have thought to look for such a resource however had it not been for recent New York Times articles on the safety of milk that mothers are trading on the internet. More awareness of the benefits and opportunities for human milk donation is clearly still needed.

While the focus of this proposal is to cover banked human milk for premature infants, I do hope an indirect effect of this proposal will be to simply increase awareness across the state and country among potential donors, like me, to increase the supply for these at risk infants.

Banked human milk, when deemed medically necessary, should be a required health care benefit. Thank you for considering my voice in this important decision!

Theresa Hoeft

Nutrition First, a non-profit working to improve the health of young children in families with limited resources, fully supports the Banked Human Milk Mandated Benefit.

Nutrition First works closely with the Women, Infant and Children (WIC) Nutrition Program. WIC served 47% of infants born in Washington State in 2014.

As stated in the proposal; mandated coverage of banked milk would decrease healthcare costs, improve health outcomes in a vulnerable population, and decrease inequities in healthcare.

Thank you for your consideration.

Carolyn Conner, RD, CD
Executive Director
Nutrition First

I am writing in support of the Sunrise Review proposal submitted to the Washington Department of Health to mandate healthcare coverage of banked human milk in Washington State.

Currently, insurance does not cover the cost of banked human milk. This issue is important because use of banked human milk, when mothers own milk is unavailable, improves the survival of premature and at risk infants. In addition, healthcare costs are reduced because of shorter length of stay and less need for expensive treatments.

I care about this issue for several reasons. As a registered nurse, I know how important human breast milk is for the wellbeing of babies. Human breast milk provides babies natural antibodies that can help to build up their immune system and help them to be resistant to illnesses. This cannot be found in formula. Human breast milk has also been found to reduce the risk of sudden infant death syndrome as well as can help to reduce the risk of chronic conditions such as asthma, diabetes, high cholesterol, some cancers and obesity. Breast milk offers babies so many benefits that cannot be found in formula.

I also have a personal connection to this issue as a milk donor. In 2012 I gave birth to twins. My daughter was born with a heart condition that caused her to spend the three months that she was alive in the hospital. My son also had to spend two weeks in the NICU when he was born as they were born at 36 weeks gestation. The entire time I was in the hospital in the NICUs I saw the little babies that were fighting to survive. The NICUs encouraged breastfeeding as the breast milk provided the babies the optimal nutrition that the babies needed as well as was gentler on their GI tract than formula tended to be. Unfortunately my daughter was unable to benefit from my breast milk as she was unable to eat and had to be fed intravenously. My son however flourished and was able to grow and discharge quickly. My son never took to the breast and so I exclusively pumped him breast milk. For the entire first year of his life he received my breast milk. My son turns three on the 29th and he has thankfully never been sick, not even an ear infection or cold and I believe that is due in large part to the immunity he received through my breast milk.

When I had my second son in December of 2014 I knew that I wanted to breastfeed my son. I tried really hard to breastfeed him but unfortunately he would not take to the breast. I again decided then to exclusively pump so that my son would still be able to get the benefits of breast milk. This is a huge time commitment on my part, and believe me it would be easier to just give him formula but I know that he would not get the great benefits that my breast milk provides him. My body responded well to pumping and is producing much more than what my son is able to eat. When my son turned 6 months old, he had over 5,000 ounces of breast milk that I had stored in my freezer that was excess. I remembered the babies in the NICU from when my daughter was there and thought it would be a great way to honor my daughter by helping children like her. It was at this time that I reached out to the Northwest Mothers Milk Bank to look at donating my milk. I wanted to give back to the babies in the NICUs that could benefit from natural breast milk and help them to grow.

I know from experience, when your child is in the NICU, you feel helpless. Many of the dreams you had of having your child have been shattered, a lot of times you are even unable to hold your baby let alone breast feed them. I also know that as a parent, you will do whatever is necessary to give your child the best fighting chance to get better so that you can bring them home. Every NICU parents dream is bringing their child home. I am grateful that I can help these parents of achieving this dream by giving their child the gift of breast milk. As a nurse, I know that it is critical for a child to receive the proper nutrition. So much of their growth and healing is dependent upon proper nutrients, the best of which are found in breast milk. As a parent, I know that you would only want to give you child the best. Banked human milk, when deemed medically necessary, should be a required health care benefit. Thank you for considering my voice in this important decision!

Mary Tholen

At WithinReach, we make the connections Washington families need to be healthy and we break down barriers that prevent families from living healthy lives. We are writing today in support of the Sunrise Review proposal to require healthcare coverage of banked human milk, when deemed medically necessary, in Washington State.

Breastmilk is a baby's perfect first food. It has special nutrients a baby needs that are not found in formula. However, preterm births and certain other medical conditions may mean a mother's milk is not available or supply is inadequate for their infant's needs. In these situations, utilizing banked donor human milk is a preferred alternative as a majority of the health benefits of breastmilk are still retained after pasteurization. Utilizing banked human milk has proven to have many health benefits for medically vulnerable infants, improves the survival of premature babies, and results in significant cost savings to the health care system.

Despite these many benefits, insurance in Washington State is not currently required to cover banked human milk. As a result of this lack of coverage, hospitals absorb the cost as they are able and the remainder of the cost burden falls on parents. There is no guarantee a hospital will cover the banked human milk and therefore access is often determined by whether the parents are in the financial position to cover the cost themselves. Many premature and at-risk infants are left vulnerable to poor health outcomes because our state does not provide this patient protection.

I hope you will support the proposal to require insurance in Washington to cover banked human milk when deemed medically necessary. Providing such coverage will help save lives, improve health outcomes, and reduce healthcare costs. Thank you for your consideration.

Sharon Beaudoin, MPH, RD
Chief Operating Officer, WithinReach

I am writing in support of requiring insurance coverage of banked human donor milk. The evidence supports the benefits of breastmilk and the use of human donor milk for babies. It is cost prohibitive to feed a baby entirely from screened banked human donor milk, and informal milk sharing has some risks. I would request that the language of the law be amended to include licensed midwives rather than providers with prescriptive authority.

We provide care for newborns in the first 2 weeks of life, and often have babies who would be appropriate recipients, or mothers with low milk supply whose babies could benefit from using banked donor milk and would prefer that over the use of formula.

We have the ability to write referrals for breastpumps, constrictive hose, diaphragms, etc, per WAC 246-834-250, but this does not include human donor milk. I would like for our patients to not have an extra barrier to procuring banked donor milk and having insurance cover it because they have chosen to seek care with a licensed midwife.

Thank you,
Christine Tindal, LM, CPM MSM
In Tandem Midwifery, LLC

I support the Banked Human Milk Mandated Benefit. I work with the Women, Infant and Children (WIC) Nutrition Program. WIC served 47% of infants born in Washington State in 2014. As stated in the proposal; mandated coverage of banked milk would decrease healthcare costs, improve health outcomes in a vulnerable population, and decrease inequities in healthcare. I would support the recommendation even if i did not work with WIC and see the need these families have. Poorer babies need this vital resource.

Thank you
Wende Dolstad

I am writing to suggest that Licensed Midwives be added to the list of healthcare providers who may prescribe breastmilk for newborns under the mandated insurance coverage of banked human donor milk proposal.

We serve woman and infants in home in the days after birth, which improves bonding and rest. A woman who needs to leave her home to obtain a prescription for donor milk has an added stress to the already stressful experience of being unable to feed her newborn herself. Breastmilk is not a prescription drug, but a food, and ordering should not be restricted to those providers with prescriptive privileges.

Please consider all women in Washington state when enacting this proposal.

Thanks you,
Jenn Boelter, LM, CPM, LMP
Pacific Natural Birth, LLC

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Thank you for your consideration on this matter, Amber Hansen

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Marjorie Austin Flores

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Melinda Raker

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Kimberly Krebs

I am writing in support of requiring insurance coverage of banked human donor milk. The evidence supports the benefits of breastmilk and the use of human donor milk for babies when indicated. It is cost prohibitive to feed a baby entirely from screened banked human donor milk, I would request that the language of the law be amended to include licensed midwives rather than only providers with prescriptive authority. As a Certified Physician Assisant I fully embrace the importance and need for coverage of banked donor human milk.

Sincerely,
Sonya Strenge, PA-C, MS

Section 1.b excludes Licensed midwives. Please amend as we work with the families this will impact and do not have prescriptive authority.

Melissa Hughes

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Kristen Maurer

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Sandra Jerde

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Heidi Bell

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Shelby McIntosh



PeaceHealth

July 23, 2015

Department of Health
Ms. Sherry Thomas
PO Box 47850
Olympia, WA 98504-7850

Subject: Mandated insurance coverage of banked human donor milk

Submission of written comment from: PeaceHealth Washington State hospitals (Southwest Medical Center, St. John Medical Center, St. Joseph Medical Center) and Oregon and Alaska hospitals.

PeaceHealth supports the proposal that would require coverage of medically necessary banked human milk.

Human milk has been shown by research to have substantial health benefits for all neonates whether premature, vulnerable, ill or even "normal" newborns.

For various reasons, mothers may not be able to produce or have adequate milk supplies for their precious newborn. Through the use of donor milk programs, mother's milk can be supplemented with donor human milk. The need for donor milk may be short-lived until the mother's milk supply "comes-in" or increases to meet the needs of the newborn. In other cases, donor milk may be the only source of human milk for the newborn.

The short- and long-term health benefits of newborns receiving human milk far outweigh the benefits of any formula. For the health of newborns and our future generations, PeaceHealth supports required medical insurance coverage for the use of medically necessary banked human milk.

Department of Health
July 23, 2015

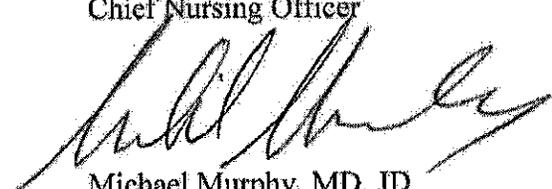
Concerns relating to the proposal:

- With the presumed increase demand for donor milk, will there be enough supply of the voluntary donation of human milk to meet the demands of donor milk requests?
- Are there enough donor milk drop sites and enough processing locations to support an increase in volunteer donation of human milk?

Thank you for accepting this testimony.



Victoria King, MHA, MSN, RN, CNOR, NEABC
Senior Vice President
Chief Nursing Officer



Michael Murphy, MD, JD
Senior Vice President
Chief Medical Officer

/mrd



July 22, 2015

John Wiesman, Secretary
Washington State Department of Health
P.O. Box 47890
Olympia, Washington 98504-7890

RE: Mandated Healthcare Coverage of Banked Human Milk

Dear Secretary Wiesman,

I am writing this letter in support of the Sunrise Review proposal to mandate healthcare coverage of banked human milk in Washington State.

Currently, insurance does not cover the cost of banked human milk. This issue is important because use of banked human milk, when mothers own milk is unavailable, improves the survival of premature and at risk infants. In addition, healthcare costs are reduced because of shorter length of stay and less need for expensive treatments.

Seattle Children's has a commitment to support human milk for infants unless medically contraindicated. We have lactation consultants to help moms be successful with supplying sufficient milk for their seriously ill infants. There remain some infants for whom mom is simply unable to provide milk, and we must obtain milk from a donor milk bank. We have established strict criteria for the use of donor human milk in our Neonatal Intensive Care Unit, based on the medical evidence of reducing life-threatening complications like necrotizing enterocolitis.

We believe that banked human milk, when deemed medically necessary, should be a required healthcare benefit. Thank you for listening to our perspective in getting the most fragile citizens of our State a chance for life.

Polly Lenssen MS RDN CD FAND
Director, Nutrition
Seattle Children's
Hospital | Research | Foundation

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Seattle, WA 98105
206.987.5110
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'NOURISHING OUR COMMUNITY TO THRIVE...EACH AND EVERY LIFE'

July 22, 2015

Sherry Thomas, Policy Coordinator
Washington State Department of Health
Sunrise Reviews
PO Box 47850
Olympia, WA 98504-7850
sunrise@doh.wa.gov

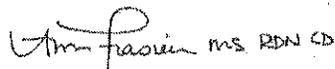
On behalf of the Washington State Academy of Nutrition and Dietetics, I am writing in support of the sunrise review application making banked human milk a mandated health benefit in Washington State.

As Registered Dietitians Nutritionists, we wholeheartedly support this mandated benefit for the following reasons:

- Use of human milk is the normative standard for infant feeding and nutrition. There are documented short and long-term medical and neurodevelopmental advantages of breastfeeding (and therefore human milk).
- The American Academy of Pediatrics reaffirmed its recommendation for breastfeeding (and therefore human milk) in February 2012.
- A joint statement by the World Health Organization (WHO) and United Nations Children's Fund (UNICEF) states, "Where it is not possible for the biological mother to breastfeed, the first alternative, if available, should be the use of human milk from other sources. Human milk banks should be made available in appropriate situations." (Wight, 2001)
- Currently costs for processing and distribution of milk may range from \$3.00 to \$5.00 per ounce. This can be a prohibitive expense if not covered by insurance, Medicaid or WIC. And can create inequitable access to banked human milk.

Many of our members work in Neonatal Intensive Care Units (NICUs) and support this mandated insurance coverage as they see the positive outcomes daily. We hope you will rule favorably.

Thank you.



Amy Frasier, MS, RDN, CD
Washington State Academy President
On Behalf of the 1,500 Washington State Academy Members

July 22, 2015

As a Washington State registered nurse and Internationally-Board-Certified lactation consultant, and the coordinator of Lactation Services at University of Washington Medical Center for the past 29 years, I am providing this letter to advance the health and well-being of Washington mothers and infants. This letter provides documentation and examples of the need for health carriers and Medicaid to cover medically necessary banked human milk for infants, specifically when it is ordered by a licensed provider, the infant's parent signs an informed consent, and the milk is obtained from an accredited milk bank.

The University of Washington Medical Center High-Risk Perinatal Program is one of the highest risk obstetric services in the nation. The mothers we serve are often critically ill around the time of their infant's birth. As a certified Baby-Friendly hospital, all mothers receive prenatal education about breastfeeding, are helped to express milk immediately after birth, and are given state-of-the-art lactation support throughout their hospital stay. In short, we are employing the best available medicine, science and technology to ensure that mothers have the maximum opportunity to breastfeed their infants. And yet, many mothers cannot provide enough milk for their infants. In the setting of maternal complications such as diabetes, hypertension, cardiac disease, and other maternal illnesses that are treated at UWMC, the mother's breast milk is often delayed. It has been documented that 20% of all women have a delay in the onset of lactation, and this number is even higher among high-risk mothers. While waiting the 5-10 days it sometimes takes for the mother's milk to come in, these infants—the smallest, sickest, most fragile newborns in the WWAMI (Washington, Wyoming, Alaska, Montana and Idaho) region—must be fed. Feeding a cow's milk based preterm infant formula to these fragile infants is associated with an increased risk of many diseases.

The incidence of necrotizing enterocolitis, a life-threatening disease, is reduced by 90% when infants are fed exclusively a human-milk based diet. Research shows that administering banked human milk not only reduces the risk of necrotizing enterocolitis and other infant illnesses, it encourages and motivates the mother to continue working to provide her own milk for her infant. Until the mother's own milk is available in sufficient quantities to meet her infant's needs, human milk from an accredited milk bank should be provided.

If I can provide any further information, including my curriculum vita, references from the medical research, or testimonies from patients and staff, please contact me. I would be happy to do so.

Sincerely,



Virginia R. Wall, RN, MN, IBCLC
Lactation Services Coordinator



STATE OF WASHINGTON
HEALTH CARE AUTHORITY

626 8th Avenue, SE • P.O. Box 45502 • Olympia, Washington 98504-5502

Memorandum

To: Sherry Thomas, Policy Coordinator, Health Systems Quality Assurance, Department of Health
From: Dennis Martin, Administrator, Office of Legislative Affairs and Analysis, Health Care Authority
Re: Sunrise Review – Coverage for banked human milk for infants
Date: July 17, 2015

Thank you for providing notice of the Sunrise Review hearing regarding mandated health care coverage for banked human milk. After reviewing the applicant report and proposed legislation, the Washington State Health Care Authority (HCA) submits the following information regarding the health benefit plans administered by the HCA affected by this proposed mandate, which would require healthcare coverage of banked human milk for infants under eleven months when a provider with prescriptive authority identifies it as medically necessary.

The Health Care Authority recognizes the significant health benefits to increasing access to banked human milk, particularly for pre-term and medically fragile infants. Certain racial and ethnic groups are disproportionately affected by poor birth outcomes. Research indicates that African American and Native American babies are more than twice as likely to be born pre-term. According to the Center for Disease Control and Prevention, African American and Native American babies are also less likely to receive human milk. Increasing the access to human milk corresponds well with HCA's strong commitment to reducing health disparities.

HCA examined the financial cost of providing PEB and Medicaid coverage for banked human milk for infants. Due to the small number of births per year, PEB anticipates their fiscal impact to be negligible. Medicaid expects that the cost/payment for banked milk in an inpatient setting will be included in the inpatient hospital payment (diagnosis-related codes/DRG), thus, no changes would be required to the current rates.

The use of banked milk in an outpatient setting would likely have significant fiscal impacts, depending on the percent of infants who would be eligible for this medical benefit. The additional benefit would likely have a substantial impact on Medicaid, particularly in rates for managed care where the majority of infants receive coverage. Please see the attached spreadsheet for details. Studies demonstrate that the initial costs of banked milk may be offset by the extensive short and long term benefits. However, this return on investment is difficult to quantify and few models exist with the specific parameters needed to compare to the potential impact for our population.

HCA assumes that the legislation would allow health plans to establish their own pre-authorization coverage criteria for this benefit. HCA's medical criteria will be necessary to ensure that banked milk be provided only as a necessary medical benefit, not a food benefit. Federal law prohibits the extension of Medicaid medical benefit coverage to food products. If the intent of the legislation is to ensure broad access to the nutritional benefits of banked milk, additional language may be needed to recognize banked milk as a food benefit, through a program such as Women, Infants, and Children Nutritional Program (WIC).

HCA acknowledges the significant value that human milk provides to medically fragile infants, including but not limited to reduced incidence of infections, necrotizing enterocolitis, and chronic lung disease, as well as a reduction in the length of hospital stays. The advantages of human milk are well documented and may continue to provide benefits to the child later in life.

Subject to the appropriation of the funds necessary for HCA to implement this legislation, HCA supports the proposal to provide insurance coverage of banked milk to infants as a necessary medical benefit, with the caveat that non-clinically necessary access to banked milk is outside the scope of medical coverage. The proposed bill aligns with HCA's mission and fundamental goals, is evidence-based, and supports broader initiatives such as Results HCA, Results WA, and Healthy People 2020.

# of kids under 1 as of April 2015 (including CHIP kids)*	5%	10%	15%	20%	25%	30%	40%	50%	60%	70%	75%
7372	369	737	1106	1474	1843	2212	2949	3686	4423	5160	5529
# of CHIP kids under 1**	4	7	11	14	18	22	29	36	43	50	54

* FFS kids only

**100% state funded

Age	Oz per day*	Rate per oz	Cost per day	Cost per week	Number of	Total cost for the
1-3 weeks	12 oz	\$ 4.50	\$ 54.00	\$ 378.00	3.00	\$ 1,134.00
3-4 weeks	25 oz	\$ 4.50	\$ 112.50	\$ 787.50	4.33	\$ 3,412.50
1-8 months	30 oz	\$ 4.50	\$ 135.00	\$ 945.00	30.33	\$ 28,665.00
9-11 months	19 oz	\$ 4.50	\$ 85.50	\$ 598.50	8.67	\$ 5,187.00
Total Cost per child			Average	\$ 677.25		\$ 38,399

*Ounces consumption retrieved from New Kids Center: <http://www.newkidscenter.com/How-Many-Ounces-Of-Breastmilk-Should-A-Newborn-Eat.html>. Upper limits used.

For outpatient services (once they are discharged from NICU)

% of children	# of kids under 1	Cost 1-3 weeks of age	Cost 3-4 weeks of age	Cost 1-8 months of age	Cost 9-11 months of age	Total cost (Birth to 11 months)	Average Cost per week
5%	369	\$ 417,992.40	\$ 1,257,847.50	\$ 10,565,919.00	\$ 1,911,928.20	\$ 14,153,687	\$ 249,634.35
10%	737	\$ 835,984.80	\$ 2,515,695.00	\$ 21,131,838.00	\$ 3,823,856.40	\$ 28,307,374	\$ 499,268.70
15%	1106	\$ 1,253,977.20	\$ 3,773,542.50	\$ 31,697,757.00	\$ 5,735,784.60	\$ 42,461,061	\$ 748,903.05
20%	1474	\$ 1,671,969.60	\$ 5,031,390.00	\$ 42,263,676.00	\$ 7,647,712.80	\$ 56,614,748	\$ 998,537.40
25%	1843	\$ 2,089,962.00	\$ 6,289,237.50	\$ 52,829,595.00	\$ 9,559,641.00	\$ 70,768,436	\$ 1,248,171.75
30%	2212	\$ 2,507,954.40	\$ 7,547,085.00	\$ 63,395,514.00	\$ 11,471,569.20	\$ 84,922,123	\$ 1,497,806.10
40%	2949	\$ 3,343,939.20	\$ 10,062,780.00	\$ 84,527,352.00	\$ 15,295,425.60	\$ 113,229,497	\$ 1,997,074.80
50%	3686	\$ 4,179,924.00	\$ 12,578,475.00	\$ 105,659,190.00	\$ 19,119,282.00	\$ 141,536,871	\$ 2,496,343.50
60%	4423	\$ 5,015,908.80	\$ 15,094,170.00	\$ 126,791,028.00	\$ 22,943,138.40	\$ 169,844,245	\$ 2,995,612.20
70%	5160	\$ 5,851,893.60	\$ 17,609,865.00	\$ 147,922,866.00	\$ 26,766,994.80	\$ 198,151,619	\$ 3,494,880.90
75%	5529	\$ 6,269,886.00	\$ 18,867,712.50	\$ 158,488,785.00	\$ 28,678,923.00	\$ 212,305,307	\$ 3,744,515.25

# of kids under 1 as of April 2015*	5%	10%	15%	20%	25%	30%	40%	50%	60%	70%	75%
37810	1891	3781	5672	7562	9453	11343	15124	18905	22686	26467	28358

*MCO clients only

Age	Oz per day**	Rate per oz	Cost per day	Cost per week*	Total Cost per month/week	Number of Weeks	Total cost for the period
1-3 weeks	12 oz	\$ 4.50	\$ 54.00	\$ 378.00	\$ 1,134.00	3.00	\$ 1,134.00
3-4 weeks	25 oz	\$ 4.50	\$ 112.50	\$ 787.50	\$ 787.50	4.33	\$ 3,412.50
1-8 months	30 oz	\$ 4.50	\$ 135.00	\$ 945.00	\$ 3,780.00	30.33	\$ 28,665.00
9-11 months	19 oz	\$ 4.50	\$ 85.50	\$ 598.50	\$ 2,394.00	8.67	\$ 5,187.00
Total Cost per child			Average		\$ 677.25		\$ 38,399

*Assuming that there are 4 weeks in a month

**Ounces consumption retrieved from New Kids Center: <http://www.newkidscenter.com/How-Many-Ounces-Of-Breastmilk-Should-A-Newborn-Eat.html>. Upper limits used.

For outpatient services (once they are discharged from NICU)

% of children	# of kids under 1	Cost 1-3 weeks of age	Cost 3-4 weeks of age	Cost 1-8 months of age	Cost 9-11 months of age	Total cost (Birth to 11 months)	Average cost per week	FY 2014 Member Months for AHFam	Rate Impact
5%	1891	\$ 2,143,827.00	\$ 6,451,331.25	\$ 54,191,182.50	\$ 9,806,023.50	\$ 72,592,364	\$ 1,280,341.13	8,604,346	\$ 9.20
10%	3781	\$ 4,287,654.00	\$ 12,902,662.50	\$ 108,382,365.00	\$ 19,612,047.00	\$ 145,184,729	\$ 2,560,682.25	8,604,346	\$ 18.41
15%	5672	\$ 6,431,481.00	\$ 19,353,993.75	\$ 162,573,547.50	\$ 29,418,070.50	\$ 217,777,093	\$ 3,841,023.38	8,604,346	\$ 27.61
20%	7562	\$ 8,575,308.00	\$ 25,805,325.00	\$ 216,764,730.00	\$ 39,224,094.00	\$ 290,369,457	\$ 5,121,364.50	8,604,346	\$ 36.81
25%	9453	\$ 10,719,135.00	\$ 32,256,656.25	\$ 270,955,912.50	\$ 49,030,117.50	\$ 362,961,821	\$ 6,401,705.63	8,604,346	\$ 46.02
30%	11343	\$ 12,862,962.00	\$ 38,707,987.50	\$ 325,147,095.00	\$ 58,836,141.00	\$ 435,554,186	\$ 7,682,046.75	8,604,346	\$ 55.22
40%	15124	\$ 17,150,616.00	\$ 51,610,650.00	\$ 433,529,460.00	\$ 78,448,188.00	\$ 580,738,914	\$ 10,242,729.00	8,604,346	\$ 73.65
50%	18905	\$ 21,438,270.00	\$ 64,513,312.50	\$ 541,911,825.00	\$ 98,060,235.00	\$ 725,923,643	\$ 12,803,411.25	8,604,346	\$ 92.04
60%	22686	\$ 25,725,924.00	\$ 77,415,975.00	\$ 650,294,190.00	\$ 117,672,282.00	\$ 871,108,371	\$ 15,364,093.50	8,604,346	\$ 110.44
70%	26467	\$ 30,013,578.00	\$ 90,318,637.50	\$ 758,676,555.00	\$ 137,284,329.00	\$ 1,016,293,100	\$ 17,924,775.75	8,604,346	\$ 128.85
75%	28358	\$ 32,157,405.00	\$ 96,759,968.75	\$ 812,867,737.50	\$ 147,090,357.50	\$ 1,088,885,464	\$ 19,205,116.88	8,604,346	\$ 138.06

6.547273843

# of kids under 1 as of April 2015*	5%	10%	15%	20%	25%	30%	40%	50%	60%	70%	75%
45182	2259	4518	6777	9036	11296	13555	18073	22591	27109	31627	33887

*MC and FFS clients

Age	Oz per day**	Rate per oz	Cost per day	Cost per week*	Total Cost per month/week	Number of Weeks	Total cost for the period
1-3 weeks	12 oz	\$ 4.50	\$ 54.00	\$ 378.00	\$ 1,134.00	3.00	\$ 1,134.00
3-4 weeks	25 oz	\$ 4.50	\$ 112.50	\$ 787.50	\$ 787.50	4.33	\$ 3,412.50
1-8 months	30 oz	\$ 4.50	\$ 135.00	\$ 945.00	\$ 3,780.00	30.33	\$ 28,665.00
9-11 months	19 oz	\$ 4.50	\$ 85.50	\$ 598.50	\$ 2,394.00	8.67	\$ 5,187.00
Total Cost per child					Average		\$ 38,399

*Assuming that there are 4 weeks in a month

**Ounces consumption retrieved from New Kids Center: <http://www.newkidscenter.com/How-Many-Ounces-Of-Breastmilk-Should-A-Newborn-Eat.html>. Upper limits used.

For outpatient services (once they are discharged from NICU)

% of children	# of kids under 1	Cost 1-3 weeks of age	Cost 3-4 weeks of age	Cost 1-8 months of age	Cost 9-11 months of age	Total cost (Birth to 11 months)	Average cost per week
5%	2259	\$ 2,561,819.40	\$ 7,709,178.75	\$ 64,757,101.50	\$ 11,717,951.70	\$ 86,746,051.35	\$ 1,529,975.48
10%	4518	\$ 5,123,638.80	\$ 15,418,357.50	\$ 129,514,203.00	\$ 23,435,903.40	\$ 173,492,103	\$ 3,059,950.95
15%	6777	\$ 7,685,458.20	\$ 23,127,536.25	\$ 194,271,304.50	\$ 35,153,855.10	\$ 260,238,154	\$ 4,589,926.43
20%	9036	\$ 10,247,277.60	\$ 30,836,715.00	\$ 259,028,406.00	\$ 46,871,806.80	\$ 346,984,205	\$ 6,119,901.90
25%	11296	\$ 12,809,097.00	\$ 38,545,893.75	\$ 323,785,507.50	\$ 58,589,758.50	\$ 433,730,257	\$ 7,649,877.38
30%	13555	\$ 15,370,916.40	\$ 46,255,072.50	\$ 388,542,609.00	\$ 70,307,710.20	\$ 520,476,308	\$ 9,179,852.85
40%	18073	\$ 20,494,555.20	\$ 61,673,430.00	\$ 518,056,812.00	\$ 93,743,613.60	\$ 693,968,411	\$ 12,239,803.80
50%	22591	\$ 25,618,194.00	\$ 77,091,787.50	\$ 647,571,015.00	\$ 117,179,517.00	\$ 867,460,514	\$ 15,299,754.75
60%	27109	\$ 30,741,832.80	\$ 92,510,145.00	\$ 777,085,218.00	\$ 140,615,420.40	\$ 1,040,952,616	\$ 18,359,705.70
70%	31627	\$ 35,865,471.60	\$ 107,928,502.50	\$ 906,599,421.00	\$ 164,051,323.80	\$ 1,214,444,719	\$ 21,419,656.65
75%	33887	\$ 38,427,291.00	\$ 115,637,681.25	\$ 971,356,522.50	\$ 175,769,275.50	\$ 1,301,190,770	\$ 22,949,632.13

of NICU kids for SFY2014

FFS	7237
MCO	13532
Total	20769

# of NICU kids	Cost 1-3 weeks of age	Cost 3-4 weeks of age	Cost 1-8 months of age	Cost 9-11 months of age	Total cost (Birth to 11 months)
7237	\$ 8,206,758.00	\$ 5,699,137.50	\$ 27,355,860.00	\$ 17,325,378.00	\$ 58,587,133.50
13532	\$ 15,345,288.00	\$ 10,656,450.00	\$ 32,395,608.00	\$ 32,395,608.00	\$ 90,792,954.00
Total	\$ 23,552,046.00	\$ 16,355,587.50	\$ 59,751,468.00	\$ 49,720,986.00	\$ 149,380,087.50

Note: These costs would not be reimbursed separately if the admission is paid for with DRG methodology. This applies to 75% of these admissions. The other 25% would be NICU stays @ CAH hospitals which are paid RCC, but if the clinical theory is correct, this cost would be mitigated by cost