



Reimbursement for Donor Human Milk for Preterm Infants

The Issue

Human breast milk is the ideal source of nutrition for infants. Research has shown that there are many benefits to receiving a breast milk only diet. However, mothers of preterm infants face a number of barriers to providing sufficient milk volume to their babies, who are at risk for many health issues. Donor milk, distributed through milk banks, may be used as the replacement when maternal breast milk is unavailable or there is an insufficient supply. Donor milk in North America is pooled with other donors and pasteurized to remove possible infectious contaminants. Donor milk costs about \$4.50 an ounce. Although more expensive than formula, the cost savings pale when compared with the cost of a prolonged hospital stay for NEC. For every dollar spent on banked donor milk, a state can save up to \$11 in medical costs.

The Research

Human milk has been shown to decrease the rate of infectious diseases, sepsis, feeding intolerance and necrotizing enterocolitis and improve neurodevelopmental outcomes in preterm infants. Feeding donor milk has been shown to decrease NEC when compared to formula fed infants. Common concerns, such as slow growth and loss of important biological components of donor milk because of storage and pasteurization, should not be reasons for denial of donor milk. Banked donor milk and human milk-based fortifiers should be promoted as a standard component of health care for premature infants.

In their 2012 statement, the American Academy of Pediatrics Section on Breastfeeding recommended that due to the possible benefits, all premature infants should receive human milk. In addition, World Health Organization (WHO) recommends that donor breast milk should be fed to low birth weight infants who are not able to receive maternal breast milk.

Current Legislation

Despite mounting evidence that the use of breast milk provides many benefits to a premature infant including the reduction of NEC, the Affordable Care Act does not mandate reimbursement for donor breast milk and Medicaid reimbursement is inconsistent from state to state. In the Spring of 2015, Kansas became the most recent state to pass legislation providing Medicaid reimbursement to medical facilities for prescribed, medically necessary donor breast milk. However, there are still only a handful of states that reimburse for this beneficial and potentially lifesaving nutritional need. Private insurers often follow Medicaid's lead so mandated Medicaid reimbursement of donor breast milk is an important first step in providing donor breast milk to infants in each state.

Recommendations

1. If your state introduces legislation to provide Medicaid coverage for donor milk, contact your state's elected officials--especially if they are members of the committee (such as the Health Committee) responsible for the bill--and ask them to vote for this legislation.

2. If your state's Medicaid program does not reimburse for donor breast milk, contact your elected officials and educate them on the importance of breast milk for infants with a medical need.
3. Include your experience in caring for preterm infants, your concern about lack of access to donor human milk and the ultimate cost savings a human milk diet provides in your message.

References

American Academy of Pediatrics Section on Breastfeeding. Breastfeeding and the use of human milk. *Pediatrics* 2012;129(3):e827-e841.

Colaizy, T. Donor human milk for preterm infants: What it is, what it can do, and what still needs to be learned. *Clin Perinatol* 2014;41:437–450.

[Human Milk Banking Association of North America](#)

[United States Breastfeeding Committee](#)

World Health Organization. Donor human milk for low-birth-weight-infants. [who.int](#)