

Protect the smallest and most fragile Pennsylvanians.

Pass the Protect Sick Babies Act – Owen's Law.



Medically prescribed pasteurized donor human milk (PDHM) saves and improves infant lives.

Senate Bill 1202 (Brooks) and House Bill 2017 (Thomas/Davis) expand access to PDHM by establishing insurance reimbursement for medically necessary donor milk.

Evidence-based.

Evidence shows that the use of PDHM when a mother's own milk is unavailable **reduces mortality rates, lowers healthcare costs, and shortens hospital stays**, while increasing rates of exclusive maternal breastfeeding upon discharge.¹

Lessens healthcare costs.

Preterm births have an annual overall cost in the U.S. of at least \$26 billion.² For babies in the NICU, **PDHM provides unparalleled protection** against serious and costly medical complications. Based on 2019 figures, **if just one infant with NEC is able to avoid surgery, the savings would parallel the total estimated costs of donor milk across Pennsylvania on an annual basis.**³

Reduces NEC/NAS symptoms.

PDHM provides premature and at-risk babies with robust protection against the development of necrotizing enterocolitis (NEC), an inflammation of the intestines that can cause lifelong disability or even death; **an exclusive human milk diet can decrease the overall incidence of NEC by up to 80% and the rate of surgical NEC by over 90%.**⁴ For drug-exposed infants, PDHM may also reduce Neonatal Abstinence Syndrome (NAS) symptoms such as feeding intolerance.⁵

Addresses access & health disparities

Many factors contribute to prematurity, but statistics show it disproportionately affects minority populations — especially Black and Latino mothers. Fewer Black and Latino infants have access to both mother's own milk and PDHM.⁵ **Insurance coverage of PDHM creates access to lifesaving treatments for minority populations.**

Avg hospital charge for a baby 0-28 days:

\$27,574

Avg hospital charge for a baby w/ NEC:

\$840,397

Avg hospital charge for a baby w/ surgical NEC:

\$2,890,477





The formula shortage isn't over yet — and human **donor milk has saved the day for many families.**

Insurance coverage & reimbursement for donor milk would reduce healthcare costs and save the lives of Pennsylvania's youngest residents.

By the numbers:



of moms with medically fragile infants are unable to provide for their child's milk needs



Black & Latino babies are **3x more likely** to be born premature.

Around **1 in 10 babies**



are born prematurely in PA.

*“The hardest thing is being denied something from the insurance company, when everyone knows it is what is best for the patient. **In the long run, the cost of PDHM was way less than all [my childrens’] ER visits, ambulance trips, and hospitalizations ... It truly was imperative in their growth and development.**”*

JESSICA RHODES, RN, MSN
Mother of two donor milk recipients

“Owen's Law” legislation would cover and reimburse for medically prescribed PDHM for inpatient and outpatient infants who have serious health conditions such as:

- Very low birth weight
- Gestational age equal to or less than 34 weeks
- A high risk of developing necrotizing enterocolitis (NEC)
- Congenital heart disease requiring surgery in the first year of life
- A congenital or acquired gastrointestinal disease
- The need for an organ or bone marrow transplant
- Craniofacial anomalies
- Neonatal abstinence syndrome; or
- Other conditions where the use of donor milk is deemed medically necessary.

#InsureDonorMilkNow



1 Hair, A.B., Peluso, A.M., et al. (2018). Beyond necrotizing enterocolitis prevention: improving outcomes with an exclusive human milk based diet. *Breastfeeding Medicine*, 11(2), 70-74.
 2 Institute of Medicine (US) Committee on Understanding Premature Birth and Assuring Healthy Outcomes; Behrman RE, Butler AS, editors. Washington (DC): National Academies Press (US); 2007
 3 Pennsylvania Health Care Cost Containment Council
 4 Boyd CA, Quigley MA, Brocklehurst P. (2007). Donor breast milk versus infant formula for preterm infants: systemic review and meta-analysis. *Arch Dis Child Fetal Neonatal Ed.*, 92(3), 169-75.
 5 Anand, K.J., Campbell-Yeo, M. (2015). Consequences of prenatal opioid use for newborns. *Acta Paediatr.*, 104(11),1066-1069.