



## Testimony in Support of SB 115

February 18, 2019

Dear Chairwoman Ratti and Senate Health and Human Services Committee Members:

After moving our Company from Oregon to Nevada last year, we discussed the importance of human milk for preterm infants with Senator Hammond and how the low breastfeeding rates and lack of donor milk is negatively impacting Nevada babies and families.

We are pleased that Senator Hammond has sponsored SB 115 and on behalf of our shareholders and employees, we formally support SB 115, which would require Medicaid to reimburse for donor human breastmilk for certain infants. There are numerous scientific papers published that demonstrate the improvement in outcomes, reduction of mortality and morbidity as well as improved economics of care when preterm and otherwise fragile infants receive a diet of human milk. I have referenced two of the most recent published studies that spell out the economic impact of human milk as a nutritional therapy. Also, the March of Dimes has an excellent resource available online with data specific to the preterm infants in the State of Nevada. <file:///C:/Users/User/Downloads/PrematureBirthReportCard-Nevada-2018.pdf>

I have been involved in developing interventions to improve the lives of preterm infants for 35 years and in that time, I have visited most of the neonatal intensive care units in the US and many abroad. I have seen many preterm babies die in their mother's arms needlessly, due to the lack of access to human milk. The high rate of death associated with necrotizing enterocolitis and the growing evidence for a strong association between NEC and the lack of human milk makes this an unacceptable reality. I have physicians grieve as they remove babies in their care from life support after losing the battle with NEC. I have spoken to young adults who survived NEC surgery as infants to remove infected tissue but continue to suffer as a result of having only a small portion of their gastrointestinal system remaining.

Recognizing these ongoing tragedies, it is with passion and determination that I pioneered this field of commercially processed human donor milk when I founded Prolacta Bioscience in 1999 specifically to develop a protein fortifier made from human milk. Although human milk is truly the perfect food for infants, preterm infants need approximately four times more protein than breast milk provides and under

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my leadership at Prolacta, we developed and commercialized the first human milk fortifier made from human milk. Protein fortifiers used for babies in the NICU have traditionally been made from cow's milk but when they are used, there is a documented increase in infection and NEC. Because of the proven reduction in mortality and morbidity for preterm infants receiving more breast milk, most hospitals throughout the country have now established a goal of increasing access to human milk for this patient population.

I left Prolacta Bioscience in 2009 and founded Medolac Laboratories as a Public Benefit Corporation with the goal of radically reducing the cost of formulated donor milk, thus improving access by processing at a scale never before seen. To achieve this, we founded the Mother's Milk Cooperative, the first milk bank owned by donors. Under the program, healthy nursing mothers are paid \$1/ounce after the blood test qualification process and milk testing. If only 10% of new mothers in Nevada were to take part in the Mother's Milk Cooperative, \$3.4 million dollars would go to Nevada families and many new mothers would be able to nurse their own babies longer instead of going back to work soon after birth.

Our new Boulder City facility will be completed soon and we will process thousands of gallons per week of formulated human milk which can be shipped and stored at room temperature for up to 3 years. Our goal to provide human milk to all babies in need is within reach. Whether hospitals procure human milk from us, or from another source, we are proud to be part of this positive change in how babies are fed in Nevada.

We ask you to help by voting YES on SB 115.

Sincerely,

*Elena Medo*

Elena Taggart Medo  
Chairman and CEO

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Links to Supportive Material Regarding the Cost/Benefit of Human Milk Feeding in Neonatal Units

Economic Benefits and Costs of Human Milk Feedings: A Strategy to Reduce the Risk of Prematurity-Related Morbidities in Very-Low-Birth-Weight Infants , Tricia J. Johnson Aloka L. Patel Harold R. Bigger Janet L. Engstrom Paula P. Meier, *Advances in Nutrition*, Volume 5, Issue 2, 1 March 2014, Pages 207–212, <https://doi.org/10.3945/an.113.004788>  
<https://academic.oup.com/advances/article/5/2/207/4558019>

The Burden of Suboptimal Breastfeeding in the United States: A Pediatric Cost Analysis, April 2010 *PEDIATRICS* 125(5):e1048-56, DOI: 10.1542/peds.2009-1616, SourcePubMed, Project: Breastfeeding economics, Melissa Bartick, Arnold Reinhold

[https://www.researchgate.net/publication/43023282\\_The\\_Burden\\_of\\_Suboptimal\\_Breastfeeding\\_in\\_the\\_United\\_States\\_A\\_Pediatric\\_Cost\\_Analysis](https://www.researchgate.net/publication/43023282_The_Burden_of_Suboptimal_Breastfeeding_in_the_United_States_A_Pediatric_Cost_Analysis)

Suboptimal breastfeeding in the United States: Maternal and pediatric health outcomes and costs

Melissa C. Bartick Eleanor Bimla Schwarz Brittany D. Green Briana J. Jegier Arnold G. Reinhold Tarah T. Colaizy Debra L. Bogen Andrew J. Schaefer Alison M. Stuebe, First published: 19 September 2016  
<https://doi.org/10.1111/mcn.12366> Cited by: 36

<https://onlinelibrary.wiley.com/doi/abs/10.1111/mcn.12366>