

# SENATE BUDGET AND APPROPRIATIONS COMMITTEE

## STATEMENT TO

[First Reprint]

**SENATE, No. 3159**

# **STATE OF NEW JERSEY**

DATED: MARCH 18, 2019

The Senate Budget and Appropriations Committee reports favorably Senate Bill No. 3159 (1R).

Senate Bill No. 3159 provides that coverage under the Medicaid program includes expenses incurred for the provision of pasteurized donated human breast milk, which will include human milk fortifiers, if indicated in a medical order provided by a licensed medical practitioner, to an infant under the age of six months. In order for the Medicaid program to cover such expenses, the milk must be obtained from a human milk bank that meets quality guidelines established by the Department of Health. In addition, a licensed medical practitioner must have issued a medical order for the infant under at least one of the following circumstances:

(1) the infant is medically or physically unable to receive maternal breast milk or participate in breast feeding or the infant's mother is medically or physically unable to produce maternal breast milk in sufficient quantities or participate in breast feeding despite optimal lactation support; or

(2) the infant meets any of the following conditions: a body weight below healthy levels, as determined by the licensed medical practitioner; a congenital or acquired condition that places the infant at a high risk for development of necrotizing enterocolitis; or a congenital or acquired condition that may benefit from the use of donor breast milk and human milk fortifiers, as determined by the Department of Health.

### FISCAL IMPACT:

The Office of Legislative Services (OLS) estimates that this bill may cause the State to incur indeterminate annual costs to provide pasteurized donated human breast milk to individuals who receive health care services under the State's Medicaid program, and to receive and expend federal Medicaid matching funds. The cost to provide these services cannot be quantified with any certainty as: (1) the cost for these services is unknown and (2) the number of individuals who will receive these services is unpredictable. Some of the expenditures may result in a decrease in medical costs associated with the care of infants; however, the OLS cannot quantify with any certainty any savings that may be attributed to the provisions of the bill.