HB 2149 would require the Kansas Department of Health and Environment (KDHE) to reimburse “medical care facilities,” as defined in the bill, for donor human breast milk (milk) provided to a recipient of medical assistance under the Kansas Program of Medical Assistance in certain situations.

Reimbursement would be required for prescribed milk provided to infant recipients of medical assistance if the infant is under three months of age, critically ill, and in the neonatal intensive care unit of a hospital as long as the following conditions are met:

- The milk was ordered by a person licensed to practice medicine and surgery;
- KDHE determined the milk was medically necessary for the infant;
- An informed consent form indicating the risks and benefits of using banked milk was signed and dated by the infant’s parent or legal guardian; and
- The milk was obtained from a milk bank that meets the quality requirements established by KDHE.

The KDHE would be required to utilize an electronic prior authorization system that uses the best medical evidence and care and treatment guidelines consistent with

*Supplemental notes are prepared by the Legislative Research Department and do not express legislative intent. The supplemental note and fiscal note for this bill may be accessed on the Internet at http://www.kslegislature.org
national standards to determine medical necessity. In addition, the KDHE would be required to promulgate rules and regulations deemed necessary to administer the provisions in the bill.

Background

In the House Committee on Health and Human Services, a neonatal nurse practitioner from St. Luke’s Health System testified in support of the bill. She noted the benefits of human breast milk, explained the donation process, and discussed situations in which milk may be the most beneficial option for nutrition.

No opponent or neutral testimony was provided.

According to the fiscal note prepared by the Division of the Budget, the fiscal effect of the bill for KDHE would be negligible.