



CALIFORNIA
BREASTFEEDING
COALITION

March 2, 2023

The Honorable Lori Wilson
California State Assembly, District 11
State Capitol
P.O. Box 942849
Sacramento, CA 94249

RE: Proposed amendment to AB 228: Infant Formula Stockpile

Dear Assemblymember Wilson,

On behalf of the California Breastfeeding Coalition (CBC), thank you for your leadership and being proactive to address the ongoing infant formula shortage concerns in California. We appreciate and understand the need to safeguard additional infant formula resources. However, the CBC respectfully requests that you consider amending and expanding AB 228 to focus on “Infant and Young Child Feeding in Emergencies” (IYCF-E). A broader framework for the bill is an opportunity to address all public health emergencies (e.g., natural disasters, climate-related disasters, pandemics, and supply chain disruptions, etc.) that affect infant feeding practices and access to infant foods.

Infants and young children, as well as pregnant, postpartum and lactating people have specific access and functional needs that are often exacerbated during and/or after public health emergencies. The Centers for Disease Control and Prevention (CDC), developed a comprehensive tool that provides resources and recommendations to address these important needs. The [Infant and Young Child Feeding in Emergencies \(IYCF-E\) Toolkit](#) contains information on how to best support families and provide optimal nutrition to infant and young children during emergencies.

We are proposing the following amendments, including a name change of the current bill, to AB 228: *Infant and Young Child Feeding in Emergencies*

Require the State Department of Public Health and the Office of Emergency Services, in coordination with other state agencies as appropriate to establish an Infant and Young Child Feeding in Emergencies (IYCF-E) Taskforce to develop statewide emergency preparedness, response and recovery plans for IYCF-E that considers the specific needs of infant and young children with the goal of protecting and maximizing nutrition, health and development of children.

The IYCF-E Taskforce will develop statewide emergency preparedness, response and recovery plans using the most recent U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [Infant and Young Child Feeding in Emergencies \(IYCF-E\) Toolkit](#).

Broadening the focus of AB 228 from establishing an infant formula stockpile to establishing an IYCF-E Taskforce and statewide emergency preparedness, response and recovery plans will fill a critical void and address the specific needs of infants and young children with the goal of protecting and maximizing nutrition, health and development of all California children regardless of the infant feeding method.

We are not supportive of the establishment of a state managed infant formula stockpile and infant formula stockpile advisory committee. It is a singular solution to larger systemic and structural issues. An infant formula stockpile may not address all emergencies and is not inclusive to all families. Moreover, creating an infant formula stockpile raises important concerns related to infant safety as infant formula is not shelf stable, possible waste of unused formula, and equitable distribution.

Recently, Nourish California surveyed 1,114 Californians, including parents with infants, regarding the infant formula shortage and over 52% of families voiced that they experienced challenges during this time. In the 6 focus groups, families shared they needed access to clean water, breastfeeding support, breastfeeding supplies, and safe formula. We also heard about the increased utilization of donor human milk during the shortage. The establishment of an IYCF-E Taskforce and the development of statewide emergency preparedness, response and recovery plans, will thoughtfully and effectively address these needs.

Families who breastfeed and human milk feed their infants, including those who utilize donor human milk, are not always thought of during emergencies or included in disaster prevention and preparedness planning. We need to be more inclusive of all families providing live-giving and life-sustaining nutrition to infants. In 2021, the [California Department of Public Health](#) (CDPH) noted that a majority (93.4%) of new parents in California initiated breastfeeding while in the hospital. However, significant disparities and inequities related to accessing lactation education, support and services for marginalized families in California exist. The disparate access to essential human milk feeding and lactation resources increases the likelihood of infant formula supplementation. Further, the CDPH [Maternal and Infant Health Assessment Survey](#)-2016-2018, shows that by one month postpartum, only 47.8% of families are exclusively breastfeeding, and due to structural barriers such as racism and bias, this rate is even lower for our minoritized families. Thus, families would greatly benefit from receiving more lactation support to meet their infant feeding intentions and to sustain a milk supply which can be life-saving during public health emergencies.

In addition to the infant formula shortage and ongoing pandemic, California families have also been impacted by climate-related disasters, such as wildfires, recent floods, earthquakes, and high heat that causes power outages. All of these emergencies impact families ability to feed their infants and young children regardless of the selected infant feeding method. Unfortunately, California is not well positioned to adequately support IYCF-E during these times.

A report on the infant formula shortage by the [Center for American Progress](#) “recommends interventions and reforms that prioritize access and affordability to key food and nutrition; ideas to reduce market concentration, thus increasing supply; workplace policies to support parents and caregivers; increased

oversight on consumer health and safety; and the reauthorization of key legislation that gives Americans the opportunity to create a truly inclusive and equitable food system.” Specifically CAP recommends to enact regulations to ensure people enrolled in traditional Medicaid plans are not forced to pay out of pocket for breastfeeding counseling and equipment—a practice that is prohibited for most Medicaid expansion and private plans—and require federal and state Medicaid plans to cover at least one breast pump per pump type (electric, manual, or battery-operated). California has failed to enact such regulations, and it is time that the legislature directs our state’s Medi-Cal program to strengthen its breastfeeding support. We are willing and able to have discussions about this issue if you are interested.

The CBC is a coalition of 43 county breastfeeding coalitions, and state and local organizations. Our mission is to improve the health and well-being of Californians by working collaboratively to protect, promote, and support lactation. Our vision is that all California families receive equitable access to quality, timely and essential lactation support throughout the perinatal period. We recognize the vast disparities in breastfeeding rates exist due to racist structures and systems in health education, communication and medical policies and practices. Through our advocacy and education efforts, we amplify the voices and experiences of those who have been historically ignored.

We gratefully thank you for your consideration of our amendment request and ask for your support to address the full spectrum of Infant and Young Child Feeding in Emergencies. Please do not hesitate to contact us with questions or for a deeper discussion on this issue.

Sincerely,



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