

AMERICAN MEDICAL ASSOCIATION WOMEN PHYSICIANS SECTION

Resolution: Assigned by HOD
(I-24)

Introduced by: Elizabeth Strauch

Subject: Protecting Infant and Young Child Feeding

Referred to: Reference Committee (Assigned by HOD)

1 Whereas, more than half of all infants in the United States consume formula, either exclusively
2 or as a supplement, by three months of life;¹ and

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4 Whereas, a recent investigation into Nestlé identified nutritional discrepancies between the
5 infant formula sold in high-income countries and low- and middle-income countries, specifically
6 elevated levels of sugar in formula sold in low- and middle-income countries;² and

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8 Whereas, within the United States, infant formula is advertised as similar to breast milk, but
9 research has identified up to 7.7 g/100 kcal of added sugars in certain formulas which could
10 prime the developing brain's reward circuit to prefer high-sugary foods and contribute to the
11 significant rates of obesity in pediatric populations;^{4,5} and

12
13 Whereas, numerous structural and systemic barriers prevent caregivers from pursuing
14 breastfeeding, and disproportionately affect marginalized groups;⁶ and

15
16 Whereas, donor breast milk costs \$14.37/100 mL and formula costs \$3.30/100 mL, making
17 donor milk prohibitively expensive;^{7,8} and

18
19 Whereas, in 2021, 16% of children in the United States lived below the poverty line, thus making
20 purchase of donor breast milk a nonviable option for many families;⁹ and

21
22 Whereas, the use of donor breast milk is associated with decreased risk of early childhood
23 pathology and increased likelihood of continuation of breastfeeding relative to infant formula;¹⁰
24 and
25

Whereas, premature infants that are exclusively fed human breast milk have significantly reduced rates of necrotizing enterocolitis, one of the leading causes of death in premature infants;³¹ and

Whereas, research conducted in Florida determined that, in addition to avoiding more infant deaths, using pasteurized donor human milk in neonatal intensive care units would avoid an estimated \$4 million in annual health care expenditures;³² and

Whereas, seventeen states and the District of Columbia have passed legislation that requires Medicaid coverage of donor human milk;⁸ and

Whereas, birthing parents who undergo chemotherapy, and those who have certain infections, are not able to breastfeed due to the impact of radiation and the risk of transmitting diseases to the infant;^{11,12} and

Whereas, thousands of infants, older children, and adults with metabolic, gastrointestinal and allergic disorders rely on specialty formulas to meet their nutritional needs;¹³ and

Whereas, four companies: Abbott Nutrition, Nestle, Mead Johnson, and Perrigo control nearly 90% of the infant formula market in the United States;¹⁴ and

Whereas, the dominant formula companies have further consolidated an already concentrated market by relying on just a few manufacturing facilities to produce the majority of their products;¹⁵ and

Whereas, reports of bacterial contamination in the manufacturing facility responsible for producing 40% of Abbott Nutrition's products led to a mass formula recall and subsequent plant closure in 2022;¹⁶ and

Whereas, Abbott Nutrition's 2022 formula recall and plant closure caused a mass shortage with the national out-of-stock rate for infant formula spiking to 74%;¹⁷ and

Whereas, on average, formula companies with sole-source WIC contracts hold 84% of the market share in each of their respective states, resulting in highly concentrated individual state formula markets that are particularly vulnerable to supply disruptions and shortages;¹⁹ and

Whereas, unsafe infant feeding practices including rationing, diluting, and using homemade formula rose from 8% to 48.5% during the 2022 formula shortage;²² and

Whereas, despite introducing several bills that would address the underlying causes of the formula recall and subsequent shortage, the federal government's lack of action left the nation vulnerable and susceptible to future formula crises;²³ and

Whereas, the U.S. Food and Drug Administration (FDA) and the U.S. Department of Agriculture (USDA) announced plans to enhance inspections of formula production facilities, promote new market entry, and support WIC agencies in the event of future formula crises but failed to address the issue of sole-source WIC contracts exacerbating market concentration;¹⁵ and

Whereas, infant formula tariff rates reaching 17.5% serve as significant barriers to entry into the U.S. formula market for foreign manufacturers and further reduce healthy competition;²⁴ and

Whereas, the bipartisan “Formula Act” (H.R. 8351) that waived tariffs on imported infant formulas through January 1, 2023 helped replenish the national supply and doubled the number of manufacturers selling baby formula in the United States before expiring;²⁵ and

Whereas, the expiration of the “Formula Act” (H.R. 8351) and the return of import tariffs caused formula supply to drop again and led to price increases of as much as \$8.00 per can;²⁶ and

Whereas, competition and market diversity benefit consumers by keeping costs low, increasing the quality of goods, providing consumers with greater variety, and ensuring a reliable and sustainable infant formula supply for American families;^{27, 28, 29} and

Whereas, the short-term solutions enacted in 2022, such as tariff reductions and amended regulatory requirements for imported formulas, alleviated the strain of the infant formula shortage but did not solve the underlying structural issues of limited suppliers, thus demonstrating the need for long-term solutions in order to prevent future formula crises;³⁰ therefore be it,

RESOLVED, that our AMA support Medicaid coverage of donor human breast milk; and be it further

RESOLVED, that our AMA advocate for an adequate supply and consistent sources of infant milk formula.

Fiscal Note: Assigned by HOD

Date Received: XX/XX/2024

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Relevant AMA Policy

Collective Bargaining: Antitrust Immunity D-383.983

Our AMA will: (1) continue to pursue an antitrust advocacy strategy, in collaboration with the medical specialty stakeholders in the Antitrust Steering Committee, to urge the Department of Justice and Federal Trade Commission to amend the "Statements of Antitrust Enforcement Policy in Health Care" (or tacitly approve expansion of the Statements) and adopt new policy statements regarding market concentration that are consistent with AMA policy; and (2) execute a federal legislative strategy.

Adequate Funding of the WIC Program H-245.989

Our AMA urges the U.S. Congress to investigate recent increases in the cost of infant formula, as well as insure that WIC programs receive adequate funds to provide infant formula and foods for eligible children.