

**Statement for the Record**

**U.S. Senate Committee on the Judiciary**

**Subcommittee on Competition Policy, Antitrust, and Consumer Rights**

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*Baby Formula and Beyond: The Impact of Consolidation on Families and Consumers*

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Chair Klobuchar and Ranking Member Lee, committee members and my fellow distinguished panelists: I am honored to have the opportunity to speak before you today.

My name is Ginger Carney, I am a registered dietitian nutritionist, an International Board-Certified Lactation Consultant, and director of Clinical Nutrition and Lactation Services for St. Jude Children's Research Hospital in Memphis, Tennessee.

I am here today on behalf of the Academy of Nutrition and Dietetics, which represents more than 112,000 registered dietitian nutritionists; nutrition and dietetics technicians, registered; and advanced-degree nutritionists. As the current infant formula supply shortage continues, Academy members are on the frontlines to serve communities across the country. As the Immediate Past President of the Tennessee Academy of Nutrition and Dietetics and a current member of several Dietetic Practice Groups focusing on key areas of nutrition care, including the Pediatric Nutrition

Dietetic Practice Group and the Women's Health Nutrition Dietetic Practice Group, I am prepared to give you a sense of how this crisis is impacting infants, young children and families including some of our most vulnerable populations like WIC recipients and those with metabolic disorders – where we know the first 1,000 days of life are critical for setting them up for long term health. We need to do more to address this crisis and to prevent it from happening in the future.

No infant should face hunger and food insecurity because of safety or supply shortages. Since February 2022, dietitians have been working around the clock to determine appropriate and safe formula alternatives for patients impacted by the current shortage. I have experienced the devastation the formula supply chain disruption has placed on so many families in my hometown of Memphis, Tennessee.

This crisis is not only impacting infants – there are many children who require special feedings and rely on therapeutic formulas to meet their nutritional needs to grow and develop appropriately. In my role in a pediatric research hospital, we have experienced shortages in our enteral feeding formulas, or formulas provided through a tube for those children who cannot or will not eat enough to sustain them. Many of our patients are children with cancer who cannot tolerate certain foods because their digestive systems have been compromised from chemotherapy and radiation causing them to rely on specialized formula for their nutrition needs. The clinical dietitians on my staff have had to draw on their extensive expertise to recommend the appropriate tube feeding formulas to provide optimal nutrition support while monitoring tolerance for the children we serve at St. Jude.

Dietitians may spend hours on the phone every day, speaking with representatives to try to find formula for their patients. One colleague in Miami, Florida, reported that parents will file prescriptions to pharmacies and it may take up to one month before a shipment is received and there is no guarantee when the formulas will be back in stock. Another dietitian from Kansas shared that babies with intolerances have been significantly impacted with the shortage and at

risk of poor growth, gastrointestinal problems, and even severe dehydration, a pediatric emergency, if parents modify recipes or attempt to make their own formula.

In fact, this exact event happened in Memphis just recently when two children were admitted to our local pediatric hospital with dehydration caused by intolerance to a formula which had been substituted for their regular specialized formula. Parents and caregivers are at their wits' end and feel that they must find something to feed them – when an infant is hungry or child is dependent on a specialized feeding, it can be life-threatening when needed formulas are not available.

A fellow Academy member who works in a children's hospital shared this story of a family she met with in February 2022, three weeks before the formula recall. First-time parents to a set of premature, 10-month-old twins came into her clinic for a routine follow-up.

At the time of this visit, the babies were behind developmentally in eating solid foods, so 100% of their nutrition was still coming from a formula that was recalled as a potentially contaminated formula. When they learned they could no longer use this formula, they switched to almond milk – they thought that almond milk would be a good alternative because the formula they were on previously was hypoallergenic. Unfortunately, this is not the case.

The switch to almond milk reduced the babies' calorie intake by nearly 60%. The babies were immediately admitted as high-risk patients to the hospital during their follow-up visit – they were incredibly lethargic and severely malnourished.

I'm sure many of you understand just how stressful it is to be a parent. Imagine having to worry that you might not be able to keep your baby fed as your last can of formula is almost empty. Parents are driving for hours to nearby towns to see if even one or two cans of their baby's formula is on store shelves. As you can imagine, many families are not able to do this given

financial or geographic limitations, so this crisis is once again disproportionately impacting low income and rural families.

My colleague in Louisiana who works for WIC shared that she is spending all day fielding phone calls from panicked and desperate parents looking for infant formula.

A dietitian with the WIC program in Nashville told me that now her job now entails riding around the city on a daily basis to take pictures of store shelves so that she and her staff can advise their clients which store has the formula they need in stock. One of the mothers she serves told her that she was petrified that any formula she gave her baby could be contaminated.

My Tennessee colleague also told me that she is seeing an increase in an interest with expectant mothers to seriously consider breastfeeding considering the formula crisis. To assure nutrition for their infants, some mothers are re-lactating which is no easy task. My own niece delivered a baby earlier this month and her desire to breastfeed was confirmed because of the shortage of formula. Fortunately, she refused formula gift bags that were brought to her upon discharge which could have interfered with the establishment of successful breastfeeding. Traditionally formula gift packs are given to all new moms, whether breastfeeding or not.

The health, growth and development of America's youngest citizens are at risk due to the formula shortage. We appreciate that members of Congress are acting now to ramp up production and increase the supply by providing flexibilities and increasing funding. However, we are concerned about the impact of this crisis and how we will measure that as well as prepare appropriately to prevent this from happening in the future.

First, we know the importance of the first 1,000 days of life for long term health outcomes. We must track the cohort of infants experiencing this crisis and determine the short- and long-term

impact on their medical outcomes and nutrition security. To date, we are not aware of any efforts to formally document this.

Second, we have not heard that this has happened anywhere other than in the United States. Other developed countries seemed to have managed shortages without significant issues. We must learn from others and revisit the laws and regulations to ensure a stable and safe supply in the future. This includes a thorough examination from production and oversight to access and affordability. We cannot let this happen again.

Third, insurance companies must reduce the burden required for treatment authorization for non-formulary infant formulas.

Lastly, we must do more to support women who want to breastfeed especially as they return to work. There are too many systemic challenges for working moms and families to continue breastfeeding and we can create laws and regulations that could help more mothers establish and maintain breastfeeding. That would significantly improve access to safe and stable nutrition for infants in our country.

Thank you, once again, Chair Klobuchar, Ranking Member Lee, and all committee members for your time and consideration. I would be happy to respond to any questions that you may have.