

Senator Bob Casey  
393 Russell Senate Office Building  
Washington, DC 20510

Rep. John Delaney  
1632 Longworth House Office Building  
Washington, DC 20515

Sen Grassley  
135 Hart Senate Office Building  
Washington, DC 20510

Rep. Herrera-Beutler  
1107 Longworth House Office Building  
Washington, DC 20515

February 22, 2018

Dear Senators Casey and Grassley and Representatives Delaney and Herrera-Beutler:

On behalf of Patients & Providers for Medical Nutrition Equity, a coalition of patient and provider organizations that represent individuals for whom specialized nutrition is medically necessary for treatment of their digestive or inherited metabolic disorder, we write to provide our strong endorsement of the Medical Nutrition Equity Act (S. 1194/H.R. 2587). We applaud your leadership in recognizing the problems that patients with these chronic conditions face, and for introducing legislation that allows these patients and their physicians to pick the treatments that are medically appropriate for them.

For a subset of the patients with the diseases and conditions covered under your legislation, specific formulas and vitamins essential to the treatment of these conditions offer a more medically appropriate, less risky, and less costly alternative. For example, for many of the digestive diseases covered in your legislation, including Crohn's disease and eosinophilic esophagitis, medical nutrition may constitute the only safe and effective therapy available to a patient. Alternatively, medical nutrition may be the preferred medical treatment, with fewer risks and side-effects than other therapeutic options.

Additionally, more than four million newborns in the United States receive state-mandated testing for inborn errors of metabolism as recommended by the Secretary of HHS' Recommended Uniform Screening Panel. Each year, approximately 7,200 of these babies are diagnosed with inherited metabolic disorders as a result of this mandated testing. For most of these babies, such as those diagnosed with phenylketonuria (PKU), the use of medical nutrition is not merely an optional, alternative food choice, but a medical necessity.

When diseases of the digestive system or inherited metabolic disorders are left unmanaged or untreated, the medical consequences are often significant, permanent, and costly. The implications of denied or delayed access to medical nutrition in pediatric populations are particularly profound — inadequate growth, abnormal development, cognitive impairment, and behavioral disorders. In severe cases, without medical nutrition, the outcome can be surgery, hospitalizations, intellectual disability, or even death. Children with an unmanaged disease also suffer emotionally and socially.

Unfortunately, patients often find that their insurance provider considers these medical foods and other forms of medical nutrition to be "groceries." Consequently, insurance coverage is denied and patients are forced to seek alternative treatments or go without treatment altogether, resulting in disability. Medical foods and other forms of medical nutrition are not groceries, but rather are a major treatment modality for inherited metabolic disorders and diseases of the digestive system.

Further, without coverage, medical nutrition is unaffordable for many families. For example, some children with Crohn's disease require a pre-digested formula such as Peptamen 1.5, which, at five cans per day, can cost an average of \$1,500/month. For many patients and their families, the out-of-pocket costs for specialized formulas are prohibitive, particularly when you consider that these formulas cost less than biologics that are covered for some of these conditions. Biologic therapies are not only costly, but confer medical risks, such as suppression of the immune system which can increase a patient's risk of infection.

When an insurance company does cover a medical formula, it often comes with the stipulation that the formula be administered through the nose or through a tube surgically placed in the patient's gut, both of which carry additional risks. For example, a gastrostomy tube can leak, cause ulcerations, or a patient may experience infection at the insertion site. In severe cases, some patients with these feeding tubes experience a perforation in the intestinal tract.

These types of coverage policies are irrational and interfere with thoughtful medical decision making. The Medical Nutrition Equity Act would ensure coverage parity, providing patients the ability to choose the best treatment option in consultation with their physician. Patients & Providers for Medical Nutrition Equity thanks you for your critical leadership on this important issue. Passage of S.1194/H.R.2587 will have a profound effect on the many patients who require medically necessary nutrition to survive and thrive. We stand ready to work with you to build critical bi-partisan support for this legislation and to move toward passage. Please contact Megan Gordon Don at 202.246.8095 or [mgdon@mgdstrategies.com](mailto:mgdon@mgdstrategies.com) if you have any questions or need more information.

Sincerely,

American Academy of Pediatrics  
American College of Gastroenterology  
American College of Medical Genetics and Genomics  
American Gastroenterological Association  
American Partnership for Eosinophilic Disorders  
Association for Creatine Deficiencies  
Association of Pediatric Gastroenterology and Nutrition Nurses  
Children's Hospital at Dartmouth  
Children's Hospital Colorado  
[Children's Medical Nutrition Alliance](#)  
[Children's MAGIC US](#)  
Children's National Health System  
Crohn's & Colitis Foundation  
Campaign Urging Research for Eosinophilic Disease (CURED)  
EveryLife Foundation for Rare Diseases  
FOD (Fatty Oxidation Disorders) Family Support Group  
Genetic Metabolic Dietitians International (GMDI)  
Maple Syrup Urine Disease Family Support Group  
March of Dimes  
National Organization for Rare Disorders (NORD)  
National PKU Alliance, Inc.  
National PKU News  
National Urea Cycle Disorders Foundation

Nationwide Children's Hospital

North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN)

Organic Acidemia Association

Pediatric IBD Foundation

Propionic Acidemia Foundation

Society for Inherited Metabolic Disorders