

# Co-Sponsor S 3657/HR 2501, the Medical Nutrition Equity Act

The Crohn's & Colitis Foundation urges members of Congress to co-sponsor S 3657/HR 2501, the Medical Nutrition Equity Act. Introduced by Representatives McGovern (D-MA-2), and Herrera Beutler (R-WA-3), and Senators Bob Casey (D-PA), and Joni Ernst (R-IA), this bill would ensure that public and private insurance covers medically necessary foods for inherited metabolic disorders and digestive diseases including Crohn's disease and ulcerative colitis (inflammatory bowel disease or IBD).

#### What are medically necessary foods?

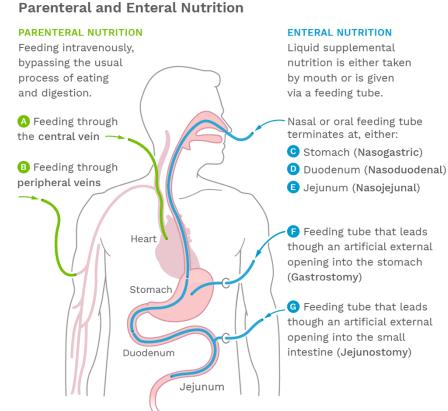
The legislation defines medically necessary foods as:

- Recommended for use by a physician
- Specially formulated for partial or exclusive feeding of an individual
- Intended to meet medically determined nutrient requirements
- Intended for use under medical supervision

## How are medically necessary foods used to manage IBD?

Patients with IBD can turn to medically necessary foods to for nutritional support, and to help them achieve remission. For pediatric patients:

- - The standard of care for inducing remission internationally in children with mild-to-moderate Crohn's disease is with orally or enterally administered formulai
  - Using enteral formula may reduce the frequency of use of higher cost medications<sup>ii</sup>
  - A diet consisting partially of formula may prolong remission without increasing the dosage of expensive therapies
  - Exclusive enteral nutrition (EEN) as a means to induce remission is safer, improves growth, and encourages healing in children over steroid therapyiii, iv



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### What are the costs of medically necessary foods, and coverage landscape?

- Medically necessary foods can range from \$10-\$60 per day
- Medically necessary foods are not typically covered by insurance unless they are delivered via a feeding tube –
  which is often unnecessary for IBD patients
- Families that can't pay for medically necessary foods out of pocket may turn to more expensive medications that are covered by insurance but may have more side effects, such as steroids or biologics

### **Co-sponsor the Medical Nutrition Equity Act**

This bill provides for coverage of medically necessary foods under Medicaid, CHIP, Medicare, FEHBP, and private insurance if prescribed by a patient's provider for patients with inherited metabolic disorders as well as digestive diseases like Crohn's disease and ulcerative colitis.

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<sup>&</sup>lt;sup>1</sup> Ruemmele FM, Veres G, Kolho KL, Griffiths A, Levine A, Escher JC, et al. Consensus guidelines of ECCO/ESPGHAN on the medical management of pediatric Crohn's disease. J Crohns Colitis (2014) 8(10):1179–207.10.1016/j.crohns.2014.04.005

<sup>&</sup>quot;Nguyen DL, Palmer LB, Nguyen ET, McClave SA, Martindale RG, Bechtold ML. Specialized enteral nutrition therapy in Crohn's disease patients on maintenance infliximab therapy: a meta-analysis. *Therapeutic Advances in Gastroenterology*. 2015;8(4):168-175. doi:10.1177/1756283X15578607.

<sup>&</sup>lt;sup>iii</sup> Borrelli O., Cordischi L., Cirulli M., Paganelli M., Labalestra V., Uccini S., Russo P.M., Cucchiara S. Polymeric diet alone versus corticosteroids in the treatment of active pediatric Crohn's disease: A randomized controlled open-label trial. Clin. Gastroenterol. Hepatol. 2006;4:744–753.

Penagini, F., Dilillo, D., Borsani, B., Cococcioni, L., Galli, E., Bedogni, G., ... Zuccotti, G. V. (2016). Nutrition in Pediatric Inflammatory Bowel Disease: From Etiology to Treatment. A Systematic Review. *Nutrients*, 8(6), 334. http://doi.org/10.3390/nu8060334