

# Medical Nutrition Equity Act

June 2024 Update  
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# My Advocacy Journey





# The Issue

DOZENS OF GI & METABOLIC CONDITIONS RELY ON MEDICAL NUTRITION AS AN IMPORTANT OR SOLE TREATMENT




MEDICAL NUTRITION IS POORLY UNDERSTOOD	Defined by the Orphan Drug Act; In a separate category from drugs
STATE LAWS ARE INCONSISTENT	Exceptions cause gaps in coverage based on condition, age, insurance type, state, gender, and delivery method
HEALTH COSTS OF GOING WITHOUT CARE ARE HIGH	These are essential treatments. Ref: The Formula Crisis



# The Solution: MNEA

## MEDICAL NUTRITION EQUITY ACT

THIS FEDERAL LAW WILL MAKE COVERAGE NATIONALLY CONSISTENT, ELIMINATE REGULATORY LOOPHOLES, AND ENSURE ESSENTIAL COVERAGE

 <b>UNIVERSAL</b>	Good coverage isn't affected; bad coverage is improved
 <b>ACCESSIBLE</b>	The proposed law covers public, employer-provided, and marketplace plans
 <b>COST-EFFECTIVE</b>	The cost of not treating these disorders is much higher than the cost of providing coverage

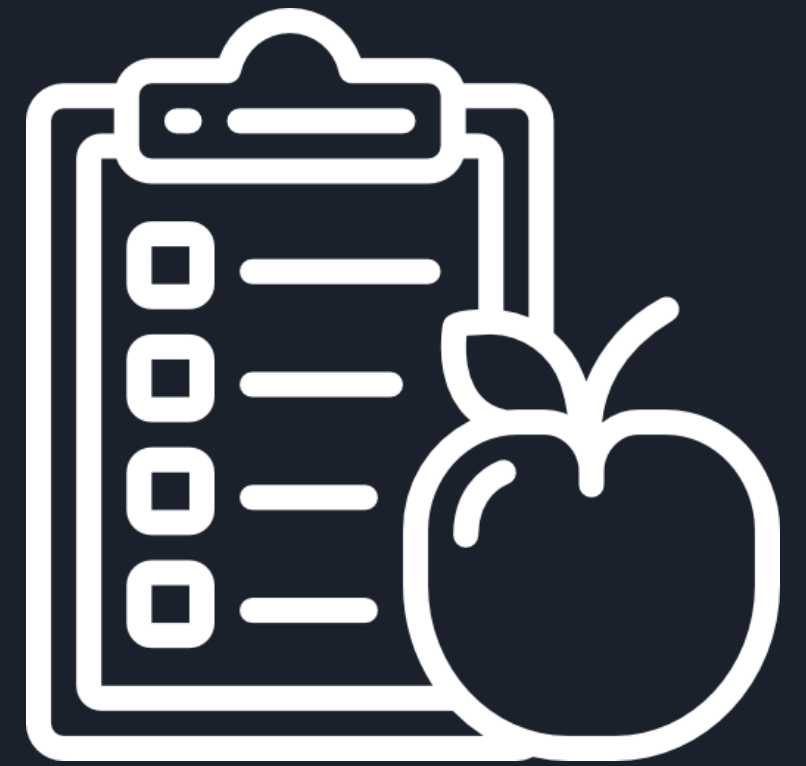
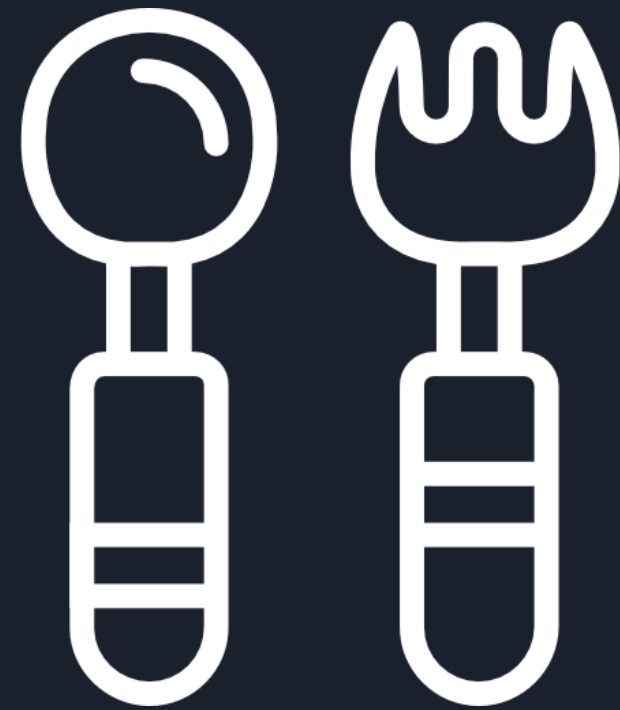


# Who is Covered?

- Medical or Surgical Conditions of Malabsorption
- Inborn Errors of Metabolism and Conditions on the RUSP
- Immunoglobulin E & non-Immunoglobulin E-mediated allergies to food proteins
- Inflammatory or immune mediated conditions of the alimentary tract

The language in the bill leaves additional condition coverage up to the discretion of the Secretary of Health and Human Services.

# What is Covered?





# How is it Covered?

No rule on whether products are obtained from a pharmacy or DME

Amount of coverage: “...with respect to medically necessary food ..., the amount paid shall be an amount equal to 80 percent of the lesser of the actual charge for the services or the amount determined under a fee schedule established by the Secretary for purposes of this subparagraph.”



# MNEA Bill Co-Sponsors

## HOUSE

## SENATE

**D**

Rep. James McGovern (MA)

Sen. Robert Caset (PA)

**R**

Rep. John Rutherford (FL)

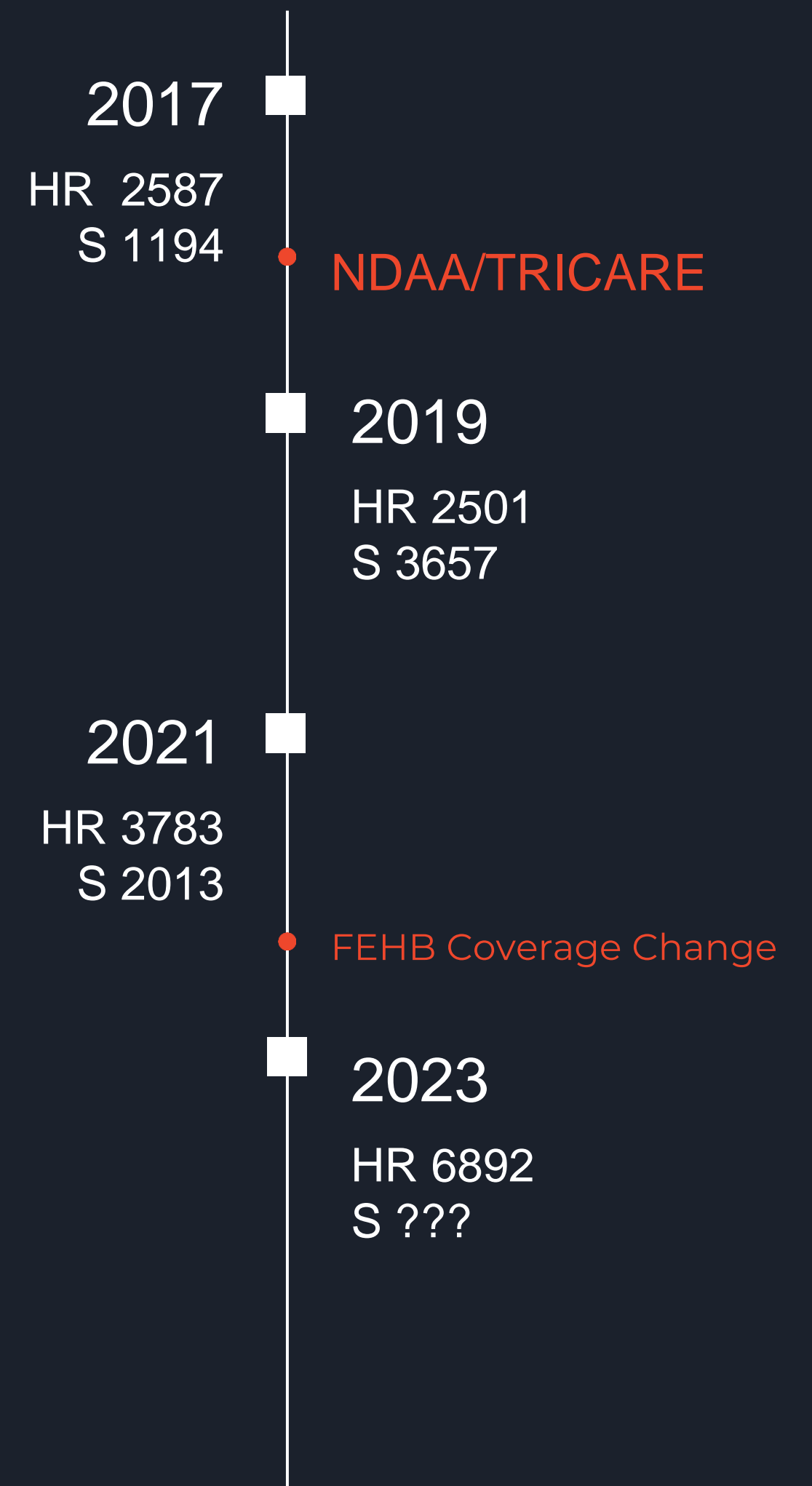
TBD





# SIGNIFICANT PRECEDENT

Nearly the same language was introduced in the 115th, 116th, and 117th Congresses with bi-partisan support in both chambers





# What's the Hold Up?

1

## WE'RE RARE!

The issue is obscure and the groups are disparate: the coalition binds us

2

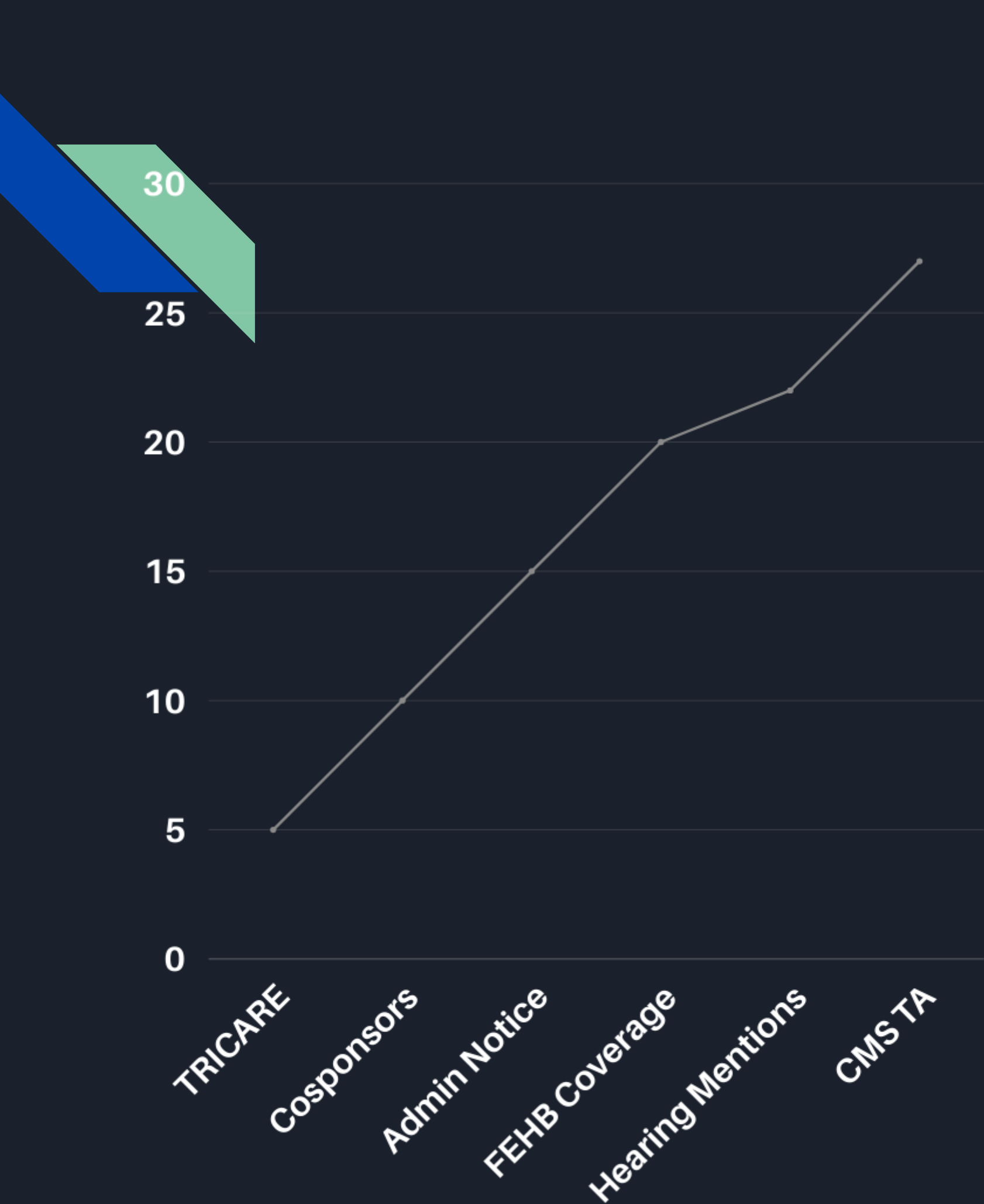
## MANDATES CAN BE UNPOPULAR

Particularly when they govern private insurance plans

3

## WE TOUCH A LOT OF COMMITTEES

Senate HELP | House: E & C, Ways & Means, Oversight, Armed Services



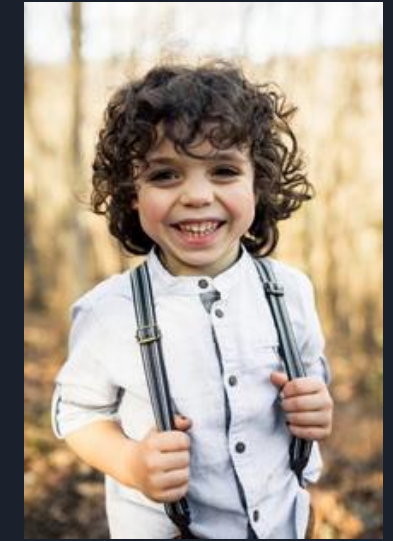
# PROGRESS HAS BEEN MADE

Each session, we gain additional co-sponsors and notice from key committee members

# Next Steps



YOU MAKE THE DIFFERENCE!



SHARE YOUR STORIES

The stories of those affected by the need for medical nutrition are the most compelling argument for the MNEA.

CONTACT YOUR LEGISLATORS

Reach out to legislators and ask them to support the bill.

# Get Involved!



**Take Action!**

- Use Twitter to spread the word
- Check to see if your congressional leaders are co-sponsoring the bill
- Send Pre-written emails to your Representatives and Senators asking their support
- Share your Medical Foods Story
- Like & Follow the Coalition on Social Media
- Contact your representatives via phone or schedule a meeting
- Sign-up for the Coalition Mailing List
- Encourage your Friends & Family to join



Collectively, our voices are loud!