



**Differences between the Medical Nutrition Equity Act as introduced in the
116th (S. 3657/H.R. 2501) and
117th Congresses**

The most substantive change to the bill when it was re-introduced in the 117th Congress was to add language requiring the HHS Secretary to consult with “appropriate scientific entities, such as the Agency for Healthcare Research & Quality” when deciding whether to add other diseases or conditions to those covered by the legislation. Other minor changes include:

1. The summary statement was updated to clarify the bill protects existing coverage laws that exceed the requirements in the Medical Nutrition Equity Act.
2. The findings section was updated to:
 - a. clarify what types of treatments are typically currently covered by insurance companies
 - b. correct a typo describing the number of babies born with inherited metabolic disorders
 - c. add a finding describing the impact that the COVID-19 pandemic has had on families who rely on medically necessary nutrition
3. The definition of medically necessary food was clarified to:
 - a. specify that it includes the medical equipment and supplies necessary to administer such food only if needed
 - b. indicate that the definition is limited to patients with a specified disease or condition, including those that are diagnosed as part of the Recommended Uniform Screening Panel (RUSP)