



April 15, 2024

The Honorable Ed Markey  
Chair, Health, Education, Labor &  
Pensions Committee's Subcommittee on  
Primary Health & Retirement Security  
U.S. Senate  
Washington, DC 20510

The Honorable Roger Marshall  
Ranking Member, Health, Education, Labor &  
Pensions Committee's Subcommittee on  
Primary Health & Retirement Security  
U.S. Senate  
Washington, DC 20510

Dear Chair Markey and Ranking Member Marshall:

The Patients & Providers for Medical Nutrition Equity (PPMNE), a national coalition of 45 patient and provider organizations that represent individuals for whom specialized nutrition is medically necessary for treatment of their gastrointestinal (GI) or inherited metabolic disease or disorder, commend the Subcommittee for its interest in "food as medicine" and for holding the April 17 hearing — "Feeding a Healthier America: Current Efforts and Potential Opportunities for Food is Medicine." In the spirit of the hearing's focus, we call your attention to the *Medical Nutrition Equity Act (MNEA)*, which has been supported by several members of the Health, Education, Labor and Pensions Committee in previous Congresses and is poised for reintroduction by Sen. Casey. The bill ensures patients with GI or inherited metabolic disorders have access to medically necessary nutrition, which includes specialized foods and formulas, to treat their diseases and disorders. There is a natural connection between the issue of medical nutrition and the issue of "food as medicine" for the patients who rely on specialized foods and formulas as their medical treatment.

The importance of improving access to medically necessary nutrition for patients with GI and metabolic disorders was included in the White House's 2023 National Strategy on Hunger, Nutrition and Health. Congress has also recognized the importance of improving coverage of medically necessary nutrition by including language similar to the *MNEA* in the 2016 *National Defense Authorization Act* for TRICARE beneficiaries. The *MNEA* builds on the coverage of medically necessary nutrition Congress passed for TRICARE beneficiaries by extending coverage to other payors. The out-of-pocket costs for specialized formulas and foods to treat GI and metabolic disorders can reach thousands of dollars per month, and, for many patients and families, cost is a barrier to access and treatment. It is time to extend coverage to other insured populations.

The 2022 formula shortage highlighted the necessity of specialized formulas for the children and adults who rely on them for both treatment and sustenance. These formulas are not discretionary for patients with GI and metabolic disorders; they are essential to their medical management and survival. We encourage you to visit [nutritionequity.org/category/states](https://nutritionequity.org/category/states) to read stories from individuals from across the country which underscore why passage of this legislation is imperative.

Our community has been advocating for passage of some version of this legislation for more than a decade. Our goal is to advance the *MNEA* this year, and we seek your support in that regard. We ask that this letter and the attached fact sheet be submitted for the hearing record. Please contact Megan Gordon Don at 202.246.8095 or [mgdon@mgdstrategies.com](mailto:mgon@mgdstrategies.com) with questions or requests for additional information.

Sincerely,

[Patients & Providers for Medical Nutrition Equity Coalition](https://nutritionequity.org)