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Title: Insurance Coverage for Medical Food Products

Introduced by: Shannon Paquette and Eric Walton for the Medical Student Section

Original Authors: Jamie Clark, Shannon Paquette, and Eric Walton

Referred to: Reference Committee B

House Action: **AMEND**

Whereas, inborn errors of metabolism (IEMs) are genetic conditions, which affect approximately 1 in 1500 Michigan newborns¹, and

Whereas, if untreated, IEMs can cause cognitive impairments, mental health and behavioral issues, respiratory distress, failure to thrive, coma, seizures, and even death¹, and

Whereas, the standard of care for the treatment of IEMs is a lifelong diet including specialized medical foods and dietary supplements regulated by FDA food and dietary supplement statutes², and

Whereas, IEMs are identified through the Michigan Newborn Screening Program, and

Whereas, as of January 1, 2017, the Michigan Newborn Screening Program can no longer pay for metabolic formula for persons of any age³, and

Whereas, the average annual wholesale cost of medical foods providing protein for IEM patients ranges from approximately \$8,500.00 for phenylketonuria to \$12,500.00 for type 1 tyrosinemia², and

Whereas, low-protein modified foods are not commonly available in retail stores and typically cost two to eight times more than their unmodified counterparts with additional shipping and handling charges, which can run up to \$50.00², and

Whereas, Michigan’s Children’s Special Health Care Services does not provide coverage to IEM patients over the age of 21⁴, and

Whereas, Michigan Medicaid services cover metabolic formulas regardless of age, height, weight, or caloric intake⁵, and

Whereas, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides coverage of certified medical foods and formulas in Michigan; however, children lose eligibility for this program at age 5^{6,7}, and

Whereas, 33 states mandate private insurers cover metabolic foods and/or low-protein foods for pediatric and adult patients with IEMs⁸, and

Whereas, six states mandate private insurers cover metabolic foods and/or low-protein foods for only pediatric patients with IEMs⁸, and

Whereas, Michigan is one of 11 states that does not mandate private insurers cover metabolic food or low-protein food for either pediatric or adult patients with IEMs⁸, and

54 Whereas, patients with insurance plans that cover medically necessary food and nutritional
55 treatments often struggle to access these products due to high deductibles⁸, and

56
57 Whereas, medical foods are exempt from deductibles under Pennsylvania state law and, under
58 Missouri state law, copayments, coinsurance, and deductibles for medical foods and formula cannot
59 exceed 50 percent the cost of food⁹, and

60
61 Whereas, American Medical Association (AMA) policy D-185.982, adopted in June 2016, states
62 that our AMA “will support legislation mandating insurance coverage with minimal deductibles or
63 copays for specialized medical food products used to treat inborn errors of metabolism”¹⁰; therefore
64 be it

65
66 RESOLVED: That MSMS advocate for health plan coverage of medical food products for
67 patients with inborn errors of metabolism regardless of age. Medical food products should be exempt
68 from deductibles and coinsurance and copayments should not exceed 50 percent.

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71 WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

¹ Michigan Department of Health and Human Services. Diet for Life. Michigan Department of Health and Human Services. http://www.michigan.gov/mdhhs/0,5885,7-339-73971_4911_4916-323855--,00.html. 2016. Accessed December 1, 2016.

² Camp KM, Lloyd-Puryear MA, Huntington KL. Nutritional Treatment for Inborn Errors of Metabolism: Indications, Regulations, and Availability of Medical Foods and Dietary Supplements Using Phenylketonuria as an Example. *Molecular genetics and metabolism*. 2012;107(1-2):3-9. doi:10.1016/j.ymgme.2012.07.005.

³ Michigan Family to Family Health Information Center. Assessing Insurance for Medical Food and Formula. Michigan Family to Family. <https://f2fmichigan.org/accessing-insurance-for-medical-food-and-formula/>. Accessed December 1, 2016.

⁴ Children’s Special Health Care Services (CSHCS) Program Mission Statement. Michigan Department of Health and Human Services. http://www.michigan.gov/mdhhs/0,5885,7-339-71547_35698-15087--,00.html. September 21, 2016. Accessed December 2, 2016.

⁵ Michigan Department of Health and Human Services. Bulletin Number: MSA 14-66. December 29, 2014. http://www.michigan.gov/documents/mdch/MSA-14-66_477760_7.pdf. Accessed on January 3, 2017.

⁶ MI-WIC Policy. Michigan Department of Health and Human Services; 2016. https://www.michigan.gov/documents/mdch/7.03_QualifyingConditions_316130_7.pdf. Accessed December 2, 2016.

⁷ Berry SA, Kenney MK, Harris KB, et al. Insurance coverage of medical foods for treatment of inherited metabolic disorders. *Genetics in Medicine*. 2013;15(12):978-982. doi:10.1038/gim.2013.46.

⁸ Berry SA, Brown C, Grant M, et al. Newborn screening 50 years later: access issues faced by adults with PKU. *Genetics in Medicine*. 2013;15(8):591-599. doi:10.1038/gim.2013.10.

⁹ Wilson, K., Charmchi, P., Dworetzky, B. State Statutes & Regulations on Dietary Treatment of Disorders Identified Through Newborn Screening. http://www.nccrg.org/docs/NCC/ACA/Products/Dietary_Treatment_Supplements_2016.pdf. November, 2016. Accessed on January 14, 2017.

¹⁰ AMA policy D-185.982. Health Coverage for Nutritional Products for Inborn Errors of Metabolism.