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Title: Coverage for Vitamin D Supplementation for Newborns

Introduced by: Laura Carravallah, MD, for the Genesee County Delegation

Original Authors: Linh-An Cao, Alisha Ching, Anne Drolet, Fredrick Hetzel, Rohit Nallani, Thomas Ridella, and Lauren Smith

Referred to: Reference Committee A

House Action: **APPROVED AS AMENDED**

Whereas, vitamin D deficiency is a preventable disorder that has been associated with increased risk for numerous health issues in children and adults, and

Whereas, according to studies, the prevalence of vitamin D deficiency in newborns has been found to be between 12.1 to 58.0 percent<sup>1</sup>, and

Whereas, vitamin D deficiency in newborns has been linked to increased risk of developing health problems, including rickets, lower respiratory infections, growth failure, irritability, and seizures<sup>2,3</sup>, and

Whereas, it is recognized that breast milk only contains approximately 25 IU/L or less of vitamin D, and supplementation has been shown to be efficacious in increasing serum vitamin D levels and in preventing vitamin D deficiency in infants<sup>4,5,6</sup>, and

Whereas, the American Academy of Pediatrics recommends that all newborn babies, especially those breastfeeding, receive a daily intake of 400 IU of vitamin D starting in the first few days of life to prevent deficiency, and

Whereas, in the United States, 75 to 89 percent of infants are not meeting the 400 IU of vitamin D per day recommendation, and only 1 to 13 percent of infants are receiving oral vitamin D supplement<sup>7</sup>, and

Whereas, the Patient Protection and Affordable Care Act (PPACA) requires insurance programs to cover selected supplements, including pediatric fluoride and/or iron supplementation, at no cost for children over the age of six months only<sup>8</sup>, and

Whereas, Poly-vi-sol, a commonly prescribed vitamin D supplement for newborns, costs a minimum of \$8.68 for 50 mL and lasts approximately 12.5 days per child, costing a family a minimum of \$125 per child for the first six months, and

Whereas, 34 percent of low income Americans do not fill prescription drugs due to cost and/or lack of coverage<sup>9</sup>, and

Whereas, there is no current coverage of preventative vitamin supplements for newborns under Medicaid or MICHild; therefore be it

RESOLVED: That MSMS supports and shall advocate for coverage of vitamin D supplementation for newborns in government sponsored insurance programs.

WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

**Relevant MSMS Policy:** None

## Relevant AMA Policy:

### Appropriate Supplementation of Vitamin D D-150.979

Our AMA:

1. supports continued research on vitamin D and its metabolites, particularly long-term studies that address the benefits, adverse outcomes, and potential confounders across all life stage groups;
2. will educate physicians about the evolving science of vitamin D and its impact on health and develop resources about vitamin D for patients;
3. encourages physicians to consider measuring the serum concentration of 25-hydroxyvitamin D in patients at risk of vitamin D deficiency and counsel those with deficient or insufficient levels on ways to improve their vitamin D status; and
4. will monitor the development of new dietary references intakes for vitamin D in 2010 and respond as appropriate.

### Medicare Reimbursement for Vitamin D Therapy for Dialysis Patients D-330.979

Our AMA will petition the Centers for Medicare and Medicaid Services and/or lobby Congress to defeat the "Vitamin D Analogs Draft Local Medical Review Policy" and to prevent its implementation in Florida or any other state.

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<sup>1</sup> Gordon CM, Feldman HA, Sinclair L, et al. Prevalence of Vitamin D Deficiency Among Healthy Infants and Toddlers. *Archives of Pediatrics & Adolescent Medicine*. 2008;162(6):505-512. doi:10.1001/archpedi.162.6.505.

<sup>2</sup> Karatekin, G., et al. Association of Subclinical Vitamin D Deficiency in Newborns with Acute Lower Respiratory Infection and their Mothers. *European Journal of Clinical Nutrition*. 63.4 (2009): 473-7. ProQuest. Web. 25 Jan. 2018.

<sup>3</sup> Balasubramanian S. "Vitamin D deficiency in breastfed infants & the need for routine vitamin D supplementation." *The Indian Journal of Medical Research*. 2011;133(3):250-252.

<sup>4</sup> Munns CF, Shaw N, Kiely M, Specker BL, Thacher TD, Ozono K, Michigami T, Tiosano D, Mughal MZ, Mäkitie O, Ramos-Abad L. Global consensus recommendations on prevention and management of nutritional rickets. *Hormone research in paediatrics*. 2016;85(2):83-106.

<sup>5</sup> Breastfeeding. Centers for Disease Control and Prevention. 2015 Jun 17.

[https://www.cdc.gov/breastfeeding/recommendations/vitamin\\_d.htm](https://www.cdc.gov/breastfeeding/recommendations/vitamin_d.htm)

<sup>6</sup> Gallo S, Comeau K, Vanstone C, Agellon S, Sharma A, Jones G, L'Abbé M, Khamessian A, Rodd C, Weiler H. Effect of Different Dosages of Oral Vitamin D Supplementation on Vitamin D Status in Healthy, Breastfed Infants: A Randomized Trial. *Journal of the American Medical Association*. 2013;309(17):1785–1792. doi:10.1001/jama.2013.3404

<sup>7</sup> Perrine CG, Sharma AJ, Jefferds MED, Serdula MK, Scanlon KS. Adherence to Vitamin D Recommendations Among US Infants. *Pediatrics*. 2010; 125 (4): 627–632.

<sup>8</sup> 2018 No Cost Share Preventative Medications. Cigna website.

<https://www.cigna.com/static/docs/aonactivehealth-2018/2018-rx-no-cost-share-preventive-drug-list.pdf>. Accessed February 13, 2018.

<sup>9</sup> Morgan S and Kennedy J. Prescription Drug Accessibility and Affordability in the United States and Abroad. *The Commonwealth Fund: Issues in International Health*. Jun 2010; 89: 1-12.