



Medical Nutrition Equity Act

Key Talking Points for Virtual Hill Meetings June 2021

MEETING PREP

- See if your [Senator or Representative co-sponsored the bill in the previous Congress](#). Because there were no significant edits to the bill for this Congress, any member who cosponsored the legislation in a previous Congress should be willing to co-sponsor it again.
- Review the materials on the [Virtual Hill Day Preparation](#) webpage

OUR MESSAGE

- Please Co-sponsor the Medical Nutrition Equity Act (S. 2013/ H.R. 3783)

INTRODUCTIONS

- Name
- We are here representing the Patients & Providers for Medical Nutrition Equity Coalition – a national coalition of more than 40 organizations who support the passage of the Medical Nutrition Equity Act (S. 2013/ H.R. 3783)
- Which organization you represent – see list of organizations in the coalition [here](#)
- Geography – e.g., *I live off of Wurzbach in San Antonio, Texas*
- If there's time, one sentence about why you are participating in the Hill Day – e.g., *I am participating today because I have been living with Crohn's Disease for 10 years and have had constant struggles with my insurers about covering the treatment I need for my condition.*

MAKING THE CASE

- Make the ASK...*"We are here today because we want you to co-sponsor the Medical Nutrition Equity Act"*.
- Explain what the Medical Nutrition Equity Act does in simple terms – e.g., *The Medical Nutrition Equity Act would build on coverage Congress provided for TRICARE patients in 2016 by ensuring that medically necessary nutrition is covered by all plans.*
 - The MNEA would close the coverage gaps for patients who rely on medically necessary nutrition as the treatment for their disease
- The Medical Nutrition Equity Act would ensure public and private insurance cover medically necessary foods as a treatment option, which are required to support proper growth and development and to prevent medical complications, severe disabilities and death.
- The legislation is narrowly drafted to ensure it only covers patients for whom the physician-prescribed or ordered medically necessary nutrition constitutes the treatment.
- Use YOUR STORY to show why this legislation is needed.
 - Why is medically necessary nutrition important to you?
 - What would happen if you didn't have access to your medically necessary nutrition?
 - What are some of the hoops that your insurance company has made you jump through?

- What would it mean to you if your medically necessary nutrition was covered?
- More suggestions for using your story
 - Keep in mind that most meetings will be around 15 minutes long.
 - Make your story memorable, but keep it short to allow others in your group time to share their stories.
 - If you are pressed for time, let the constituent share their story first and add short versions of others as time allows.
 - You can also bolster your story by referencing one or two statistics about the disease or condition you are representing. Be careful of using too many statistics! Your story should be your focus!
- Remind the member of Congress or congressional staff that there are PRECEDENTS for this legislation:
 - Congress passed similar language for TRICARE in 2016
 - Most states have passed some sort of law on this issue, but they vary widely.
 - We need the MNEA to close these coverage gaps

IF ASKED ABOUT COST

- The legislation was just re-introduced, so the Congressional Budget Office (CBO) has not done a cost analysis yet. However, the lead sponsors have requested that it do so.
- Recognizing the importance of understanding the costs of implementing this legislation, the PPMNE Coalition commissioned an independent firm to complete a cost analysis of the legislation. Their conservative cost estimate was \$132 million per year to improve access to medically necessary nutrition for this vulnerable patient population.

OTHER POSSIBLE PUSHBACK

Pushback: I don't support health insurance mandates.

Response: I understand this may seem like a new coverage mandate, but, in fact, most insurance companies cover other more costly treatments for my disease, but those treatments often have undesirable side-effects or put me at risk for medical complications later. Many insurance companies already cover medically necessary nutrition but only when it is administered using a tube which carries its own risks and limitations.

Pushback: What is the pay-for?

Response: I am hopeful Congress will recognize the importance of this bill and will include it a larger health care legislative package that will provide the necessary cost offsets.

Pushback: We're in a very tight budget climate. I'm not sure we can afford this.

Response: Congress can't afford not to act and pass this legislation. When gastrointestinal and metabolic disorders are not properly managed, there is high risk of costly complications including repeated hospitalizations, surgery, inadequate growth and development, and cognitive decline. As you weigh your budgetary priorities, I want you to know that passage of this legislation is a priority for me and my family.