
Healthcare Nutrition Council

529 14th Street, NW • Suite 750 • Washington, DC 20045

The Honorable Nellie Pou
Chair
Senate Committee on Commerce
100 Hamilton Plaza
Suite 1405
Patterson, NJ 07505

The Honorable Raymond J. Lesniak
Vice Chair
Senate Committee on Commerce
985 Stuyvesant Ave.
Union, NJ 07083

RE: HNC Support for New Jersey Senate Bill 1929 – Health Coverage for Amino Acid-Based Elemental Enteral Formulas

Dear Senators Pou and Lesniak:

The Healthcare Nutrition Council (HNC), representing the manufacturers of enteral formulas and parenteral solutions, supplies, and equipment, is writing to express our strong support for New Jersey Senate Bill 1929, which would expand health insurance coverage for amino acid-based elemental enteral formulas. HNC requests the Committee reconsider this important legislation because it will ensure that all patients are provided access to amino acid-based elemental enteral nutrition formulas in cases of impaired absorption of nutrients caused by a medical disorder or chronic disease, when such formulas are prescribed, or when the formulas are an essential source for a patient's nutritional requirements.

Patients with chronic diseases and gastrointestinal (GI) medical conditions often suffer from malnutrition or other medical complications. Many of these patients' anatomy requires a specially formulated or specialized diet that is referred to as an elemental amino acid-based or peptide-based diet. Such diets are specifically designed to help them properly digest essential nutrients, stay healthy, and to support growth and development in children. Malnutrition and other complications can arise in these vulnerable patients as a result of their underlying conditions that may impair their ability to absorb nutrients from conventional foods. When patients become malnourished, they are at a significantly higher risk for negative complications, including mortality.ⁱ

Despite these potential complications and the clear benefits such specialized enteral products provide to patients when their use is indicated, many families face significant financial burdens or lack access to amino acid-based elemental enteral formulas when such formulas are not covered by their insurance provider.ⁱⁱ HNC supports the increased access to amino acid-based elemental enteral formulas, due to the fact that amino acid-based elemental enteral formulas contribute to the intervention for malnutrition and may help manage GI disorders and conditions. To help ensure patients with complex GI conditions receive access and can afford these formulas, HNC encourages the Senate Committee on Commerce to reconsider Senate Bill 1929, bring the bill up for Committee consideration, pass this legislation and ensure this important bill is signed into New Jersey State law. Enactment of this legislation will directly benefit these patients and their families while also preemptively addressing the complications and added medical expenses associated with the management of these conditions.

Importance of Amino Acid-Based Elemental Enteral Formulas

Interventions recommended by healthcare providers for patients with impaired or compromised GI function typically include some type of specialized nutritional support.ⁱⁱⁱ Without these specialized formulas, which include amino acid-based elemental formulas for various life stages, infants, children, and adults can suffer adverse health consequences, including hospitalization, inadequate growth, nutrient deficiencies, or even death.^{iv} Because of how they are formulated, these products require minimal digestive function to be broken down and absorbed, making it easy to digest in patients in a malabsorptive state.^v Many patients rely on amino acid-based elemental formulas in the intervention for malnutrition and the management of chronic medical conditions, complications and comorbidities related to the poor absorption of nutrients because such nutrients would be otherwise unavailable to them through a conventional diet.

Depending on the patient's disease state and other underlying medical conditions, amino acid-based elemental formulas may be fed directly into the GI tract through a nasogastric, gastrostomy, jejunostomy or other type of feeding tube. Amino acid-based elemental formulas may also be administered orally as oral nutritional supplements (ONS) in patients who are able to swallow normally. For example, elemental formulas provide infants with short bowel syndrome, who often cannot absorb protein unless it is broken down into its component amino acids, with essential nutrients as a specialized nutritional formula.^{vi} Similarly, almost all infants suffering from severe food allergies can tolerate hypoallergenic amino acid-based formulas, while some infants with milk protein allergies need alternative formula options, such as hydrolyzed formulas.^{vii} Although these formulas are essential to patients suffering from specified digestive and inherited metabolic disorders, they can be costly if not reimbursed by health insurance. If these infant and adult populations do not have access to elemental formulas and other specialized nutritional products, malnutrition and associated severe medical complications can occur, which can be life-threatening.^{viii ix}

Due to the critical nutrition that amino acid-based elemental enteral formula provides patients, HNC believes that these products should be made available to all patients if they have a diagnoses or condition for which such products are clinically indicated.

Conclusion

Given the importance of amino acid-based elemental enteral formulas for certain patient populations, HNC supports New Jersey Senate Bill 1929 and encourages the Committee to reconsider this legislation. We commend the New Jersey State Senate for recognizing the gap in insurance coverage for these important amino acid-based elemental enteral formulas that are needed for malnutrition intervention and the management of many chronic medical conditions, complications and comorbidities. We believe that by passing this legislation and supporting access to these amino acid-based elemental enteral formulas for numerous New Jersey patients, there will be an immediate and meaningful impact on patient health outcomes.

HNC welcomes the opportunity to work with the Senate Committee on Commerce, relevant stakeholders, doctors, and patient groups to identify additional types of enteral formulas and additional disease states that would be deemed clinically necessary by a health care professional for use as a treatment method.

Thank you for the opportunity to comment on this bill. If you have any questions or would like additional information, please contact me at acooke@kellencompany.com or 202-207-1130.

Sincerely,



Allison Cooke, MPH
Executive Director
Healthcare Nutrition Council

ⁱ White JV, Guenter P, Jensen G, Malone A, Shofield M. Consensus Statement: Academy of Nutrition and Dietetics and American Society for Parenteral and Enteral Nutrition: Characteristics Recommended for the Identification and Documentation of Adult Malnutrition (Undernutrition). *Journal of Parenteral and Enteral Nutrition*. 2012;36 (3):275-283.

ⁱⁱ Walia, C, Van Hoorn, M, Edlbeck, A, et. al.: The Registered Dietician Nutritionist's Guide to Homemade Tube Feeding. *Journal of the Academy of Nutrition and Dietetics*, 2017; 117: 1: 15-16.

ⁱⁱⁱ Id.

^{iv} Coleman MS, Kellermann A, Andersen R, et. al: Health Insurance is a Family Matter. *Insurance Health*. Institute of Medicine of the National Academies. National Academy of Sciences. 2002; 122-123.

^v Id.

^{vi} Cuffari C, Ziegler, T. Short Bowel Syndrome. The National Institute of Diabetes and Digestive and Kidney Diseases. 2015.

^{vii} Latcham et al, A consistent pattern of minor immunodeficiency and subtle enteropathy in children with multiple food allergy. *J Pediatr*. 2003.

^{viii} Thompson JS, Rochling FA, Weserman RA, Mercer DF. Current management of short bowel syndrome. *Current Problems in Surgery*. 2012;49(2):52-115.

^{ix} Thompson JS, Rochling FA, Weserman RA, Mercer DF. Current management of short bowel syndrome. *Surgical Clinics of North America*. 2011;91(3):493-510.