

July 22, 2016

Dear Conferees,

The undersigned organizations appreciate your leadership in addressing, as part of the House and Senate Fiscal Year 2017 National Defense Authorization Act (NDAA), troubling coverage gaps of medically necessary foods for TRICARE beneficiaries. Improving coverage and access of medically necessary foods is critically important to patients within the TRICARE system who suffer from diseases of the digestive system and inherited metabolic disorders. As NDAA conference negotiations begin, we ask that you maintain in the final NDAA bill the important legislative language addressing medically necessary foods in the Senate bill, specifically section 704.

Medically necessary foods are often required for the safe and effective management of many digestive and inherited metabolic disorders that affect digestion, absorption, and metabolism of nutrients. Yet, coverage of medical foods is routinely denied by TRICARE. The process to appeal a denial of coverage is lengthy and the outcome is varied.

Legislative language requiring TRICARE to cover medically necessary foods for digestive and inherited metabolic disorders has been included in the Senate version of the NDAA (S. 2943): Coverage of medically necessary food and vitamins for digestive and inherited metabolic disorders under the TRICARE program (Sec. 704)

There is a significant difference between coverage and access, and despite the rather broad, yet ambiguous, current TRICARE coverage policy for nutrition therapy, the result is often delayed or denied care of medically necessary foods. While the undersigned groups greatly appreciate the inclusion of directive report language in the House version (H.R. 4909), we strongly urge the retention of Sec. 704 of the Senate bill during the NDAA conference negotiations.

On behalf of TRICARE patients who rely on medical foods for the treatment and management of their diseases, we thank you for your leadership in improving health care for our Uniformed Service members, which includes ensuring access to medically necessary foods for patients when they constitute their prescribed treatment. For questions or additional information, please contact Geoff Werth at gwerth@summithealthconsulting.com or (202) 285-7397.

Sincerely,

American Academy of Pediatrics
American College of Gastroenterology
American Gastroenterological Association
American Partnership for Eosinophilic Disorders
Association of Pediatric Gastroenterology and Nutrition Nurses
Campaign Urging Research for Eosinophilic Disease (CURED)
Children's Hospital Colorado
Children's Hospital at Dartmouth-Hitchcock Medical Center
Children's Magic
Children's Medical Nutrition Alliance
Crohn's & Colitis Foundation of America
Digestive Disease National Coalition
Easterseals
EveryLife Foundation for Rare Diseases
Fatty Oxidation Disorders Family Support Group
Genetic Alliance
Genetic Metabolic Dietitians International
Maple Syrup Urine Disease Family Support Group
March of Dimes
National Association for Children's Behavioral Health
National Military Family Association
National Organization for Rare Disorders
National PKU Alliance
National Urea Cycle Disorders Foundation
North American Society for Pediatric Gastroenterology, Hepatology and Nutrition
Organic Acidemia Association
Pediatric IBD Foundation
Propionic Acidemia Foundation
Society of Gastroenterology Nurses and Associates
Tricare for Kids Coalition