James P. McGovern Member Day Testimony for the Record—July 24, 2019

I want to thank Chairman Pallone and Ranking Member Walden for allowing me the opportunity to testify in support of H.R. 2501, the Medical Nutrition Equity Act, and H.R. 3332, which would provide coverage for medical wigs under Medicare.

Mr. Chairman, Americans struggle every day to navigate treatments for life-threatening health conditions and all too often, this battle comes with cost barriers that prevent people from securing treatments that fit their health and personal needs.

A few months ago, Congresswoman Herrera Beutler and I introduced H.R. 2501, the bi-partisan Medical Nutrition Equity Act. Each year, more than 7,000 infants are diagnosed with an inherited metabolic disorder. These life-threatening conditions prevent patients from digesting or metabolizing most "normal" foods. Patients often manage their complex nutritional needs with prescribed, specialized formulas and without them, risk brain damage, repeated hospitalizations, and in some cases, death.

Currently, children and adults who are diagnosed with serious digestive disorders must pay out-of-pocket for medically necessary food, which can often cost four to five times as much as the foods we find in grocery stores. And to make matters worse, most health insurance companies do not cover medically necessary nutrition unless the medication is administered through a surgically placed tube—a costly and ultimately dangerous procedure that in some cases can be avoided.

While thirty-five states have already passed laws to ensure some level of coverage for medical necessary nutrition, that coverage is highly variable and excludes all patients covered under federal programs. The Medical Nutrition Equity Act would establish treatment parity by requiring coverage for specialized formulas, including medically necessary food, vitamins, and amino acids under private insurance, Medicare, Medicaid and the Children's Health Insurance Program—and by the way, this is coverage that Congress already approved for military families enrolled in TRICARE.

The other important piece of legislation that I'm here to talk about is H.R. 3332, which would amend title XVIII of the Social Security Act to provide coverage for wigs as durable medical equipment under the Medicare program.

Many patients living with medical hair loss suffer from a variety of diseases, including cancer and Alopecia Areata. For those undergoing chemotherapy or suffering from Alopecia Areata—an uncurable autoimmune skin disease that causes unpredictable hair loss—a wig is not just medically necessary, but also essential to alleviating the emotional and social burden of hair loss.

I was inspired to introduce this bill after meeting with one of my constituents, Mary Aframe, who runs the Women's Image Center located in Worcester and Leominister. Ms. Aframe has worked tirelessly to help raise awareness about the many women undergoing chemotherapy who have trouble affording wigs—particularly those who use Medicare.

Wigs can cost thousands of dollars and are out of reach for many patients without help from their insurance provider. While many private insurance plans already cover wigs for those undergoing treatments that cause hair loss, this bill re-categorizes wigs as durable medical equipment to allow Medicare to provide coverage if a doctor certifies that the wig is medically necessary. This bill will help ensure that every cancer patient and Alopecia patient who loses their hair can afford a wig and undergo treatment with the dignity and respect they deserve.

Mr. Chairman, I strongly encourage you to consider hosting markups and hearings on H.R. 2501 and H.R. 3332 and I look forward to the opportunity to work with you and the Energy and Commerce Health Subcommittee on advancing this legislation. We need to do right by our constituents and ensure that consistent coverage is standard for all Americans—no matter the illness they have or health care coverage they require.