

January 8, 2014

Ms. Pilar Williams, Chief  
Medical Supplies & Enteral Nutrition Benefits Branch, Pharmacy Benefits Division  
California Department of Health Care Services  
P. O. Box 997413, MS 4604  
Sacramento, CA 95899-7413

Re: Proposed Policy Changes to Medi-Cal Enteral Nutrition Products Benefit

Dear Ms. Williams,

On behalf of the more than 50,000 people on dialysis in California, Dialysis Patient Citizens (DPC) would like to thank you and the state of California for restoring Medi-Cal coverage of enteral nutritional supplements for dialysis patients. With 30,000 members nationwide, DPC works to improve the quality of life of all kidney patients. Access to medically necessary oral nutritional supplements is a vital part of maintaining this quality of life.

Even after the blood cleansing process during dialysis treatments, people on dialysis still have toxins in their bodies and suffer from depleted protein levels. Data from the United States Renal Data Systems (USRDS) shows that 78 percent of dialysis patients do not eat sufficient amounts of proteins and that 86 percent do not meet their recommended daily energy intake levels.<sup>i</sup> Additionally, dialysis patients have a restrictive diet that limits their intake of fluids, sodium, phosphorus and other essential nutrients. For these reasons, it is imperative to the wellbeing of the majority of people on dialysis that they have access to nutritional supplements.

The need for coverage of nutritional supplements is especially great for Medicaid beneficiaries. In order to better understand dialysis patients' challenges with access to oral nutritional supplements, DPC included dietary-specific questions in its annual survey of people with kidney failure. Our survey found that 61 percent of dialysis patients on Medicaid nationwide are recommended nutritional supplements. Among the total population of those who are recommended nutritional supplements, 27 percent cannot access the supplements due to the cost. Thankfully, this is no longer a concern for Medi-Cal beneficiaries.

Aside from the benefits to people on dialysis, providing Medi-Cal coverage for nutritional supplements will lighten California's financial burden caused by avoidable hospitalizations. It has been shown that improving access to nutritional supplements can reduce hospitalization rates by 20% among individuals afflicted with ESRD.<sup>ii</sup> According to recent findings from USRDS,

the average cost of hospitalization for one person with ESRD is approximately \$26,000 per year.<sup>iii</sup>

In short, with the right combination of dialysis treatments, prescription medications, doctor's visits and a proper nutritional regimen, dialysis patients can live full and productive lives. It is therefore crucial that patients have access to and coverage for oral nutritional supplements. Thank you again for your commitment to the health and well-being of dialysis patients covered by Medi-Cal. If you have any additional questions please feel free to contact us.

Sincerely,



Hrant Jamgochian, J.D., LL.M.  
Executive Director

CC:

Mike Wofford, Chief  
Enteral and Medical Supplies Benefits Branch  
California Department of Health Care Services  
P.O. Box 997413 MS 4604  
Sacramento, CA 95899

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<sup>i</sup> U. S. Renal Data System, USRDS 2008 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2008.

<sup>ii</sup> Cheu Christine, Pearson Jeffrey, Dahlerus Claudia, et al. Association between oral nutritional supplementation and clinical outcomes among patients with ESRD. Clinical Journal of the American Society of Nephrology. 2012. Retrieved from <http://cjasn.asnjournals.org/content/early/2012/10/17/CJN.13091211.full>.

<sup>iii</sup> U S Renal Data System, USRDS 2010 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2012. Retrieved from [http://www.usrds.org/2010/pdf/v2\\_11.pdf](http://www.usrds.org/2010/pdf/v2_11.pdf).