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# ROB SUMMERFIELD

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STATE REPRESENTATIVE • 67<sup>th</sup> ASSEMBLY DISTRICT

## Assembly Bill 485

Relating to: prior authorization of specially formulated nutritional supplements and replacements

Thursday, January 6, 2022

Assembly Committee on Health

Thank you Chairman Sanfelippo for holding a public hearing on Assembly Bill 485 today and thank you to the members of the committee for taking my testimony.

This bill seeks to eliminate burdensome and unnecessary paperwork currently required under Wisconsin law for Medicaid patients with feeding tubes. The majority of feeding tube patients are prescribed a formula for their sole source of nutrition, and in April 2020, Forward Health updated their policy to automatically approve all formula prior authorization requests for enteral formula delivered through a tube. However, statute requires formula to go through the prior authorization process. This prevents Forward Health from eliminating formula prior authorizations before providing the nutrition to feeding tube patients, which slows down patient care and increases costs.

Assembly Bill 485 is small in scope and only makes a small administrative change. Doctors would still be required to consult with their patients and their families regarding their best care option and legally does not impact the drug prescription process. This bill simply intends to eliminate a delay in providing care to Medicaid patients by allowing the initial approval for a feeding tube to justify for the enteral nutritional formula as well.

I think this bill is a step in the right direction towards efficient, high-quality healthcare in Wisconsin. I ask that you join me in supporting this legislation. Thank you again for the opportunity to present my testimony and for your consideration of Assembly Bill 485.



# PATRICK TESTIN

## STATE SENATOR

### Senator Patrick Testin

### Testimony on Senate Bill 453/Assembly Bill 485

Thank you for hearing testimony today on SB 453 and AB 485 which would remove the requirement to submit prior authorization for formula used in tube feeding – more technically called enteral feeding.

Enteral feeding is when a tube is used to deliver nutrition directly into the gastrointestinal tract. This may be a tube through the nose, mouth, or directly thru the abdomen into the stomach or intestines.

Most of the time this type of feeding is necessary because while the GI tract is functioning, there is a problem that prevents the patient from being able eating normally. This can be anything from a stroke or injury that impairs swallowing, an illness like cancer that makes it hard to take in enough nutrition, or in the case of infants, a failure to thrive or inability to eat.

Most of the time, this tube feeding is a short term need, and people can return to normal eating.

The Medicaid program requires prior authorization for both the supplies – tubes – and the formula.

Last year, the department changed their process so that prior authorization requests for enteral formula, when 100% of the patient's nutrition is being delivered via tube, were approved in real time. This was a positive, because it eliminated any waiting for approval of the PA. However, administrative code still requires the submission of all the same paperwork, each time there is a refill. There may be frequent refills needed, for example as an infant's caloric need changes.

This is a paperwork burden that costs health care providers significant time. Now that the department is immediately approving the formula, requiring repeated submission of this paperwork is an administrative burden that costs providers time and money while not improving care.

This bill would not change reimbursement, or coverage for these items. It simply will eliminate the prior authorization requirement for the formula in cases where it is the sole source of nutrition for these patients.

Rep Summerfield and I were approached by folks at Pediatric Home Services who care for many tube fed infants, who asked for relief from the PA paperwork, and we're happy to be working with them. These folks are here today and will be able to answer specific or technical questions.

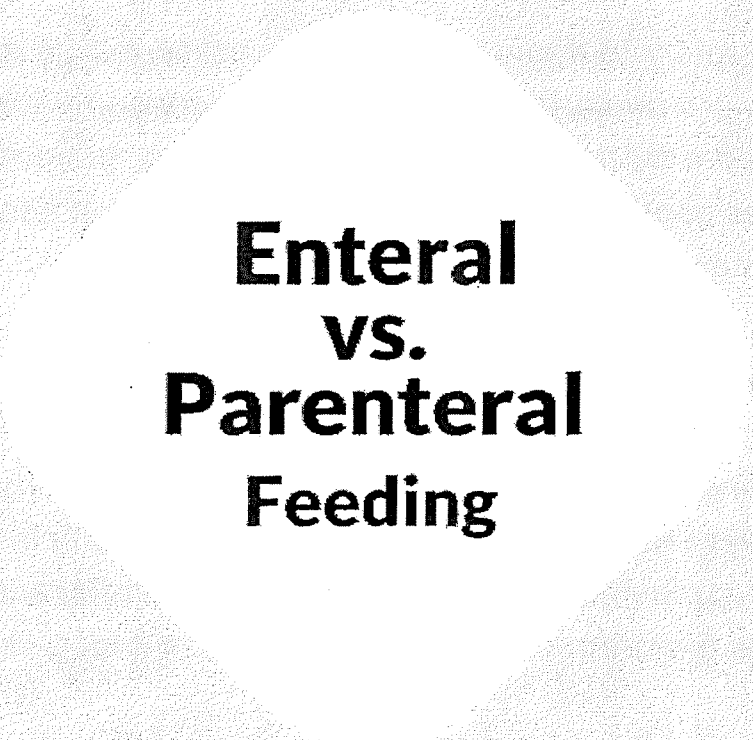
I want to mention that there was a drafting error in the original bill, and we've introduced and distributed a substitute amendment that corrects the problem.

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# Enteral vs. Parenteral Feeding & Nutrition: A Complete Guide

Verified by Kiera Powell, R.N. and written by Chad Birt on Tue Jun 15 2021.

✓ Medically Verified



## Enteral vs. Parenteral Feeding

Many chronic health problems require special dietary needs, like enteral or parenteral feeding. If your loved one is unable to swallow or digest food normally, these nutritional regimens may be necessary. But what's the difference between enteral and parenteral feeding? And how can you ensure you're providing the best possible care?

To assist you on your journey, we've developed a comprehensive guide to enteral vs. parenteral feeding and nutrition.

# What's the difference between enteral and parenteral feeding?

The terms enteral and parenteral sound and look similar, but they're two different things.

## Enteral feeding

Enteral feeding refers to liquid nutrition processed by the gastrointestinal tract. Individuals who are prescribed enteral feeding consume their meals through a tube that connects to their stomach or small intestine. Sometimes, enteral feeding provides supplemental nutrition; other times, it accounts for a patient's entire caloric intake.

## Parenteral feeding

Parenteral feeding refers to liquid nutrition processed by the veins. It's considered riskier than enteral feeding, but often results in improved health and energy. Some people undergo parenteral feeding while recovering from surgery or other medical procedures, while others require it long-term.

# Why would someone need enteral vs. parenteral nutrition?

There are several reasons someone might need enteral or parenteral nutrition:

## Enteral nutrition

Enteral nutrition reduces the risk of malnourishment, or a lack of vitamins, minerals, and nutrients. If your loved one isn't able to eat enough calories throughout the day, they're more likely to lose weight and experience serious

health problems.

Common conditions that may benefit from enteral feeding include:

- A stroke
- Cancer
- Dysphagia (difficulty swallowing)
- Neurologic or movement disorders (ie: Parkinson's disease or Alzheimer's disease)
- Critical injuries

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## Parenteral nutrition

Parenteral nutrition is like enteral nutrition in that it helps prevent malnourishment. However, it's designed to assist individuals who have gastrointestinal issues that prevent them from properly digesting food.

Common conditions that may benefit from parenteral nutrition include:

- Crohn's disease
- Cancer
- Short bowel syndrome
- Ischemic bowel disease
- Low blood flow to the bowels

Parenteral feeding administers sugar, carbohydrates, proteins, lipids, and other nutrients through a needle and into a vein. These nutrients ensure your loved one receives the energy and hydration they need to thrive.

## What are the types of enteral vs parenteral feeding?

Enteral and parenteral feeding fall into several sub-categories. Your loved one's primary care physician makes a recommendation based on their age, current health, medical history, and nutritional needs.

There are six main types of enteral feeding, including:

1. **Nasogastric tube (NGT).** A nasogastric tube is inserted through a nostril and into the stomach.
2. **Orogastric tube (OGT).** An orogastric tube is inserted through the mouth and into the stomach.
3. **Nasoenteric tube.** A nasoenteric tube is inserted through a nostril and into the intestines. (There are two subtypes of nasoenteric tubes, including nasojejunal tubes and nasoduodenal tubes. These tubes are run into a specific part of the intestine, either either the jejunum or duodenum.)
4. **Oroenteric tube.** An oroenteric tube is inserted through the mouth and into the intestines.
5. **Gastrostomy tube.** A gastrostomy tube is inserted through a small incision in the abdomen, directly into the stomach.
6. **Jejunostomy tube.** A jejunostomy tube is inserted through a small incision in the abdomen, directly into the jejunum, a part of the small intestine.

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As previously mentioned, parenteral feeding is designed for people with gastrointestinal or digestive issues. There are two main types of parenteral feeding, including:

1. **Total parenteral nutrition (TPN).** If your loved one has long-term nutritional needs, they receive TPN. TPN requires a brief outpatient procedure. It involves a medical provider inserting a central catheter into the superior vena cava, a major vein that carries blood from the head and chest to the heart. To make the feeding process easier, your loved one's primary care provider might also recommend installing a needleless access

port.

2. **Peripheral parenteral nutrition (PPN).** If your loved one is recovering from an operation or another medical procedure and only has short-term nutritional needs, they receive PPN. PPN is administered through a traditional, external IV instead of an internal one.

## Does enteral or parenteral nutrition present risks?

Enteral and parenteral nutrition are considered safe and usually well-tolerated. Even so, it's important to understand there are risks.

### Potential side effects of enteral nutrition include:

- Food getting into the lungs (aspiration)
- Infection of the tube or insertion site
- Nausea and vomiting
- Diarrhea
- Skin irritation
- Tube blockage
- Tube dislodgement

If your loved one only needs enteral nutrition for a short time, they might also experience gastrointestinal discomfort as they readjust to solid foods.

### Potential side effects of parenteral nutrition include:

- Catheter infections
- Blood clots
- Liver disease
- Bone disease
- Fatigue
- Memory loss
- Increased urination



To reduce the risk of these and other issues, it's crucial to regularly clean and sterilize each feeding component, including tubes, catheters, and needleless access ports. If you have any questions about proper hygiene or sanitation, speak with your loved one's primary care physician.

## What is the outlook for someone using enteral vs. parenteral feeding?

Both enteral feeding and parenteral feeding require significant lifestyle changes. It's normal to feel stressed out or overwhelmed, especially during the first few days or weeks. If you have questions or concerns at any point, contact your loved one's doctor, nutritionist, or home health providers. They can correct any mistakes, provide key insights, and help you establish a feeding routine.

After making the switch to enteral or parenteral nutrition, your loved one will experience enhanced energy and improved health. At each subsequent check-up, their doctor will run tests and reevaluate their nutritional needs, making adjustments to the treatment plan as necessary.

## Frequently Asked Questions – Enteral vs. Parenteral Nutrition

### **Why is enteral feeding preferred over parenteral feeding?**

Medical providers typically recommend enteral feeding over parenteral feeding. That's because it's less costly, easier on the body, and presents fewer complications. In addition, enteral feeding allows for more efficient nutrient consumption and encourages the body's natural healing process by stimulating intestinal blood flow.

### **What is the difference between enteral and parenteral routes of**

## **administration?**

Enteral nutrition is administered through a feeding tube placed into the stomach or intestines.

Parenteral nutrition is administered through a traditional intravenous (IV) line or via a central IV surgically placed during an outpatient procedure.

Enteral and parenteral syringes look very similar, but the tip of the syringe differs. The enteral syringe has a longer, cone-like shape that narrows at the tip. A parenteral syringe is short and has a small, round tip that twists onto the end of the IV.

## **Why is enteral a better choice over parenteral nutrition?**

Enteral nutrition isn't necessarily better than parenteral nutrition, but it is less invasive and sends nutrients directly to the gastrointestinal tract. For people recovering from an illness or injury, it presents a safe and effective way to maintain energy and promote healing. What's more, feeding tubes are easier to clean and sterilize than IVs, catheters, or ports.

## **What is the difference between TPN and PPN?**

Total parenteral nutrition (TPN) is prescribed to people with damaged or poorly functioning digestive systems. Before your loved one can receive TPN, a surgeon places a vascular access device, like a peripherally inserted central catheter (PICC), into their superior vena cava.

Peripheral parenteral nutrition (PPN) is less invasive. It's recommended for people who have temporary nutritional needs. With PPN, nutrition is administered via a traditional IV, through a needle, and into a vein.

Chad Birt

## Assembly Bill 485

### The Bill

- Removes the prior authorization (“PA”) requirement for tube fed patients requiring prescribed enteral formula through an amendment to Wis. Admin Code § DHS 107.10(2)(c)
- Does Not Change - the PA requirement for patients prescribed:
  - oral enteral formula,
  - combination of oral and tube fed enteral formula, and
  - parenteral nutrition through an infusion

### Definitions

- **Prior Authorization (“PA”):** a process through which a provider submits the physician’s documentation to show that a product is medically necessary
- **Tube fed:** A tube is surgically inserted through the abdomen that brings nutrition directly to the stomach or intestines. This is the sole source of nutrition for the patient
- **Enteral:** Method of feeding that passes through the stomach and intestines to deliver nutrition. This can be delivered by mouth or by a tube

### Bill Purpose

- Increases patient access to enteral formula
  - Allows providers to invest savings in a wider variety of enteral formula for patients
- Reduces delays to patients obtaining enteral formula
  - Patients will receive the prescribed enteral formula faster due to elimination of PA submission and processing
- Eliminates unnecessary administrative burden on providers
  - Providers do not have to prepare and submit a PA that ForwardHealth is automatically approving

### Patient Impact

- Patients who cannot consume nutrition orally have a feeding tube
- Common conditions of tube fed patients include:
  - abnormalities of the esophagus, stomach, or intestine;
  - sucking or swallowing disorders due to neuromuscular disorders;
  - metabolic disorders (disruption of the metabolism); and
  - congenital heart defects
- Physicians work closely with families to understand the nutritional/caloric needs of these patients and prescribe the right enteral formula to meet the patient’s needs

### History of Enteral Nutrition PA Policy

- Forward Health recognized that medical nutrition for tube fed patients is, categorically, medically necessary
- Historically, all submitted PAs were approved as medically necessary
- ForwardHealth changed the enteral nutrition formula coverage policy in April 2020 to automatically approve PAs for enteral formula for tube fed patients
- However, due to Wis. Admin Code § DHS 107.10(2)(c), ForwardHealth could not eliminate the PA requirement

*Partner to Senate Bill 453*