About Us

Registered dietitian nutritionists work to improve the health of all Americans through access to healthy food and nutrition services. The Academy of Nutrition and Dietetics is a nonpartisan organization representing more than 100,000 registered dietitian nutritionists (RDNs) and dietetic technicians, registered (DTRs) nationwide. We are the world’s largest organization of food and nutrition professionals (www.eatright.org).

Support the Preventing Diabetes in Medicare Act

The Preventing Diabetes in Medicare Act (H.R. 1686/S. 3082) would amend the Social Security Act to extend Medicare coverage for Medical Nutrition Therapy (MNT) services for persons with prediabetes and risk factors for developing Type 2 diabetes. Under current law, Medicare covers MNT provided by a registered dietitian nutritionist (RDN) only for beneficiaries with diabetes and renal disease. The Preventing Diabetes in Medicare Act would allow people with prediabetes to access MNT services from an RDN, giving them the necessary tools to help prevent the development of Type-2 diabetes – a very costly disease.

Medical Nutrition Therapy

Medical Nutrition Therapy (MNT) is a nutritional diagnostic, therapy and counseling service for disease management. When provided by an RDN, MNT includes: 1) lifestyle, knowledge and skills assessment, 2) negotiation of individualized nutrition goals, 3) nutrition intervention, and 4) evaluation of clinical and behavioral outcomes. To ensure an individualized therapeutic plan, MNT is conducted through one-on-one sessions between an RDN and an individual. MNT provided by an RDN is similar to the one-on-one counseling provided during national trials that were found to prevent diabetes; people receiving MNT have shown successful weight loss and improved prediabetes insulin markers.1

Diabetes in the United States

Almost 1 in 10 people in the U.S. (or 29.1 million people) have diabetes, and approximately 86 million have prediabetes.2 The diabetes burden among people over age 65 is staggering: over ¼ of the Medicare-eligible population (11.2 million) has diabetes.3 In the U.S., diabetes is the leading cause of death of kidney failure, amputation and blindness and results in higher risk of premature death, cardiovascular disease and nerve disease.4

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1 Corpeleijn E. et al. (2006). Improvements in glucose tolerance and insulin sensitivity after lifestyle intervention are related to changes in serum fatty acid profile and desaturase activities: the SLM study. Diabetologia.49(10):2392-2401.
3 Ibid.
4 Ibid.
Diet and Exercise Lifestyle Modification Programs Can Prevent Diabetes

Several recent studies have shown the effectiveness of MNT in preventing diabetes. A 2014 study from the Journal of the Academy of Nutrition and Dietetics (JAND) shows that individualized MNT is effective at decreasing hemoglobin A1c (the gold standard diabetes diagnosis marker) in prediabetic patients after 12 weeks.\(^5\) Additionally, numerous studies have found that lifestyle interventions that result in weight loss are effective at delaying type 2 diabetes in pre-diabetic individuals.\(^6,7\) A 2015 JAND study found that participants enrolled in a 16-week group lifestyle intervention had significant long-term weight loss (beyond the program) if they were able to achieve that weight loss by week 5.\(^8\) Furthermore, MNT is not only beneficial for the patient, but is also cost-effective and cost-saving according to a 2012 JAND study because it is cheaper and more individualized than other intensive lifestyle intervention programs.\(^9\)

The Cost of Diabetes

The total cost of diabetes to our health care system in 2012 was estimated to be $322 billion, including $244 billion in excess medical expenditures and $78 billion in reduced national productivity. Combined, this amounts to an economic burden exceeding $1,000 for each American in 2012. The average yearly health care costs for a person with diabetes is $13,700, with $7,900 due to diabetes alone.\(^10\) One out of every four federal health care dollars is spent treating people with diabetes.\(^11\)

Diet and exercise lifestyle modification programs have consistently been shown to be cost-effective and even cost-saving methods for preventing and treating diabetes in participants, meaning that compared to other treatment options, such as medication, diet and exercise lifestyle modification programs gives the payer (Medicare) the best return on investment.\(^12\)

View of the Academy of Nutrition and Dietetics on the Preventing Diabetes in Medicare Act

The Academy of Nutrition and Dietetics supports the Preventing Diabetes in Medicare Act (H.R. 1686/S 3082), and is urging members of Congress to co-sponsor and support passage of the bill. By co-sponsoring and voting for the bill, members of Congress would ensure that patients with prediabetes and those with risk factors for diabetes would have access to evidence-based preventive services to prevent diabetes. The Preventing Diabetes in Medicare Act (H.R. 1686/S.3082) is a bipartisan bill introduced in the 114th Congress by Reps. Diana DeGette (Colo.) and Ed Whitfield (Ky.), and by Senators Gary Peters (Mich.), Shelley Moore Capito (West. Va.) and Mark Kirk (Ill.).

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\(^12\) Ibid.
\(^17\) Herman W., et. al. (2005). The cost-effectiveness of lifestyle modification or metformin in preventing Type 2 diabetes. Annals of Internal Medicine, Vol. 142(5).