

Nutrition CARE Act

About Us

The Academy of Nutrition and Dietetics, the world's largest organization of food and nutrition professionals, represents more than 100,000 credentialed practitioners – registered dietitian nutritionists, nutrition and dietetic technicians, and registered, and advanced-degree nutritionists – many of whom work treating the Medicare population.

What the Nutrition CARE Act Does

Currently, Medicare covers MNT for diabetes and renal disease, but not for eating disorders. The Nutrition CARE Act would expand Medicare Part B coverage to out-patient MNT for people with eating disorders:

- In the first year: 13 hours of MNT
- In each subsequent year: 4 hours of MNT

Overview

Approximately 3-4% of older women and 1-2% of older men have symptoms of disordered eating (comparable to rates in the general population).^{1,2} This is likely an underestimate of the true incidence, as up to 90% of those with an eating disorder go unrecognized or untreated.³⁻⁷ The prevalence of eating disorders in midlife has increased in recent years,⁶ and the aging population experiences greater eating disorder severity, duration and rates of poor outcomes.^{8,9} Eating disorders have the second highest mortality rate of all mental health disorders, with most deaths from anorexia occurring in the elderly.¹⁰

A key component of effective eating disorder treatment is MNT administered by an RDN, which is not currently covered by Medicare Part B. Strong evidence supports the effectiveness of nutrition intervention provided by an RDN or equivalent as part of a health care team.^{3,4,12} The Academy has established detailed Standards of Practice and Standards of Professional Performance for treating disordered eating and eating disorders.³ RDNs trained in treating eating disorders are uniquely qualified to provide medical nutrition therapy at various levels of care, across a spectrum of eating disorders.^{3,5}

RDNs are approved providers for collaborative eating disorder therapy. Potential aspects of MNT include:^{3,6}

- Dietary assessment and eating disorder screening
- Developing healthy attitudes and behaviors surrounding food/eating
- Dietary changes to promote a healthy body weight and replete the body's nutrients
- Establishing community connections and support systems
- Anticipating barriers to change, assessing progress and adjusting care as necessary

Equipping patients with knowledge and skills to overcome an eating disorder has the following implications:^{4-6,11}

- Significant improvement of body composition and prevention of further muscle/bone mass loss
- Reduced risk of related eating disorder complications such as heart failure, kidney failure, osteoporosis, dental problems, stroke, malnutrition and death
- Improved quality of life and coping skills, enhanced self-confidence and self-care, normalized body image
- Reduction in health care costs for emergency room visits for both mental and medical illness

Co-sponsor the Nutrition Counseling Aiding Recovery for Eating Disorders Act

The Academy supports the Nutrition CARE Act and is urging members of Congress to co-sponsor and support the passage of these bills. In doing so, Congress would ensure that Medicare participants with eating disorders have access to a complete, multi-disciplinary team for their treatment.

The Nutrition CARE Act is a bipartisan, bicameral bill introduced in the 117th Congress by U.S. Sens. Maggie Hassan (N.H.), Lisa Murkowski (Alaska) and U.S. Reps. Judy Chu (Calif.), Jackie Walorski (Ind.) and Lisa Blunt Rochester (Del.).

For more information or to co-sponsor, please contact:

Senator Hassan's office: Kaitlyn_Kelly@hassan.senate.gov

Senator Murkowski's office: Angela_Ramponi@murkowski.senate.gov

Representative Chu's office: Ellen.Hamilton@mail.house.gov

Representative Walorski's office: Martin.Schultz@mail.house.gov



¹ Peat C, Peyerl N, Muehlenkamp J. Body image and eating disorders in older adults: A review. *Journal of General Psychology*. 2010;135(4):343-358.

² Mangweth-Matzek B, Hoek HW. Epidemiology and treatment of eating disorder in men and women of middle and older age. *Current Opinion of Psychiatry*. 2017;30(6):446-451.

³ Tholking MM, Mellowspring AC, Eberle SG, et al. American Dietetic Association: Standards of practice and standards of professional performance for registered dietitians (competent, proficient, and expert) in disordered eating and eating disorders. *Journal of the American Dietetic Association*. 2011;111(8): 1242-1249.e37.

⁴ Hart S, Russell J, Abraham S. Nutrition and dietetic practice in eating disorder management. *Journal of Human Nutrition and Dietetics*. 2011;24:144-153.

⁵ Reiter CS, Graves L. Nutrition therapy for eating disorders. *Nutrition in Clinical Practice*. 2010;25(2):122-36

⁶ Position of the American Dietetic Association: Nutrition intervention in the treatment of eating disorders. *Journal of the American Dietetic Association*. 2011;111:1236-1241.

⁷ Schumann SA, Hickner J. Suspect an eating disorder?: Suggest CBT. *Journal of Family Practice*. 2009;58:265-268

⁸ Elran-Barak R, Fitzsimmons-Craft EE, Benyamini Y, et al. Anorexia nervosa, bulimia nervosa, and binge eating disorder in midlife and beyond. *Journal of Nervous and Mental Disease*. 2015;203(8):583-590.

⁹ Cumella EJ, Kally Z. Comparison of middle-age and young women inpatients with eating disorders. *Eating and Weight Disorders*. 2008;13(4):183-190.

¹⁰ Hewitt PL, Coren S, Steel GD. Death from anorexia nervosa: Age span and sex differences. *Aging & Mental Health*. 2001;5(1):41-46.

¹¹ Owens PL, Fingar KR, McDermott KW, Muhuri PK, Heslin KC. Inpatient stays involving mental health and substance use disorders, 2016. HCUP Statistical Brief #249. Agency for Healthcare Research and Quality, Rockville, MD. March 2019.

¹² Academy of Nutrition and Dietetics. Evidence Analysis Library. MNT Effectiveness Systematic Review (2013-2015): RDN in Medical Team. January, 2015.