

Nutrition CARE Act

Overview

The bipartisan, bicameral Nutrition Counseling Aiding Recovery for Eating Disorders (CARE) Act was 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.). This legislation would amend the Social Security Act to enable access to medical nutrition therapy for eating disorders. The Academy is urging members of Congress to co-sponsor and pass the bill to ensure that people with eating disorders have access to the most effective treatment: a multidisciplinary team including MNT provided by an RDN.

What the Bill Proposes

Currently, Medicare covers MNT for diabetes and renal disease, but not for eating disorders. The Nutrition Counseling Aiding Recovery for Eating Disorders (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

The Burden of Eating Disorders in Older Adults

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 a majority of all deaths from anorexia occurring in the elderly.¹⁰

MNT for Eating Disorders

A key component of effective eating disorder treatment is MNT provided by an RDN, which is not currently covered by Medicare Part B. The Nutrition CARE Act would close this gap by providing Medicare coverage of MNT for individuals with an eating disorder.

Potential components of MNT for eating disorders 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

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

The Nutrition CARE Act Helps Provide Access to Clinically Effective Treatment

Eating disorder treatment is most effective when carried out by a team of health professionals working with a coordinated plan of care.^{3,5} Strong evidence supports the effectiveness of RDNs providing MNT 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}

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.