

March 16, 2020

Secretary Alex Azar
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

120 South Riverside Plaza
Suite 2000
Chicago, Illinois 60606-6995
800.877.1600

1120 Connecticut Avenue NW
Suite 460
Washington, D.C. 20036

Re: Telehealth and Telenutrition Services During COVID-19 National Emergency

Dear Secretary Azar:

The Academy of Nutrition and Dietetics (the “Academy”) is grateful for the opportunity to share the below information with the U.S. Department of Health and Human Services (HHS) (“the Department” or HHS) regarding the importance of ensuring Americans have access to safe, effective nutrition care services consistent with public health guidelines and recommendations. Representing more than 107,000 registered dietitian nutritionists (RDNs),¹ nutrition and dietetic technicians, registered (NDTRs), and advanced-degree nutritionists, the Academy is the largest association of nutrition and dietetic professionals in the United States. Our members provide various medical and professional services in the clinical and community settings, conduct significant research and are committed to improving the health of all Americans through the transformative power of food and nutrition.

We commend Congress and the President for passing the Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020. Now that you have been granted the authority under Division B to “temporarily waive or modify application of certain Medicare requirements with respect to telehealth services furnished during certain emergency periods,” we urge you to do so in as broad a manner as possible. **Namely, we urge you to grant Medicare beneficiaries access via telehealth to the full scope of benefits to which they are currently entitled under the Medicare program, including medical nutrition therapy (MNT).**

Ongoing health care needs of Medicare beneficiaries should not be put on hold while citizens and health care providers work together to slow the spread of the coronavirus. **It is essential during this time of prescribed self-isolation that beneficiaries can receive health care services amenable to telehealth technology in their homes, taking advantage of the wide range of emerging e-health technology.** The long-term health of our nation and costs to our health care system depend on continuous, timely access to all services aimed to improve health and manage chronic diseases. Medicare’s costs continue to rise in large part because our nation is paying the price for overlooking the importance of nutrition in preventing and treating costly chronic diseases. The Academy notes that the treatment of chronic disease accounts for ninety-three percent of Medicare spending. Costs

¹ The Academy approved the optional use of the credential “registered dietitian nutritionist (RDN)” by “registered dietitians (RDs)” to more accurately convey who they are and what they do as the nation’s food and nutrition experts. The RD and RDN credentials have identical meanings and legal trademark definitions.

of chronic disease place an enormous financial burden on American families, our economy and our nation's healthcare system. Data show that MNT provided by an RDN is linked to improved clinical outcomes and reduced costs related to physician time, medication use and hospital admissions for people with obesity, diabetes, and disorders of lipid metabolism, as well as other chronic diseases.²

The current National Emergency presents a critical pivot point in how we deliver health care in this country. Now is the time to revamp antiquated telehealth requirements to more fully leverage the full range of emerging telehealth and mobile technologies designed to improve the health of individuals, enhance patient engagement, lower costs and increase access to care in urban, suburban and rural areas. Telehealth and telenutrition practice is firmly within RDNs' professional scope of practice: "RDNs use electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration. RDNs use interactive electronic communication tools for health promotion and wellness, and for the full range of MNT services that include disease prevention, assessment, nutrition focused physical exam, diagnosis, consultation, therapy, and/or nutrition intervention."³

The Academy appreciates the opportunity to offer input during this National Emergency about opportunities to fully leverage telenutrition and telehealth strategies to enhance access and improve health. Please contact either Jeanne Blankenship at 312-899-1730 or by email at jblankenship@eatright.org or Pepin Tuma at 202-775-8277 ext. 6001 or by email at ptuma@eatright.org with any questions or requests for additional information.

Sincerely,



Terri J. Raymond, MA, RDN, CD, FAND
President
Academy of Nutrition and Dietetics



Jeanne Blankenship, MS, RDN
Vice President
Policy Initiatives and Advocacy
Academy of Nutrition and Dietetics

² Academy of Nutrition and Dietetics Evidence Analysis Library. *Medical Nutrition Therapy Evidence Analysis Project 2008*.
<http://www.andevidencelibrary.com/mnt>.

³ Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Registered Dietitian Nutritionist. *J Acad Nutr Diet*. 2018;118(1):141-165.

Jeanne Blankenship, MS RN