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**ACEND Virtual Webinar**  
**March 10, 2026, 11:00 a.m. Central Time**

**Presentation Title:** Position Statement on MNT and Chronic Disease: An Evidence Update for Nutrition and Dietetics Educators

**Host/Presenter:** Lisa Moloney, PhD, RD  
Deepa Handy, PhD, RD  
ACEND



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165 participants attended the webinar.

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**Webinar Recording Link:** <https://vimeo.com/1172263760>

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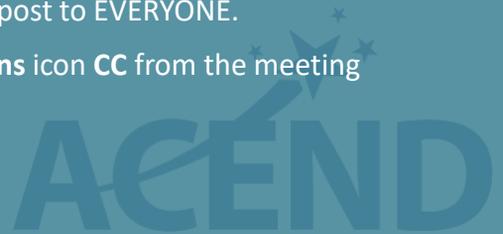
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## **Academy of Nutrition and Dietetics' Position Statement on Medical Nutrition Therapy for the Treatment and Prevention of Chronic Disease**

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Senior Scientific Director

**Evidence Analysis Center**

**Academy of Nutrition and Dietetics**



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## Disclosures

Lisa Moloney, PhD, RDN and Deepa Handu, PhD, RDN

- Employees of the Academy of Nutrition and Dietetics
- Authors of supporting systematic reviews
- Supporting systematic reviews funded by the Academy of Nutrition and Dietetics Foundation's Evidence Analysis Library Research Endowment and Dietetic Practice Groups

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## Objectives of Today's Presentation

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Describe the Academy's current position on MNT and its evidence base



Identify chronic conditions with **moderate–high certainty evidence** supporting MNT effectiveness



Explain *why* RDN-provided MNT is effective



Discuss strategies for advocating patient access to MNT

**Live Poll: Where do you most often practice MNT?**

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Outpatient



Inpatient



LTC



Community



Academia



Other

## Academy MNT Position Statement

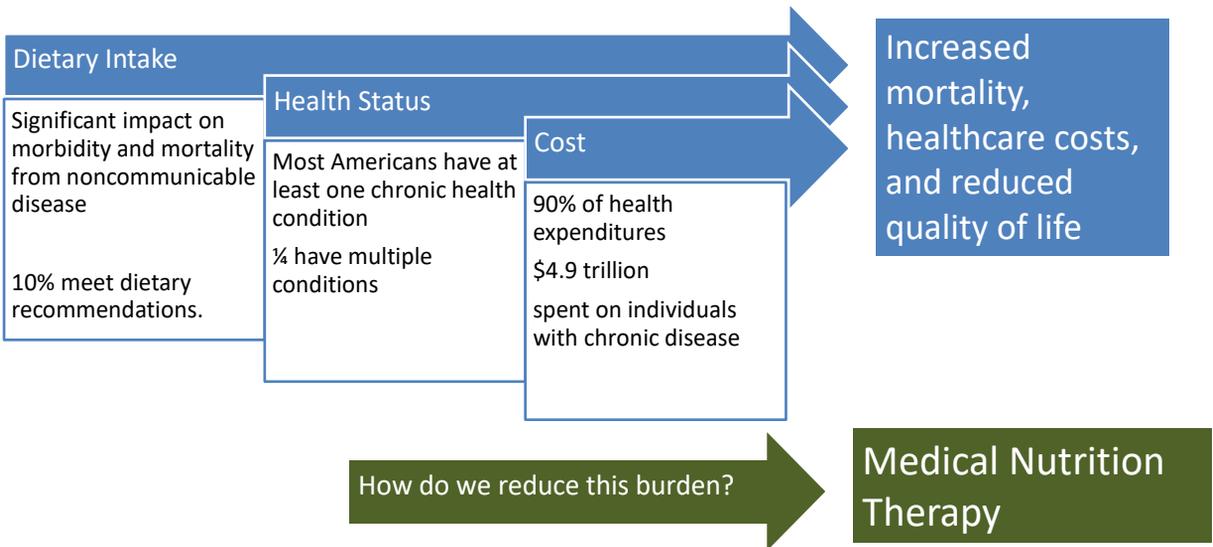
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"..all individuals with nutrition-related health conditions or risk factors should have access to MNT provided by a RDN. MNT provided by RDNs is effective in improving health outcomes for many chronic conditions that are leading drivers of morbidity, mortality, and health care costs in the United States.

Widespread access to MNT using an individualized, client-centered, and evidence-based approach has the potential to improve population health, reduce health disparities, and reduce health care costs associated with nutrition-related health conditions...."



## Why This Statement Matters



# Medical Nutrition Therapy

 Academy of Nutrition and Dietetics

## Goal of MNT

Prevent delay or manage an individual's disease

Enhance well-being through nutrition

## Provision of MNT

RDNs provide MNT as part of a medical care team

Proven effective in the treatment and prevention of chronic disease.

## Access

Lack of insurance coverage  
Inadequate reimbursement

Lack of screening and referrals  
RDN shortages in some areas

## **OBJECTIVE**

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**Describe** current evidence regarding the efficacy of MNT provided by an RDN for nutrition-related health conditions and outcomes and to

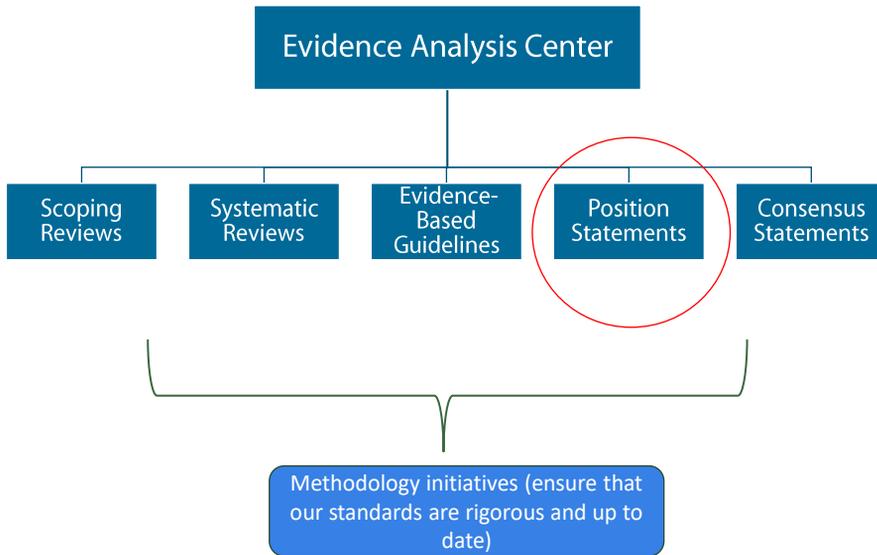
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**Advocate** for improved access to effective nutrition care provided by RDNs.

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## Development Process



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## Types of Systemic Reviews and their Uses

Type of review	USE
<p><b>Scoping Review</b></p> <p>The aim of a scoping review is to determine literature availability. A scoping review is a systematic process of describing and mapping the existing literature of a specific topic to determine if a systematic review is feasible and necessary and to identify research gaps.</p>	<p>The results of a scoping review are used to determine if a systematic review is warranted and to determine the focus of the systematic review.</p>
<p><b>Systematic Review</b></p> <p>The aim of a systematic review is to answer a specific research question that specifies the population, intervention, comparison and outcome. Results are synthesized systematically, both narratively and quantitatively, and the quality of the evidence is graded.</p>	<p>The results of the systematic review can be used to develop and support Evidence-based resources including <b>Academy guidelines, Position Papers and Consensus Papers</b>. Results can also be used to support policy/changes.</p>
<p><b>Umbrella Systematic Reviews</b></p> <p>An umbrella review is a type of systematic review in which the included articles that are analyzed are systematic reviews. Umbrella reviews are helpful for established topics with significant literature available. Umbrella reviews can be used for broad topics and can typically be conducted more quickly than traditional systematic reviews.</p>	<p>The results of the umbrella systematic review can be used to develop and support evidence-based resources including Academy Guidelines, Position Papers and Consensus Papers. Results can also be used to support policy/changes.</p>

## Products based on Results of Systematic reviews



**Systematic Review (evidence summary/conclusion statement) =  
What the evidence says**

Resource	Objective
Evidence-Based Nutrition Practice Guideline	Academy's <b>guidance</b> on practice
Position Paper / Consensus Paper	Academy's <b>position</b> on an issue (limited amount and/or low-quality research = consensus statement will be generated; otherwise, Position Paper)

## Position Paper Development

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### Research Question

*In adults with health conditions, how does MNT provided by an RDN compare with no MNT or standard care on outcomes of interest?*

### Search Strategy

Systematic reviews published **January 2018–October 2024**



Databases searched:

- MEDLINE; CINAHL; Cochrane Database of Systematic Reviews; Food Science Source; Evidence Analysis Library (EAL)

### Inclusion Criteria for Systematic Reviews

- Searched **≥2 databases**
- Assessed **risk of bias** of included studies
- Conducted **meta-analysis or graded certainty of evidence**
- English language; adults **≥18 years**
- Included a 2017 EAL systematic review due to limited recent evidence in diabetes

## Position Paper Development Continued

### Outcomes of Interest

- Quality of life
- Cost
- Disease events
- Nutritional status
- Disease-specific outcomes (e.g., fasting blood glucose)

### Strength and Quality of Evidence

- Outcomes graded using GRADE when not already assessed
- Conclusion statements reflect certainty and consistency of evidence

## Supporting Evidence

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**25 systematic reviews:** MNT provided by an RDN improves key health outcomes across a wide range of adult nutrition-related conditions.

- Moderate to high certainty evidence
- No evidence of harm
- Consistent benefits
- Additional benefits likely, but supported by low-certainty evidence, including cost-effectiveness, physical QoL, mortality, and length of stay in some populations



# Effectiveness of MNT

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The American Journal of Clinical Nutrition 118 (2021) 892-910

Journal homepage: <https://ajcn.nutrition.org/>

Original Research Article

The effectiveness of medical nutrition therapy provided by a dietitian in adults with prediabetes: a systematic review and meta-analysis

Josephine M. Dudzik<sup>1</sup>, Katelyn E. Senkus<sup>2</sup>, Alison B. Evert<sup>3</sup>, Hoang T. Deepa Handu<sup>4</sup>, Lisa M. Moloney<sup>5,6,7</sup>

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Lakshmi S. Devarakonda, PhD, RDN; Terese Scollard, MBA, RDN; Deepa Handu, PhD, RDN

## RESEARCH

### Systematic Review



# Effectiveness of Medical Nutrition Therapy Provided by Registered Dietitian Nutritionists on Nutritional and Health Outcomes in Adults with Malnutrition: A Systematic Review and Meta-Analysis

Journal homepage: <https://ajcn.nutrition.org/>

Original Research Article

Medical nutrition therapy provided by a dietitian in adults with prehypertension or hypertension: a systematic review and meta-analysis

Katelyn E Senkus<sup>1,2</sup>, Josephine M Dudzik<sup>3</sup>, Shannon L Lennon<sup>4</sup>, Diane M DellaValle<sup>5</sup>, Lisa M Moloney<sup>6,7</sup>, Deepa Handu<sup>8</sup>, Mary Rozga<sup>9,10</sup>

<sup>1</sup> Department of Human Nutrition and Hospitality Management, College of Human Environmental Sciences, University of Alabama, Tuscaloosa, AL, United States; <sup>2</sup> Department of Nutrition and Food Studies, Ston Brook School of Culture, Education, and Human Development, Ston Brook University, Ston Brook, NY, United States; <sup>3</sup> Department of Nutrition and Applied Physiology, University of Delaware, Newark, DE, United States; <sup>4</sup> Health and Human Performance Department, King's College, Wilkes-Barre, PA, United States; <sup>5</sup> Evidence Analysis Centre, Academy of Nutrition and Dietetics, Chicago, IL, United States

FULL LENGTH ARTICLE · Volume 16, Issue 5, P547-561, September-October, 2022

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## Effectiveness of medical nutrition therapy in the management of adult dyslipidemia: A systematic review and meta-analysis

Alex E. Mohr, MS<sup>1</sup>, Cherine Hotem, MS, RDN<sup>2</sup>, Geeta Sikand, MA, RDN<sup>3</sup>, Joanne Sullivan, PhD, RDN<sup>4</sup>, Desiree De Waal, MS, RDN<sup>5</sup>, Deepa Handu, PhD, RDN<sup>6</sup>

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Pages 575-589 | Received 29 Oct 2024; Accepted 10 Mar 2025; Published online: 19 Mar 2025

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## Interventions for Adults with Ila Review of Systematic

## Conclusions from Recent Systematic Reviews

Condition	Conclusion	Evidence certainty
Type 1 diabetes mellitus (DM) (adults) <sup>16</sup>	In adults with type 1 DM, medical nutrition therapy (MNT) decreases hemoglobin A1c (HbA1c) and glucose concentrations (high certainty), but likely has mixed effects on anthropometric and lipid profile outcomes and blood pressure (BP) (moderate certainty).	Moderate/high
Type 2 DM <sup>16,30,31</sup>	In adults with type 2 DM, MNT likely reduces HbA1c and glucose concentrations but may have mixed effects on anthropometric and lipid profile outcomes and BP compared with no MNT.	Moderate
Pre-diabetes <sup>25</sup>	In adults with pre-diabetes, MNT likely reduces fasting blood glucose, waist circumference, BP, and total cholesterol concentrations compared with no MNT.	Moderate
	In adults with pre-diabetes, MNT may improve HbA1c, body mass index (BMI), and low-density and high-density lipoprotein cholesterol concentrations compared with no MNT.	Low
Overweight and obesity <sup>23,42,43</sup>	In adults with overweight or obesity, MNT likely improves weight loss, BMI, systolic BP, and mental quality of life (QoL) compared with no MNT.	Moderate
	In adults with overweight or obesity, MNT may improve diastolic BP, physical QoL, and may be cost-effective compared with no MNT.	Low
Cardiovascular risk factors <sup>20-22</sup>	In adults with cardiovascular risk factors, MNT likely decreases BP and weight compared with no MNT. In adults with dyslipidemia, MNT likely decreases total and low-density lipoprotein cholesterol and triglyceride concentrations.	Moderate

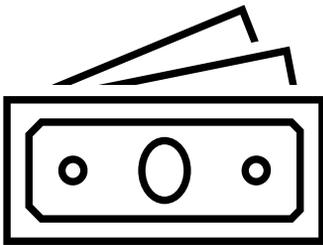
## Conclusions from Recent Systematic Reviews

Hypertension or pre-hypertension <sup>26,27</sup>	In adults with hypertension or pre-hypertension, MNT likely reduces BP, risk of stroke, weight, and BMI compared with no MNT.	Moderate
	In adults with hypertension or pre-hypertension, MNT may reduce waist circumference and hypertension incidence for those with pre-hypertension compared with no MNT.	Low
Chronic kidney disease (CKD) <sup>28,29</sup>	In adults with CKD, MNT interventions aiming to reduce BP likely do so compared with no MNT.	Moderate
	In adults with CKD, MNT interventions aiming to reduce serum phosphate may do so compared with no MNT.	Low
Celiac disease <sup>32</sup>	In adults with celiac disease, MNT may improve QoL and gastrointestinal symptoms.	Very low
Malnutrition <sup>33-35</sup>	In older adults with malnutrition discharged from acute care, MNT likely improves weight and BMI, but not mortality, compared with no MNT.	Moderate
	In adults with malnutrition, MNT may improve mortality, length of stay, and cost-savings.	Low
Cancer <sup>36-39</sup>	In adults with head and neck cancer, MNT likely improves QoL, nutritional status, percent weight change, and unplanned hospital visits compared with no MNT.	Moderate
	MNT may improve dietary intake in some settings and may improve weight outcomes in cancer survivors.	Low
<i>(continued on next page)</i>		

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## Cost Effectiveness

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- Evidence on cost-effectiveness is limited, but available reviews suggest MNT may be cost-effective
- Benefits observed in overweight/obesity, malnutrition (including older adults), and COPD
- MNT is relatively low-cost compared with other clinical interventions
- Access to an RDN can lead to reduced medication use and annual savings of \$638–\$1,450 per patient, with gains in QALYs

### ***Why This Matters***

- Supports value-based care and payer decision-making
- Reduces medication burden and costs
- Improves outcomes while controlling health care spending
- Strengthens the case for coverage and access to RDN-provided MNT

## Why is MNT Provided by an RDN Effective

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### Specialized Training

- RDNs are comprehensively trained in nutrition science, counseling, and behavior change
- Equipped to individualize care for complex and diverse client needs

### Personalized, Flexible Care

- MNT is not one-size-fits-all
- Interventions are tailored, adaptable, and delivered across multiple settings
- Relatively low-cost and scalable to real-world practice

### Evidence-Based Practice

- MNT delivered by RDNs is grounded in research evidence
- Integrates clinical expertise with client values and preferences
- Other health professionals value nutrition care but often lack the time, training, or confidence to deliver high-quality MNT
- Evidence shows personalized interventions outperform generalized advice

## MNT Payment & Policy: Current Gaps and Opportunities

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### Current Coverage

Limited to type 2 diabetes and CKD in outpatient settings  
Lack of coverage creates financial barriers, particularly for lower-income and socially disadvantaged populations

### Policy Opportunities

Two federal bills aim to expand access to nutrition care services nationwide:

- **Medical Nutrition Therapy (MNT) Act:** expands coverage for additional conditions (e.g., obesity, malnutrition, cancer, eating disorders)
- **Treat and Reduce Obesity Act:** supports comprehensive obesity care, including RDN-provided behavioral therapy

### Payment Updates (2025)

As of January 1, 2025, RDNs may bill Medicare for Direct Training Caregiver Services

Requires appropriate billing codes, National Provider Identifier (NPI), and payer enrollment

### Role of RDNs

Use existing billing systems and Academy resources to support reimbursement

Advocate for expanded coverage and licensure laws to protect the public and improve access

## **Screening and Referrals to RDNs for MNT**

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### **Interprofessional Care**

Most nutrition-related conditions require **team-based care**

Evidence shows RDN involvement leads to **more referrals, higher patient satisfaction, and cost savings**

### **Referrals to RDNs remain low**

Screen patients using **validated tools** (e.g., Malnutrition Screening Tool; <5 minutes)

Implement **standardized, electronically integrated** screening and referral protocols

### **Building Referral Pathways**

RDNs should **cultivate interprofessional networks** to support coordinated care

Ongoing communication improves care quality, trust, and referral rates

## RDN Staffing

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### Current Challenges

- RDN in rural or resource-limited areas
- High patient loads reduce time per patient
  - Example: 1 RDN : 2,308 patients in U.S. cancer centers

### Strategies to Improve Staffing

- Reimbursement: Expand coverage for RDN services in outpatient settings and initiation for inpatient settings
- Establish Minimum RDN-to-patient ratios
- Education & Workforce Development:
  - Strengthen dietetics programs and internships
  - Increase access and diversity
  - Promote awareness of RDN career demand

## Positioning RDNs for the Future

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**Target:** Promote improvements in coverage and MNT effectiveness

**Challenge:** Maintaining relevance and visibility

### Academy Strategic Priorities

1. A clearly defined identity
2. Strong partnerships and community engagement
3. A cultural shift within the profession
4. Professional empowerment
5. Operational excellence

### Research

- Demonstrate effectiveness and cost-effectiveness of MNT
- Cost-efficacy analyses (e.g., QALYs, DALYs)
- Contribute to research and quality improvement effort; disseminate findings to providers, policymakers, and payers.

## Key Takeaways

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- MNT delivered by RDNs is an effective
- Expanding reimbursement and coverage is critical
- Routine nutrition screening and referral to RDNs must be integrated into standard care
- Advocacy, research, and dissemination are essential
- Additional research is needed

### *Policy Takeaway*

Medical Nutrition Therapy is a high-value, Evidence-based intervention that improves outcomes, supports health equity, and should be reimbursed across a broader range of chronic conditions to reduce long-term health care costs.

### *Clinical Takeaway*

Integrate routine nutrition screening into care, refer patients early to RDNs for MNT, and incorporate MNT as a standard component of chronic disease prevention and treatment.

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## Calls to Action

	<p><b>Policy</b></p> <ul style="list-style-type: none"> <li>Support legislation that reduces barriers to payment for MNT provided by a registered dietitian nutritionist (RDN), including the MNT Act and the Treat and Reduce Obesity Act.</li> </ul>
	<p><b>Network</b></p> <ul style="list-style-type: none"> <li>Cultivate referral networks with interprofessional colleagues to provide comprehensive care.</li> <li>Health care agencies should implement electronically integrated policies and procedures for screening nutrition risk factors and referring to an RDN.</li> </ul>
	<p><b>Staffing</b></p> <ul style="list-style-type: none"> <li>Advance adequacy of RDN staffing to improve payment for services.</li> <li>Mandate adequate RDN-to-patient ratios.</li> <li>Strengthen recruitment and training opportunities.</li> </ul>
	<p><b>Research</b></p> <ul style="list-style-type: none"> <li>Support and participate in research to assess the efficacy and cost-effectiveness of MNT provided by an RDN.</li> </ul>

**Key approaches  
to increasing  
access to MNT**

## Key Takeaways for Educators

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### Policy, Reimbursement, and Licensure

- Understand coverage, licensure, and legislation
- Navigate billing, coding, and documentation
- Advocate for expanded access and reimbursement

### Interprofessional Collaboration & Referral Networks

- Clearly articulate the RDN's role on care teams
- Build and sustain referral pathways
- Use outcome data to strengthen provider relationships
- Engage in closed-loop communication

### Implementation Science

- Integrate referral workflows into health systems
- Lead quality improvement initiatives
- Address system-level barriers (staffing, reimbursement, culture)

### Research Participation & Dissemination

- Critically appraise evidence
- Collect and report outcomes data
- Evaluate cost-effectiveness (e.g., QALYs)
- Translate research for clinicians, administrators, and policymakers

### Bottom Line:

Graduates must be prepared to scale MNT through policy awareness, systems integration, and evidence translation.

## Resources

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**Policy:** <https://www.eatrightpro.org/practice/telehealth-for-dietetics-practitioners/telehealth-quick-guide/policy-regulation-and-payment>

**Licensure:** <https://www.eatrightpro.org/practice/dietetics-resources/general-health-and-wellness/navigating-future-practice-interprofessional-collaboration>

**Collaboration:** <https://www.eatrightpro.org/practice/dietetics-resources/general-health-and-wellness/navigating-future-practice-interprofessional-collaboration>

**Reimbursement:** <https://www.eatrightpro.org/career/payment/how-rdns-are-paid-for-services/payment-and-reimbursement-support>

**Implementation Science:** <https://www.anddeal.org/guideline-implementation>

**Research:** <https://www.eatrightpro.org/practice/research>

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*Citations for additional systematic reviews used to support the statement can be found in the Moloney et al 2025 reference list.*

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