

# Medical Nutrition Therapy Act

## Cost Effectiveness

The Academy of Nutrition and Dietetics commissioned Avalere Health to estimate the 10-year budget impact of the Medical Nutrition Therapy Act.

Medical Nutrition Therapy, otherwise known as MNT, is nutrition-based treatment that is provided by a registered dietitian.<sup>1</sup> Services that are considered MNT include nutritional assessments and reassessments, nutrition intervention, and nutrition counseling.<sup>2</sup>

### What are the Benefits of MNT?

MNT has been shown to improve key clinical outcomes in patients with multiple conditions, including conditions beyond diabetes and chronic kidney disease. There is positive evidence that shows that MNT is effective at improving glycemic outcomes, blood pressure, cholesterol, and weight management.<sup>3,4,5,6</sup> Research has shown that the addition of registered dietitian-led intervention and MNT is associated with lower health care expenditures, including visits with providers and medication-related costs, across a number of conditions.<sup>7,8,9,10</sup>

### Coverage of MNT

Under Medicare Part B, patients are only eligible for covered MNT services if:

1. They are diagnosed with diabetes, renal disease, or have had a kidney transplant in the last 36 months
2. A treating physician refers these services
3. MNT services are provided by a registered dietitian

### MNT Act

The bill aims to:

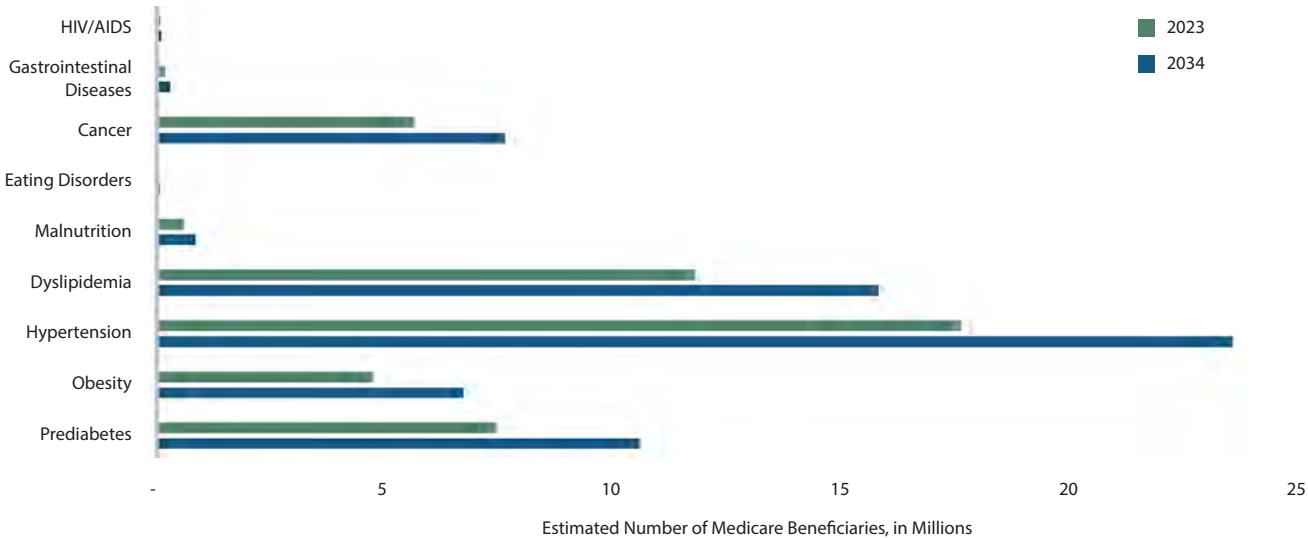
1. Expand coverage of MNT to Medicare Part B beneficiaries for the treatment of prediabetes, obesity, hypertension, dyslipidemia, malnutrition, eating disorders, cancer, gastrointestinal diseases, HIV/AIDS, cardiovascular disease, and any other disease or condition causing unintentional weight loss.
2. Expand the types of providers that can refer a Medicare beneficiary covered MNT services to include physician assistants, nurse practitioners, clinical nurse specialists, and clinical psychologists.

MNT is an evidence-based, cost-effective treatment that can aid millions of Medicare patients with chronic diseases. [Passage of the MNT Act is a crucial next step to expand access to this treatment.](#)

# Burden of Chronic Disease

As of 2023, over 47 million Medicare beneficiaries have at least one of the expanded set of conditions that would qualify for MNT under the MNT Act. Many of the expanded conditions are chronic conditions, which make up a disproportionate share of healthcare expenditures in the United States.<sup>11</sup>

**Figure 1: Number of Medicare Beneficiaries by Condition in 2023 and 2024, in Millions**



Source: The 2023 prevalence rates are from analysis of the 100% Medicare fee-for-service (FFS) claims, accessed by Avalere via a research collaboration with Inovalon, Inc. and governed by a research-focused CMS Data Use Agreement (DUA). 2034 projections based on “Private Health Plan Enrollment” projections (Table IV.C1) in the Medicare Trustees Report 2024 Medicare Trustees Report

## Cost of MNT Services

If passed, the MNT Act could increase uptake of these services across the Medicare program. On average, the cost of MNT services was roughly \$800 per service in 2023.\* MNT services are less than 0.06% of total 2023 inpatient and outpatient spending by Medicare beneficiaries. Using methodology similar to that of the Congressional Budget Office, Avalere Health estimated the federal impact of the Medical Nutrition Therapy Act to be \$649 million over 10 years. The score included the nine conditions enumerated in the proposed legislation. Condition-specific impact to the federal budget varied based on the extent to which the condition-related outcomes were driven by nutrition; obesity, eating disorders, and malnutrition were all associated with savings to the federal government.

## Current Utilization of Inpatient and Outpatient Services

For Medicare beneficiaries with the proposed expanded conditions for MNT coverage that would likely utilize the service, the 2023 cost of inpatient and outpatient visits totaled close to \$285 million. If MNT services were covered and utilized, the potential reduction in inpatient visits by 9% and outpatient by 20%\*\*, could be associated with savings of over \$33 million per year.<sup>12</sup>

\*Costs include the cost to Medicare and patient responsibility  
\*\*Sheils et. al. (1999) estimated MNT was associated with a 9.5% reduction in hospital services for people with diabetes and a 23.5% reduction in physician services.

**eat right.** Academy of Nutrition and Dietetics

For more information from the Academy of Nutrition and Dietetics, please contact [govaffairs@eatright.org](mailto:govaffairs@eatright.org).

## References

1. CDC. "Medical Nutrition Therapy." <https://www.cdc.gov/diabetes-toolkit/php/reimbursement/medical-nutrition-therapy.html>.
2. Noridian. "Medical Nutrition Therapy (MNT)." <https://med.noridianmedicare.com/web/jfb/topics/preventive-services/medical-nutrition-therapy>.
3. Dudzik, Josephine et al. "The effectiveness of medical nutrition therapy provided by a dietitian in adults with prediabetes: a systematic review and meta-analysis." <https://pubmed.ncbi.nlm.nih.gov/37689140/>.
4. Mohr, Alex E et al. "Effectiveness of medical nutrition therapy in the management of adult dyslipidemia: A systematic review and meta-analysis." <https://pubmed.ncbi.nlm.nih.gov/37689140/>.
5. Morgan-Bathke, Maria et al. "Weight Management Interventions Provided by a Dietitian for Adults with Overweight or Obesity: An Evidence Analysis Center Systematic Review and Meta-Analysis." <https://pubmed.ncbi.nlm.nih.gov/35788061/>.
6. Delahanty, L M et al. "Clinical and cost outcomes of medical nutrition therapy for hypercholesterolemia: a controlled trial." <https://pubmed.ncbi.nlm.nih.gov/11573752/>.
7. Wolf, Anne M. "Effects of lifestyle intervention on health care costs: Improving Control with Activity and Nutrition (ICAN)." <https://pubmed.ncbi.nlm.nih.gov/17659904/>.
8. Sikand, G. "Dietitian intervention improves lipid values and saves medication costs in men with combined hyperlipidemia and a history of niacin noncompliance." <https://pubmed.ncbi.nlm.nih.gov/10670395/>.
9. McGehee, M M et al. "Benefits and costs of medical nutrition therapy by registered dietitians for patients with hypercholesterolemia. Massachusetts Dietetic Association." <https://pubmed.ncbi.nlm.nih.gov/7657908/>.
10. Sikand, G. "Medical nutrition therapy lowers serum cholesterol and saves medication costs in men with hypercholesterolemia." <https://pubmed.ncbi.nlm.nih.gov/9710659/>.
11. Erdem, Erkan et al. "Medicare Payments: How Much Do Chronic Conditions Matter?" <https://pmc.ncbi.nlm.nih.gov/articles/PMC3983726/#:~:text=About%2041%25%20of%20Part%20B,10.7%25%20between%202008%20and%202010>.
12. Sheils, JF et al. "The estimated costs and savings of medical nutrition therapy: the Medicare population." <https://pubmed.ncbi.nlm.nih.gov/10207394/>.