

Why Do We Need the Medical Nutrition Therapy Act?

Academy members share their stories from the frontlines of patient care, highlighting the impact that expanding access to medical nutrition therapy (MNT) could have in communities across the United States.

Lack of Coverage Continues to Block Patient Care

One patient who had multiple myeloma cancer was referred to me after losing 20 pounds and experiencing overwhelming fatigue. He is unable to afford paying out of pocket for nutrition care but, unless he has diabetes or kidney failure on top of cancer, I am unable to treat him and help improve his health, energy and quality of life.

Yet another patient contacted me to help treat her severe heartburn. Her reflux is so bad that she's lost 30 pounds from it. Only one medication helps, but it's expensive so she's been using the free medication samples that her doctor provided. Otherwise, she can't afford it. She'd like to work with me, so she could get off her medications, but Medicare won't cover the appointments because she doesn't have kidney failure or diabetes. She's in a catch-22 - she could get off her medications if she could work with me, but she can't afford it.

– Treva Garcia, RDN, LD | Madison, Ala.

Access to Coverage Makes Success Possible

"I worked with a client who had Type 2 Diabetes and was non-compliant with her diet – she drank two to four liters of sugar-sweetened soft drinks every day and had very high blood sugar levels. She had been having numbness in her hands and feet but did not associate it with her blood sugar levels.

For this client, soda was a huge part of her dietary pattern and she felt she did not want to exclude it from her diet, so I suggested she switch to a no-calorie soda, which would reduce her added sugar intake to near zero and help bring her blood sugar levels under control.

During her follow-up appointment a month later, she said had switched completely to sugar-free drinks and also discovered she enjoyed seltzer water. This client also reported that the feeling in her hands and feet had returned and that her blood sugar levels were within normal range."

– Keith Ayob, EDD, RD, FAND | New York, N.Y.

Post-Op Complications Could be Avoided

"Patient has roux-en-Y gastric bypass for treatment of severe obesity and is unable to afford out of pocket cost to receive post-operative medical nutrition therapy. The patient struggles with post-operative diet advancement leading to hospitalization for severe dehydration and failure to thrive within the first three months after surgery. At one-year post-op, this patient is found to have severe nutritional anemia requiring iron infusion and monthly vitamin B12 injections."

– Chelsea Hardy, MS, RDN, LD | Westbrook, Maine

Referrals Do Not Ensure Coverage

"This patient was eager to meet with the registered dietitian nutritionist but only had traditional Medicare and had not contacted Medicare to clarify benefits. When he checked in for his appointment, the very frail and underweight patient learned that the service was not covered by Medicare. He was very upset as he knew he needed help and was following the direction of his doctor.

We have to follow Medicare regulations and unfortunately could not help this patient – who desperately wanted help – without charging him for the visit."

– Terese Scollard, MBA, RDN, LD, FAND | Beaverton, Ore.

Cancer Outcomes Improve with Access to MNT

"I treated one patient who had just been diagnosed with lymphoma shortly after supporting her husband's treatment for prostate cancer. I was able to provide MNT for this patient throughout her treatment and provide emergency food assistance offered by the community during the most grueling parts of treatment. This patient always let me know how grateful she was for receiving any nutrition related assistance. On the last day of her chemotherapy, she had no significant weight loss and was able to walk out the clinic with her husband looking stronger than she did when she first came in. She even told me, "I still use that recipe book you gave me months ago!" at a checkup years later. It's patients like this that remind us of the benefits of having access to MNT.

If MNT for cancer was covered by most major insurances including Medicare, I could have expanded my hours at the oncology clinic and increased the number of patients I impacted in this way."

– Serena Cochran, MS, RD | Franklinton, N.C.

Nutrition Care Goes Unreimbursed Despite Helping Patients Thrive

"An elderly man who has poor dentition requiring a modified in texture personalized meal plan was progressively losing weight – 40 pounds over the last year – despite being cleared for any Gastrointestinal or underlying medical condition to cause this extreme weight loss. He was finally referred to me by his PCP for MNT with a medical diagnosis of failure to thrive - he was clinically malnourished based on recent labs. Without a diagnosis of diabetes or renal disease our health center is not going to receive Medicare payment for the three 60-minute MNT sessions that I provided. At his third and final session with me he stated that I was the most helpful provider he met with."

– Marcy Kyle, RDN, LD, CDCES, FAND | Eastport, Maine

For more information from the Academy of Nutrition and Dietetics, please contact govaffairs@eatright.org.