

Medical Nutrition Therapy Act (H.R. 6199 and S. 3934)

What is MNT?

Medical Nutrition Therapy is an evidence-based application of the Nutrition Care Process that can include nutrition assessment/reassessment, nutrition diagnosis, nutrition intervention and nutrition monitoring and evaluation.

The goal of MNT is to prevent, delay or manage disease and conditions.

The Cost of Chronic Conditions

According to the CDC, 90% of the nation's \$4.9 trillion annual health care expenditures is spent on treating chronic and mental health conditions.^{1,2} Care for individuals with multiple chronic conditions is especially costly in the Medicare population (see figure).³

Many diet-related chronic conditions are contributing to poor health outcomes. Expanded access to nutrition care is especially important for populations that have long faced chronic disease health disparities due to socioeconomic inequality and reduced access to health care, healthful foods and safe places to be active. With rising rates of chronic diseases that disproportionately impact communities of color, expanded access to MNT is more important now than ever.

Barriers to Care for Seniors

Currently, Medicare Part B only covers outpatient MNT for diabetes, renal disease and post-kidney transplant.⁴ Additionally, qualified providers such as nurse practitioners, physician's assistants, clinical nurse specialists and psychologists are barred from directly referring their patients to MNT services.

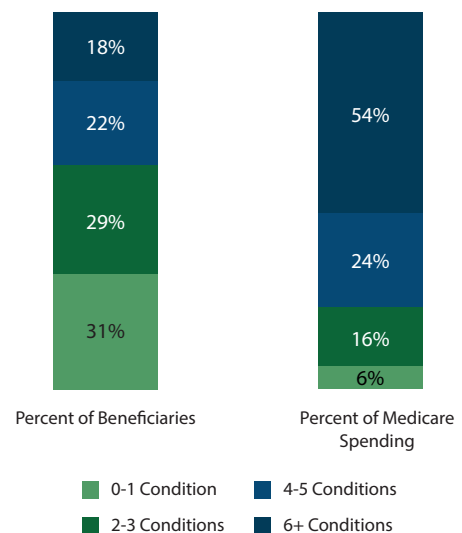
What is an RDN?

Registered dietitian nutritionists are credentialed nutrition practitioners who have completed:

- An accredited bachelor's degree (or higher) in dietetics
- 1,200+ hours of supervised practice
- The national Registration Examination for Dietitians

To maintain the credential, RDNs must also secure 75+ hours of continuing education every five years.

Medicare FFS Beneficiaries by Number of Chronic Conditions and Total Medicare Spending, 2018³



MNT is an Effective Solution

MNT has been shown to be a cost-effective component of treatment for obesity, diabetes, hypertension, dyslipidemia, HIV infection, unintended weight loss in older adults and other chronic conditions.^{5,8} Counseling provided by an RDN as part of a health care team can positively impact weight, blood pressure, blood lipids and blood sugar control.^{9,10} In a national survey of primary care physicians, respondents reported believing that RDNs were the most qualified health care providers to assist patients with weight loss.¹¹ Additionally, the National Lipid Association recommends nutritional counseling by RDNs to promote long-term adherence to an individualized, heart-healthy diet.¹²

What the MNT Act Does

This bill amends the Social Security Act to provide Medicare Part B coverage of outpatient MNT for prediabetes, obesity, high blood pressure, high cholesterol, malnutrition, eating disorders, cancer, gastrointestinal disease including celiac disease, cardiovascular disease, HIV/AIDS and any other disease or condition causing unintentional weight loss, with authority granted to the Secretary of Health to include other diseases based on medical necessity. It also authorizes nurse practitioners, physician assistants, clinical nurse specialists and psychologists to refer their patients for MNT.

About the Academy of Nutrition and Dietetics

Representing more than 112,000 credentialed nutrition and dietetics practitioners, the Academy is the world's largest organization of food and nutrition professionals. Many Academy members - registered dietitian nutritionists, nutrition and dietetic technicians, registered, and advanced-degree nutritionists - treat the Medicare population.

References

1. Buttorff C, Ruder T, Bauman M. Multiple Chronic Conditions in the United States. Santa Monica, CA: Rand Corp. 2017. https://www.rand.org/content/dam/rand/pubs/tools/TL200/TL221/RAND_TL221.pdf. Accessed May 3, 2021.
2. Centers for Disease Control and Prevention. Fast facts: health and economic costs of chronic conditions. Centers for Disease Control and Prevention. Updated August 8, 2025. Accessed September 17, 2025. <https://www.cdc.gov/chronic-disease/data-research/facts-stats/index.html>.
3. Centers for Medicare & Medicaid Services. Chronic Conditions Charts: 2018. 2020. Available at https://www.cms.gov/Research-Statistics-Data-and-Systems/StatisticsTrends-and-Reports/Chronic-Conditions/Chartbook_Charts. Accessed May 3, 2021.
4. Centers for Medicare & Medicaid Services. Medical Nutrition Therapy (MNT). January 2021. <https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicarepreventive-services/MPS-QuickReferenceChart-1.html#MNT>. Accessed May 3, 2021.
5. Academy of Nutrition and Dietetics. MNT: Cost Effectiveness, Cost-Benefit, or Economic Savings of MNT. 2009. <https://www.andeal.org/topic.cfm?cat=4085>. Accessed May 3, 2021.
6. Academy of Nutrition and Dietetics. MNT: Disorders of Lipid Metabolism. 2015. <https://www.andeal.org/topic.cfm?menu=5284&cat=5231>. Accessed May 3, 2021.
7. Academy of Nutrition and Dietetics. MNT: Weight Management. 2015. <https://www.andeal.org/topic.cfm?menu=5284&cat=5230>. Accessed May 3, 2021.
8. Sikand G, Cole RE, Handu D, deWaal D, Christaldi J, Johnson EQ, Arpino LM, Ekvall SM. Clinical and cost benefits of medical nutrition therapy by registered dietitian nutritionists for management of dyslipidemia: A systematic review and meta-analysis. *J Clin Lipidol*. 2018;12(5):1113-1122.
9. Academy of Nutrition and Dietetics. MNT: Comparative Effectiveness of MNT Services. 2009. <https://www.andeal.org/topic.cfm?menu=4085&cat=3676>. Accessed May 3, 2021.
10. Academy of Nutrition and Dietetics. MNT: RDN in Medical Team. 2015. <https://www.andeal.org/topic.cfm?menu=5284&cat=5233>. Accessed May 3, 2021.
11. Bleich SN, Bennett WL, Gudzone KA, Cooper LA. National survey of US primary care physicians' perspectives about causes of obesity and solutions to improve care. *BMJ Open*. 2012;2:e001 871.
12. Jacobson TA, Maki, KC, Orringer, CE, et al. National Lipid Association Recommendations for Patient-Centered Management of Dyslipidemia: Part 2. *J Clin Lipidol*. 2015;9:51-5122.

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