Academy of Nutrition and Dietetics

Treat and Reduce Obesity Act (S.1973 and H.R.4231)

Obesity is a Public Health Crisis that Strains America's Economy

Obesity is a growing public health crisis, with more than 42% of U.S. adults affected—9% with severe obesity—and an economic burden of $425.5 billion in 2023.[i] Without meaningful action, two-thirds of adults could have obesity by 2050.[ii] Obesity contributes to one in eight American deaths and significantly increases the risk for chronic diseases including diabetes, hypertension, heart failure, certain cancers, and liver, kidney, and musculoskeletal disorders.[iii] The nation is already paying the price for neglecting nutrition-related disease: the 2024 Joint Economic Report identifies obesity as a major driver of Medicare spending, projecting up to $9.1 trillion in excess medical costs over the next decade.[iv] Access to effective treatment and prevention programs is essential to improving health and reducing these escalating costs.

Current Barriers to Effective Obesity Treatment

Under current law, Medicare covers intensive behavioral therapy (IBT) for obesity only when delivered by primary care providers in primary care settings—excluding nutrition professionals, bariatricians, endocrinologists, psychiatrists, and clinical psychologists who are well equipped to provide it. Yet primary care providers often lack the time, training, and capacity to deliver the high intensity interventions proven most effective. The National Academies of Science, Engineering, and Medicine notes that dietary counseling by trained educators such as registered dietitians is more effective than counseling by primary care clinicians, and the U.S. Preventive Services Task Force has affirmed that IBT should not be restricted to primary care providers or settings.[v]

The Treat and Reduce Obesity Act is a Clinically Effective and Cost-Effective Answer

The Treat and Reduce Obesity Act provides a clinically effective and cost efficient solution to the obesity epidemic by expanding Medicare coverage for intensive behavioral therapy (IBT) and FDA approved anti obesity medications, ensuring patients can access comprehensive, evidence based care. The bill removes barriers that prevent qualified practitioners—such as registered dietitian nutritionists (RDNs)—from delivering IBT, even though RDN provided therapy has been shown to produce significant, sustained weight loss of up to 10% of body weight and reduce the risk of diabetes by nearly 50%.[vi] Because RDNs are reimbursed at lower rates than physicians and their care leads to better weight loss outcomes, expanding their ability to provide IBT is a cost effective strategy that can increase utilization of a benefit currently used by only 1% of eligible beneficiaries.[vii] By enabling coordinated, interdisciplinary treatment, the bill enhances quality of care, improves patient outcomes, and reduces long term health care costs.

Support the Treat and Reduce Obesity Act

The Academy of Nutrition and Dietetics supports the Treat and Reduce Obesity Act (S.1973; HR.4231) because it provides clinically- and cost-effective solutions to our obesity epidemic. This bipartisan, bicameral bill was introduced in the 119th U.S. Congress by U.S. Sens. Bill Cassidy (D-NM), Senators Bill Cassidy (R-LA) and Ben Ray Lujan (D-NM) with 17 co-sponsors. and U.S. Reps. Mike Kelly (R-PA), Mariannette Miller-Meeks (R-IA), Dr. Raul Ruiz (D-CA), and Gwen Moore (D-WI) with 12 co-sponsors.

The Academy is urging members of Congress to co-sponsor and pass the bill to ensure that people with obesity have access to the most effective recommended treatment, including intensive behavioral therapy provided by qualified health care practitioners, as well as complementary interventions like medical nutrition therapy (MNT) and FDA-approved anti-obesity medications. The Treat and Reduce Obesity Act would amend the Social Security Act to enable the Centers for Medicare and Medicaid Services to enhance beneficiary access to the most qualified existing Medicare providers of IBT for obesity, resulting in decreased health care costs and lower obesity rates among older adults.

About Us

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.

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

References

[i] Fryar CD, Carroll MD, Afful J. Prevalence of overweight, obesity, and severe obesity among adults aged 20 and over: United States, 1960–1962 through 2017–2018. NCHS Health E-Stats, Centers for Disease Control and Prevention. 2020. Accessed June 6, 2025. www.cdc.gov/nchs/data/hestat/obesity-adult-17-18/obesity-adult.htm

[ii] GBD 2021 US Obesity Forecasting Collaborators. National-level and state-level prevalence of overweight and obesity among children, adolescents, and adults in the USA, 1990-2021, and forecasts up to 2050. Lancet. 2024 Dec 7;404(10469):2278-2298. doi: 10.1016/S0140-6736(24)01548-4.

[iii] Carmona, Richard. The Obesity Crisis in America. Surgeon General's Testimony before the Subcommittee on Education Reform, Committee on Education and the Workforce, United States House of Representatives. 16 July 2003.

[iv] Joint Economic Committee Republicans, "Chapter 4: Reaching Fiscal Solutions Through Healthcare Innovation," in The 2024 Joint Economic Report, Republican Response (U.S. Congress Joint Economic Committee, 2024), https://www.jec.senate.gov/public/vendor/_accounts/JEC-R/jer-chapters/2024JERChap

[v] U.S. Preventive Services Task Force. Screening for and Management of Obesity in Adults: U.S. Preventive Services Task Force Recommendation Statement. AHRQ Publication No. 11-05159- EF-2. June 2012. http://www.uspreventiveservicestaskforce.org/uspstf11/obeseadult/obesers.htm

[vi] Ibid

[vii] Pritchard et al. "Nutritional Counseling in General Practice: A Cost- Effectiveness Analysis." Journal of Epidemiology and Community Health, 53 (2009): 311- 316.

eat right. Academy of Nutrition and Dietetics