ISSUE BRIEF FOR ACADEMY MEMBERS

Value of Nutrition Services in Prevention and Treatment

Background

The Academy of Nutrition and Dietetics is committed to improving the nation's health and advancing the profession of dietetics through research, education and advocacy. Our members include registered dietitian nutritionists (RDNs), nutrition and dietetic technicians, registered (NDTRs) and advanced-degree nutritionists. We work with all leaders to find non-partisan public policy solutions that promote health and reduce the burden of chronic disease through nutrition services and interventions.

Our nation is paying the price for overlooking the importance of nutrition in preventing and treating chronic diseases. Our current health care system is too often reliant on crisis-intervention and disease care rather than focusing on disease prevention, wellness and healthy lifestyles. U.S. health care spending per person in 2015 exceeded that of any other nation, reaching $9,990 per person or $3.2 trillion total.[1] Despite this spending, tens of millions of Americans suffer from preventable diseases, necessitating a paradigm change that prioritizes cost-effective and clinically effective prevention and treatment modalities with nutrition at their core.

The Role of Academy Members

Academy members play critical roles in public and community health, engaging in work ranging from improving community access to healthy food to developing and implementing statewide interventions to prevent obesity, diabetes and other chronic diseases. Public health and community nutrition registered dietitian nutritionists are leaders at federal, state and community agencies, successfully implementing complex food and nutrition programs that improve the health of individuals and communities. Our members play a key role in shaping the public's food choices, improving people's nutritional status and preventing and treating chronic disease.

The Academy maintains **five key tenets** for analyzing any legislation to reform health care:

1. The health of all Americans should improve as a result of our health policy choices. Sufficient resources must be made available to ensure optimal health.
2. Access to quality health care is a right that must be extended to all Americans.
3. Nutrition services, from pre-conception through end of life, are an essential component of comprehensive health care.
4. Stable, sufficient and reliable funding is necessary for our health care system to provide everyone access to a core package of benefits.
5. Health care must be patient-centered.

Invest in Prevention

Ensuring all Americans have access to a minimum level of effective preventive nutrition care services offers a unique opportunity to lower long-term health care costs. An often cited "free-rider" argument states that one health insurer's provision of preventive services is likely to produce benefits to another insurer years later. Guaranteeing comprehensive preventive services would eliminate this free-rider argument, and overall health will be improved with less need for costly chronic disease management. Without the assurance of preventive nutrition services as a required component of coverage, plans simply will not include them despite their efficacy and role in the quality and comprehensiveness of care.

The Academy identifies two critical areas of prevention that must be addressed as Congress works to improve health outcomes and reduce health spending.

1. **Invest sustainable resources in evidence-based prevention programs that address chronic diseases, nutrition and food security across the life cycle**

   The Academy supports primary prevention as the most effective and affordable method to prevent chronic disease.[2] Chronic diseases such as heart disease, diabetes, cancer and others are the leading causes of death and disability in the United States and the largest cost drivers for Medicare and Medicaid.[3] Poor nutrition is one of the four modifiable health risk behaviors that lead to chronic disease development and severity. According to the Centers for Disease Control and Prevention (CDC), reversing our country's obesity epidemic requires a comprehensive and coordinated approach to transform communities into places that support and promote healthy lifestyle choices for all residents.[4]

   One critical tool to improve community health is the Prevention and Public Health Fund, which is the nation's **only** dedicated investment in prevention and public health. The Prevention Fund provides resources to state and local communities to implement innovative programs to improve health and well-being. Academy members lead efforts at the federal, state and local level to make eating well the easy, natural choice and implement changes to polices, systems and environments that support healthy behaviors. **We urge Congress to maintain funding for the Prevention and Public Health Fund**, as done in the Fiscal Year 2017 Omnibus Appropriations bill. It is critical that we have a sustained, long-term investment in public health and prevention to ensure our nation's health and safety.

2. **Promote effective programs and initiatives that promote health equity**

   All activities associated with improving the nutritional status of Americans must include efforts to achieve health equity and reduce health disparities. Racial and ethnic minorities are generally in poorer health and at a greater risk of being food insecure.[6] Academy members' research, leadership and community-based efforts provide excellent examples of success stories that can be scaled up across the country. It should be the goal of any universal coverage plan to not only ensure everyone has access to care, but that the care that offered addresses the issue of disparities. The issue of adequate compensation for physician and non-physician care must be addressed. If providers will not accept patients because the reimbursement rate is too low or the bureaucratic or administrative burdens of the program are too great, then we will still have a system that does not address the health care needs of our population. **The Academy urges Congress to implement evidence- based, culturally competent responses to hunger, obesity and chronic disease among populations that are disproportionately affected.**

Include Nutrition Services in Comprehensive Health Care Delivery Systems

The Academy believes that everyone should have access to quality health care and nutrition services. According to a position paper adopted by the Academy's Board of Directors in 2010, the roles and responsibilities of RDNs and nutrition and dietetics technicians, registered include "[s]upport[ing] state and federal efforts for universal health care reimbursement that specifically include comprehensive nutrition screening and assessment, education and developmentally appropriate anticipatory guidance."[7] Meaningful reform must result in a health care system that includes a systemic implementation of national, evidence-based guidelines for preventing chronic diseases from developing or progressing, including access to covered services delivered by demonstrably effective experts, such as RDNs.

1. **Strengthen insurance coverage of evidence-based preventive and wellness services**

   Under current law, preventive and wellness services, as well as chronic disease self-management, are considered essential health benefits, which may be included in a state's benchmark plan. Private insurers also are required to cover certain preventive services without a cost-sharing requirement, including those graded as an A or B by the U.S. Preventive Services Task Force. **The Academy applauds these efforts to increase coverage to preventive services, and urges Congress to maintain these existing provisions. Furthermore, we ask that Congress include coverage of medical nutrition therapy in core preventive and clinical services.**

   As detailed in the Medical Nutrition Therapy (MNT) Effectiveness Project published in the Academy's Evidence Analysis Library, MNT and other evidence-based nutrition services, from pre-conception through end-of-life, are an essential component of comprehensive health care, whether provided as frontline therapy to prevent disease, delay disease progression, or as an intervention in chronic care management.[8] These interventions decrease the need for costly medications, as well as the number of ambulatory visits. Coverage is needed for these essential services that demonstrably improve the nutritional status of Americans and reduce the rates of obesity, cardiovascular disease, renal disease, hypertension, diabetes, HIV, forms of cancer, celiac disease, stroke and other medical conditions.

   Virtually all prevalent chronic illnesses have a nutrition component, yet huge gaps remain in the way our health care system addresses the important role of nutrition in preventing and treating such diseases — particularly in the Medicare program. Under current law, Medicare only covers outpatient medical nutrition therapy services provided by RDNs for beneficiaries with diabetes, chronic renal insufficiency/non-end-stage renal disease (non-dialysis) or post kidney transplant. The current Medicare program offers too little nutrition care too late and does not incentivize the use of other members of the health care team with specific expertise in areas such as nutrition counseling (i.e., RDNs).

   For example, there is no coverage for effective and inexpensive MNT services for pre-diabetes or for individuals at risk for developing diabetes, yet once a beneficiary is diagnosed with diabetes, she has access to nutrition services that are at the cornerstone of diabetes care. Medicare's coverage of nutrition services for obesity is similarly problematic, in that beneficiaries must already be diagnosed with obesity (based on BMI) before Medicare will pay for intensive behavioral therapy services and those services are not reimbursed if provided by the most effective providers in the most effective settings. Nutrition coverage for beneficiaries at risk for cardiovascular disease (CVD) or those with cancer, eating disorders, or numerous other disease states and conditions is non-existent.

   The Academy urges a legislative solution to ensure coverage of cost-effective MNT provided by RDNs for all nutrition-related chronic diseases, including hypertension, obesity, cancer and prediabetes, consistent with USPSTF recommendations and national clinical guidelines.

2. Improve Chronic Care Management and Wrap-Around Services

Patients with multiple chronic conditions typically receive care from an inter-professional team that may include social workers, RDNs, nurses and behavioral specialists in addition to primary and specialty physicians. These non-physician team members are critical to achieving successful patient and population health outcomes and controlling the progression of chronic and complex chronic disease. Thus, there needs to be a payment mechanism for these essential services that is not exclusively tied to the primary care provider. **Specifically, the Academy recommends that RDNs be eligible to bill for chronic care management services.** Services should be covered if they are evidence-based, or an otherwise covered category of service, and recommended by the primary care practitioner coordinating care for the patient. However, without ensuring coverage of nutrition care services in either a fee-for-service or an alternative payment system, no amount of improved care coordination will achieve significant improvements in patient health or reducing long- and short-term costs.

RDNs' training and qualifications enable them to provide effective care management, particularly for patients with complex health needs. Data show that MNT provided by an RDN is linked to improved clinical outcomes and reduced costs related to physician time, medication use and hospital admissions for people with obesity, diabetes and disorders of lipid metabolism, as well as other chronic diseases.[9] RDNs provide critical care management services to ensure adequate access to healthful foods/nutrients, appropriate access to and use of medication and to refer and facilitate access to appropriate health care and/or community-based resources (e.g., facilitating post-discharge nutrition care plans with post-acute care providers and community agencies such as Meals on Wheels). Such activities are time consuming but serve a necessary role in supporting patients' self- management of their chronic conditions.

Footnotes

1 Center for Medicare and Medicaid Data. National Health Expenditure Data. Accessed at: https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nationalhealthaccountshistorical.html

2 Position of the Academy of Nutrition and Dietetics: The Role of Nutrition in Health Promotion and Chronic Disease Prevention. *J. Acad. Nutr Diet*. 2013: 113:972-979.

3 National Center for Chronic Disease Prevention and Health Promotion, At a Glance 2016 Nutrition, Physical Activity and Obesity Fact Sheet. Available at: https://www.cdc.gov/chronicdisease/resources/publications/aag/pdf/2016/aag-dnpao.pdf.

4 National Center for Chronic Disease Prevention and Health Promotion, At a Glance 2016 Nutrition, Physical Activity and Obesity Fact Sheet. Available at: https://www.cdc.gov/chronicdisease/resources/publications/aag/pdf/2016/aag-dnpao.pdf.

5 Position of the Academy of Nutrition and Dietetics: Food and Water Safety. *J. Acad. Nutr Diet*. 2014;114:1819-1829.

6 Food Research and Action Center. Understanding the Connections: Food Insecurity and Obesity. October 2015. Available at: http://frac.org/pdf/frac_brief_understanding_the_connections.pdf.

7 Position of the American Dietetic Association: Child and Adolescent Nutrition Assistance Programs. *J. Acad. Nutr Diet*. 2010;110:791-799.

8 Academy of Nutrition and Dietetics Evidence Analysis Library. Medical Nutrition Therapy Evidence Analysis Project 2008. http://www.andevidencelibrary.com/mnt. Accessed January 26, 2016.

9 Academy of Nutrition and Dietetics Evidence Analysis Library. Medical Nutrition Therapy Evidence Analysis Project 2008. http://www.andevidencelibrary.com/mnt. Accessed January 26, 2016.