Nutrition CARE Act S.3010/H.R.6961

Sponsors: Sens. Hassan (D-NH) & Murkowski (R-AK) and Reps. Chu (D-CA-27), Fitzpatrick (R-PA-1), Blunt Rochester (D-DE-AL), & Bacon (R-NE-2)



The Need: Eating disorders are costly and deadly to Medicare beneficiaries.

\$65B annual economic cost of eating disorders to U.S.¹

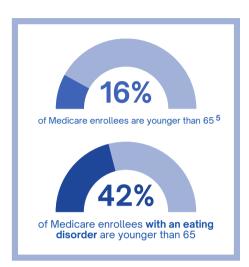
52 mins how often one person dies from an eating disorder 2

\$20K

higher average health expenditures for each Medicare enrollee w/ an eating disorder ³

6+

number of comorbid conditions reported by most Medicare enrollees with eating disorders 4



The Problem: Medicare does not cover outpatient Medical Nutrition Therapy (MNT) for people with eating disorders, even though it is an essential component of treatment.



Forgoing outpatient MNT raises likelihood of hospitalization & hinders long-term recovery 6

Medical Nutrition Therapy (n): 7 nutrition-based therapeutic and counseling treatment by a registered dietitian nutritionist

The Solution: Provide Medical Nutrition Therapy coverage benefits to Medicare beneficiaries with eating disorders



Equal MNT coverage to the currently available Medicare Part B benefit for diabetes and renal disease



Significant savings created by treating expensive & complex illnesses at outpatient level

Nutrition CARE Act S.3010/H.R.6961

Sponsors: Sens. Hassan (D-NH) & Murkowski (R-AK) and Reps. Chu (D-CA-27), Fitzpatrick (R-PA-1), Blunt Rochester (D-DE-AL), & Bacon (R-NE-2)



- 1 Deloitte Access Economics. The Social and Economic Cost of Eating Disorders in the United States of America: A Report for the Strategic Training Initiative for the Prevention of Eating Disorders and the Academy for Eating Disorders. June 2020. Available at: https://www.hsph.harvard.edu/striped/report-economic-costs-of-eating-disorders/.
- 2 Ibid
- **3** Presskreischer, R., Steinglass, J. E., & Anderson, K. E. (2022). Eating disorders in the U.S. Medicare population. The International journal of eating disorders, 55(3), 362–371. https://doi.org/10.1002/eat.23676.
- 4 Jáuregui-Garrido, B. & Jáuregui Lobera, I. (2012). Sudden death in eating disorders. Vascular Health and Risk Management, 8, 91-98.
- Thornton, L. M., Watson, H. J., Jangmo, A., Welch, E., Wiklund, C., von Hausswolff-Juhlin, Y., . . . Bulik, C. M. (2017). Binge-eating disorder in the Swedish national registers: somatic comorbidity. Int J Eat Disord, 50(1), 58-65.
- Westmoreland, P., Krantz, M. J., & Mehler, P. S. (2016). Medical complications of anorexia nervosa and bulimia. Am J Med, 129(1), 30–37.
- **5** Presskreischer, R., Steinglass, J. E., & Anderson, K. E. (2022). Eating disorders in the U.S. Medicare population. The International journal of eating disorders, 55(3), 362–371. https://doi.org/10.1002/eat.23676.
- **6** Pehlivan, M.J., Miskovic-Wheatley, J., Le, A. et al.Models of care for eating disorders: findings from a rapid review. J Eat Disord 10, 166 (2022). https://doi.org/10.1186/s40337-022-00671-1.
- **7** Academy of Nutrition and Dietetics. (2018). How an RDN Can Help with Diabetes.