

Nutrition CARE Act

Nutrition Counseling Aiding Recovery for Eating Disorders

EATING DISORDERS AND THE MEDICARE POPULATION

3-4%

Rates of disordered eating in seniors are similar to those of the general population.¹
Rates of disordered eating in the **SSDI population** are estimated at **3% for men** and **6% for women**.



Eating disorders in the senior population are particularly serious, as chronic disorders or diseases may already compromise a person's health.²

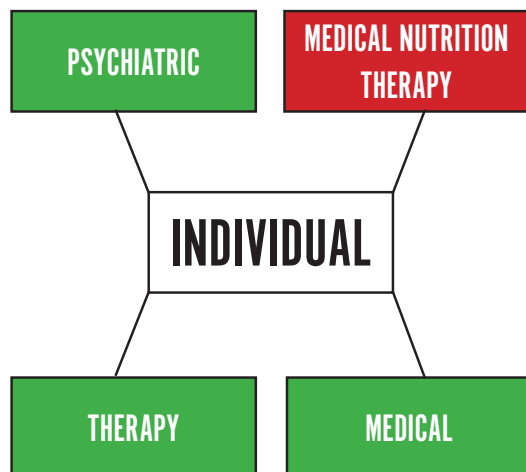
4x

Individuals with chronic illnesses and/or disabilities are **4 times more likely** to have an eating disorder compared to the general population.³

THE PROBLEM:

Medical Nutrition Therapy is an essential part of outpatient eating disorder treatment, yet is **NOT** a covered benefit under Medicare Part B.

THE KEY COMPONENTS OF SUCCESSFUL EATING DISORDERS TREATMENT



WITHOUT COMPREHENSIVE TREATMENT, THERE ARE SIGNIFICANT MEDICAL RISKS DUE TO:

Co-occurring medical complications from lack of treatment

When left untreated, eating disorders in the Medicare population can lead to heart failure, kidney failure, osteoporosis, diabetes, stroke, gastric rupture, hypoglycemia, and more.⁴

Increased severity and loss of life, necessitating inpatient treatment

A lack of comprehensive treatment can lead to increased severity and loss of life, necessitating treatment at the inpatient level. Eating disorders have the **HIGHEST AVERAGE COST (\$19,400)** and **LONGEST LENGTH OF STAY (13.6 days)** for any primary mental health diagnosis.⁵

Increased ER visits from co-occurring medical and mental illnesses

There are additional costs to the Medicare system from co-occurring medical and mental illnesses and ER visits. These visits cost on average **\$16,000** with an average **8 day stay**.⁶

THE SOLUTION: The Nutrition CARE Act provides for a Medicare Part B Benefit Design Modification to put outpatient eating disorders Medical Nutrition Therapy at parity with other illnesses.

THE BILL PROVIDES FOR:

- 13 hours of coverage for the first year of treatment (1 one-hour initial assessment and 24 thirty-minute sessions).
- 4 hours in subsequent years (8 thirty-minute sessions)(allowing for extra hours if necessitated by change in diagnosis or medical condition).
- These hour totals are the same as for currently available Medical Nutrition Therapy treatment under Medicare for diabetes and renal disease.

COST CONTROL PROVISIONS:

The bill includes provisions that give the Secretary the ability to authorize higher amounts of coverage as well as place cost-control measures as needed within the Medicare program - in addition to the savings already created by treating at the outpatient level.

For more information or to co-sponsor, contact Ellen Hamilton in Rep. Chu's Office: Ellen.Hamilton@Mail.House.Gov

References from Infographic:

1. Peat, Christine; Peyerl, Naomi; and Muehlenkamp, Jennifer. (2010). Body Image and Eating Disorders in Older Adults: A Review. *The Journal of General Psychology*, 135:4, 343-358.
2. Dudrick, Stanley. (2013). Older Clients and Eating Disorders. *Today's Dietitian*, 15:11, 44.
3. Gross, Susan; Ireys, Henry; and Kinsman, Stephen. (2000). Young Women with Physical Disabilities: Risk Factors for Symptoms of Eating Disorders. *Developmental and Behavioral Pediatrics*. 21:2, 87-96.
4. Jáuregui-Garrido, B. & Jáuregui Lobera, I. (2012). Sudden death in eating disorders. *Vascular Health and Risk Management*, 8, 91-98.
5. Owens PL (AHRQ), Fingar KR (IBM Watson Health), McDermott KW (IBM Watson Health), Muhuri PK (AHRQ), Heslin KC (AHRQ). Inpatient Stays Involving Mental and Substance Use Disorders, 2016. HCUP Statistical Brief #249. March 2019. Agency for Healthcare Research and Quality, Rockville, MD. www.hcup-us.ahrq.gov/reports/statbriefs/sb249-Mental-Substance-Use-Disorder-Hospital-Stays-2016.pdf
6. *Id.*