

February 4, 2020

Chairman Frank Pallone
Energy and Commerce Committee
2125 Rayburn House Office Building
Washington, DC 20515

Ranking Member Greg Walden
Energy and Commerce Committee
2322 Rayburn House Office Building
Washington, DC 20515

Chairman Richard Neal
Ways and Means Committee
1102 Longworth House Office Building
Washington, DC 20515

Ranking Member Kevin Brady
Ways and Means Committee
1139 Longworth House Office Building
Washington, DC 20515

Dear Chairman Pallone, Ranking Member Walden, Chairman Neal, and Ranking Member Brady:

The undersigned organizations are pleased to express our strong support for H.R. 3711, the Nutrition Counseling Aiding Recovery for Eating Disorders Act (Nutrition CARE Act of 2019). This important legislation will provide Medical Nutrition Therapy (dietitian services) for seniors and persons with disabilities who are affected by eating disorders under Medicare Part B.

Eating disorders are serious mental illnesses that affect 30 million Americans over the course of their lifetime.^{1,2} They have the second highest mortality rates of any psychiatric illness, behind opioid use disorder, both due to physical risks and 23 times higher risk of suicide in comparison to the general population.³

Similar to the general population, approximately 3-4% of the senior population are affected by eating disorders. Eating disorders in seniors are particularly serious, as chronic disorders or diseases may already compromise their health.^{4,5} Additionally, 3% of males and 6% of females on SSDI under Medicare are affected by an eating disorder.

Comprehensive care for successful eating disorders treatment is comprised of four critical care components: psychiatric, psychological, medical, and Medical Nutrition Therapy (MNT). MNT is an evidence-based medical approach to treating chronic conditions, particularly eating disorders, through an individualized nutrition plan.⁶ Unfortunately, Medicare Part B does not cover MNT for eating disorders. Without MNT, Medicare Part B beneficiaries affected by eating disorders are less likely to recover. Relapse and co-occurring conditions such as heart failure, kidney failure, osteoporosis, stroke, gastric rupture, and hypoglycemia⁷ can lead to severe medical complications and death. Further, without comprehensive care, emergency room visits are more common and cost an average of \$16,000, for an average eight day stay.⁸

¹ Hudson, J. I., Hiripi, E., Pope, H. G., & Kessler, R. C. (2007). The prevalence and correlates of eating disorders in the national comorbidity survey replication. *Biological Psychiatry*, 61(3), 348–358.

² Le Grange, D., Swanson, S. A., Crow, S. J., & Merikangas, K. R. (2012). Eating disorder not otherwise specified presentation in the US population. *International Journal of Eating Disorders*, 45(5), 711-718.

³ "Eating Disorders Affect Families for the Bad and the Good." *National Eating Disorders Association*, 21 Feb. 2018, www.nationaleatingdisorders.org/blog/eating-disorders-affect-families-bad-and-good.

⁴ Peat, Christine; Peyrel, Naomi; and Muehlenkamp, Jennifer. (2010). Body Image and Eating Disorders in Older Adults: A Review. *The Journal of General Psychology*, 135:4, 343-358.

⁵ Mangweth-Matzek B, Hoek HW. Epidemiology and treatment of eating disorders in men and women of middle and older age. *Curr Opin Psychiatry*. 2017;30(6):446–451. doi: 10.1097/YCO.0000000000000356.

⁶ National Cancer Institute. (n.d.) NCI Dictionary of Cancer Terms. <https://www.cancer.gov/publications/dictionaries/cancer-terms/def/medical-nutrition-therapy>

⁷ Jáuregui-Garrido, B. & Jáuregui Lobera, I. (2012). Sudden death in eating disorders. *Vascular Health and Risk Management*, 8, 91-98.

⁸ 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

Our seniors and persons with disabilities need all four components of comprehensive care for eating disorders treatment to improve wellness, save lives, and reduce costs. We urge the Committees to act on H.R. 3711 and bring the bill forward for consideration.

Sincerely,

Academy of Nutrition and Dietetics
American Association for Psychoanalysis in Clinical Social Work
American Association of Child & Adolescent Psychiatry
American Association on Health and Disability
American Dance Therapy Association
American Foundation for Suicide Prevention
American Group Psychotherapy Association
American Psychological Association
Anxiety and Depression Association of America
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Clinical Social Work Association
Depression and Bipolar Support Alliance
Eating Disorders Coalition for Research, Policy & Action
Global Alliance for Behavioral Health and Social Justice
International OCD Foundation
Lakeshore Foundation
NAADAC, the Association for Addiction
National Alliance on Mental Illness
National Association for Behavioral Healthcare
National Association for Children's Behavioral Health
National Association for Rural Mental Health
National Association of Social Workers
National Eating Disorders Association
National Register of Health Service Psychologists
SMART Recovery
The Kennedy Forum
Treatment Communities of America