

December 16, 2019

The Honorable Diana DeGette
House Committee on Energy and Commerce
United States House of Representatives
2111 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Fred Upton
House Committee on Energy and Commerce
United States House of Representatives
2183 Rayburn House Office Building
Washington, D.C. 20515

Champions Circle
Residential Eating Disorders Consortium

Executive Circle
Clementine
Eating Recovery Center
The Emily Program
Monte Nido
Oliver-Pyatt Centers
Veritas Collaborative
WithAll

Policy Circle
Academy for Eating Disorders
National Eating Disorders Association (NEDA)
The Renfrew Center

Leadership Circle
Alliance for Eating Disorders Awareness
Bannister Consultancy
Gail R. Schoenbach FREED Foundation
Disorders Professionals Foundation (iaedp)
Focus Treatment Center
Reasons Eating Disorder Center
The Donahue Foundation

Advocacy Circle
Center for Change
Laureate Eating Disorders Program
Timberline Knolls
Walden Behavioral Care

Support Circle
Alsana: Eating Disorders Treatment and Recovery Centers
Cambridge Eating Disorder Center
Center for Discovery
Eating Disorder Hope
Mirasol Eating Disorder Recovery Centers
Mothers Against Eating Disorders (MAED)
Multi-Service Eating Disorders Association
Park Nicollet Melrose Center
Rosewood Centers for Eating Disorders
The Center for Eating Disorders at Sheppard Pratt
Strategic Training Initiative for the Prevention of Eating Disorders (STRIPED)

Hope Circle
Academy of Nutrition and Dietetics
Eating Disorder Coalition of Iowa (EDCI)
Eating Disorder Therapy LA
FEAST
International Federation of Eating Disorders Dietitians (IFEDD)
Moonshadow's Spirit
Project Heal
Stay Strong Virginia
Rogers Behavioral Health
The National Association of Anorexia Nervosa and Associated Eating Disorders
Wrobel & Smith, PLLP

Dear Congresswoman DeGette and Former Chairman Upton,

On behalf of the Eating Disorders Coalition (EDC), we respectfully request that you consider including the text of the bipartisan H.R. 3711/S. 2907, known as the Nutrition Counseling Aiding Recovery for Eating Disorders Act of 2019, or the Nutrition CARE Act of 2019, within Cures 2.0. This legislation is led by Congresswomen Chu (D-CA) and Walorski (R-IN) in the House and Senators Hassan (D-NH) and Murkowski (R-AK) in the Senate.

The Eating Disorders Coalition (EDC) is a nonprofit organization composed of patient and caregiver advocates, treatment providers, advocacy organizations and academics, aimed to advance the recognition of eating disorders as a public health priority throughout the U.S. By promoting federal support for improved access to care, the EDC seeks to increase the resources available for education, prevention, and improved training, as well as for scientific research on the etiology, prevention, and treatment of eating disorders.¹

We applaud your successful work in passing The 21st Century Cures Act (P.L. 114-55) in December of 2016, which included the integration of our bipartisan The Anna Westin Act of 2015 (H.R. 2515/S. 1865). The Anna Westin Act increased access to eating disorders care, provided early identification trainings for health professionals, increased public awareness around eating disorders, and helped establish the first SAMHSA Center of Excellence for Eating Disorders. Building upon this great success from the 114th Congress, we urge your offices to consider expanding medical nutrition therapy (MNT) services for eating disorders to Medicare Part B recipients through the Nutrition CARE Act of 2019.

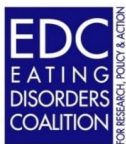
Despite stereotypes that eating disorders affect only younger segments of the population, studies show that 3-4 percent of seniors suffer from eating disorders- a rate expected to rise as Baby Boomers come of age.² Eating disorders in seniors are also particularly harmful, as they are often dealing with other chronic medical conditions that can be exacerbated by an eating disorder.³ Furthermore, studies show persons with disabilities on Medicare are affected by eating disorders, with 6% of females and 3% of males on SSDI affected.

The Nutrition CARE Act of 2019 would provide for a Medicare Part B benefit design modification to include MNT services for eating disorders, which are an essential part of eating disorder treatment, at parity with other serious illnesses. The bill grants the Secretary authority over coverage as well as cost-control measures for this Medicare benefit, in addition to providing significant upstream savings

1 Eating Disorders Coalition. "Mission & Goals." https://www.eatingdisorderscoalition.org/inner_template/about_us/mission-and-goals.html

2 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.

3 Dudrick, Stanley. (2013). Older Clients and Eating Disorders. Today's Dietitian, 15:11, 44.



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to the Medicare system. One of the stated goals of Cures 2.0 is “to explore how reform of Medicare coding, coverage, and payment could better support patients’ access to innovative therapies,⁴” and the Nutrition CARE Act of 2019 accomplishes exactly that. While patients under Medicare Part B have coverage for specific psychological and medical treatments for eating disorders, they don’t have access to crucial MNT. This type of therapy includes nutritional diagnostic, therapy, and counseling services for the purpose of disease management, usually involving specially designed meal plans, which are furnished by a registered dietitian or nutrition professional pursuant to a referral by a physician. According to the American Dietetic Association, nutritional therapy conducted by a registered professional is an “essential component” for the treatment of patients with anorexia nervosa, bulimia nervosa, and other eating disorders.⁵

Medical nutritional therapy is so vital because without nutritional restoration, other types of therapies are not likely to be effectual. According to studies, mental health interventions for eating disorders may not be successful if the underlying nutritional issues haven’t first been addressed, since nutritional deficiency causes cognitive issues that can render such interventions ineffective.⁶ For example, the American Psychiatric Association (APA) and the National Institute for Clinical Excellence (NICE) both make it clear that the first goal of treatment for anorexia nervosa is weight restoration.⁷

Without access to MNT, eating disorders can lead to a number of co-occurring medical conditions including heart and kidney failure, diabetes, stroke, and osteoporosis. Additionally, the failure to appropriately treat eating disorders early by making MNT accessible also causes significant strain on the Medicare system and its beneficiaries. Left undertreated, patients with acute eating disorders require costly inpatient care, and often end up in the emergency room from relapses and comorbid medical conditions. Addressing these types of cost issues is needed to help ensure the financial sustainability of Medicare.

Our organization admires both of your offices and all you have done to improve access to innovative therapies and expand Medicare coverage. For these reasons, and for the other justifications outlined above, we strongly urge the inclusion of H.R. 3711/S. 2907, the Nutrition CARE Act of 2019, within Cures 2.0.

Sincerely,

Eating Disorders Coalition

⁴ Diana DeGette & Fred Upton. Cures 2.0 two-pager. https://upton.house.gov/uploadedfiles/final_cures_2.0_2-pager.pdf

⁵ Ozier, AD & Henry, BW. “Position of the American Dietetic Association: nutrition intervention in the treatment of eating disorders.” *NCBI/NLM/NIH*. <https://www.ncbi.nlm.nih.gov/pubmed/21802573>

⁶ Rosen, David. (2010). Clinical Report—Identification and Management of Eating Disorders in Children and Adolescents. American Academy of Pediatrics, 126:6.

⁷ Marzola, E., Nasser, J., Hashim, S., Pei-an, B., and Kaye, W. (2013). Nutritional rehabilitation in anorexia nervosa: review of the literature and implications for treatment. *BMC Psychiatry*, 13:290.