

March 17, 2021

The Honorable Ron Wyden
Chairmen, Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member, Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Frank Pallone
Chairman, House Committee on Energy and Commerce
2322A Rayburn House Office Building
Washington, DC 20515

The Honorable Cathy McMorris Rodgers
Ranking Member, House Committee on Energy and
Commerce
2322 Rayburn House Office Building
Washington, DC 20515

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

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

Dear Chairman Wyden, Ranking Member Crapo, Chairman Pallone, Ranking Member McMorris Rodgers, Chairman Neal, and Ranking Member Brady:

The undersigned organizations express our strong support for the bipartisan Nutrition Counseling Aiding Recovery for Eating Disorders Act or the Nutrition CARE Act (H.R. 584/S. 1551) led by Representatives Judy Chu (D-CA-27), Jackie Walorski (R-IN-02), Lisa Blunt Rochester (D-DE-AL) and Senators Maggie Hassan (D-NH) and Lisa Murkowski (R-AK). 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 28.8 million Americans over the course of their lifetime.¹ They have the second highest mortality rate of any psychiatric illness, with one death occurring every 52 minutes as a direct result of an eating disorder.² Without access to comprehensive treatment, eating disorders create great economic distress, costing the U.S. \$64.7 billion annually with the federal government shouldering \$17.7 billion of that cost.³ Ensuring comprehensive coverage has the potential to mitigate disease progression or relapse into higher levels of treatment that cost the U.S. \$29.3 million in emergency room visits and \$209.7 million in inpatient hospitalizations annually.⁴

Although not often discussed, prevalence rates for eating disorders among the senior and disabled populations are similar to the general population of 3 percent to 6 percent.^{5,6} However, older Americans with eating disorders are particularly serious as chronic disorders or diseases may already compromise their health.^{7,8}

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/reporteconomic-costs-of-eating-disorders/>.

² Ibid.

³ Ibid.

⁴ Ibid.

⁵ 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.

⁶ 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.

⁷ 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.

⁸ Ibid.

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.⁹ Unfortunately, Medicare Part B does not cover MNT for eating disorders. Without coverage for this key care component, Medicare Part B beneficiaries are left without the comprehensive treatment they need to enable a full recovery.

In an effort to provide comprehensive and cost-effective care for our seniors and persons with disabilities, we urge the Committees to act on H.R. 584/S. 1551 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
American Association of Suicidology
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 Federation of Eating Disorder Dietitians
International OCD Foundation
Lakeshore Foundation
NAADAC, the Association for Addiction Professionals
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

⁹ National Cancer Institute. (n.d.) NCI Dictionary of Cancer Terms. <https://www.cancer.gov/publications/dictionaries/cancer-terms/def/medical-nutrition-therapy>

National Center of Excellence for Eating Disorders

National Eating Disorders Association

National Register of Health Service Psychologists

REDC Consortium

RI International, Inc.

SMART Recovery

The Kennedy Forum

Treatment Communities of America