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

2 Ibid.
3 Ibid.
4 Ibid.
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. 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

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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