

H.R.3711/S.2907 Nutrition CARE Act

Rep. Judy Chu (D-CA-27) & Rep. Jackie Walorski (R-IN-02) // Sen. Margaret Hassan (D-NH) & Sen. Lisa Murkowski (R-AK)

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EATING DISORDERS AND THE MEDICARE POPULATION

3-4%

Rates of disordered eating in seniors are similar to those of the general population.^{1,2}

420,500-560,700

Approximate number of Medicare Part B beneficiaries that are Black, Indigenous and People of Color who have an eating disorder.³

52
MINUTES

Every 52 minutes someone in the U.S. dies as a direct result of an eating disorder.⁴
[10,200 deaths per year]

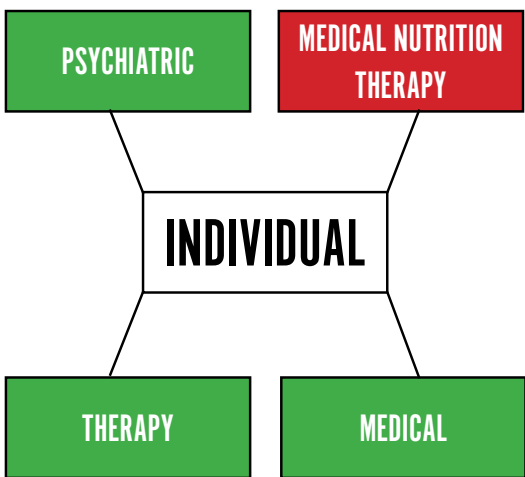
3% **6%**

Estimated rates of disordered eating in the SSDI population.
[Gender diverse literature unavailable]

THE PROBLEM

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

THE KEY COMPONENTS OF SUCCESSFUL EATING DISORDERS TREATMENT



LACK OF COMPREHENSIVE TREATMENT CAN LEAD TO:

Co-occurring Medical Complications

When left untreated, eating disorders in the Medicare population can lead to heart failure, kidney failure, osteoporosis, Type II diabetes, stroke, gastric rupture, hypoglycemia, and more.⁵

Annual Economic Costs

\$64.7B Economic cost of eating disorders

\$17.7B Cost to the Federal Government

\$23.5B COST TO INDIVIDUALS & FAMILIES

Caregivers provide 6 weeks of informal, unpaid care



53,918 ER VISITS

costing



23,560 INPATIENT HOSPITALIZATIONS

costing



All economic cost data taken from *Social and economic cost of eating disorders in the United States*

THE SOLUTION:

The Nutrition CARE Act allows individuals affected by eating disorders on Medicare Part B to receive the existing Medical Nutrition Therapy benefits equal to other medical conditions.

COVERAGE PROVISIONS:

MNT coverage would be equal to the coverage that is currently available under Medicare Part B 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, please contact:

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. 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.
3. Total Medicare Enrollment: Part A and/or Part B Enrollees, by Demographic Characteristics, Calendar Year 2018. (2020). Retrieved 3 September 2020, from <https://www.cms.gov/files/document/2018-mdcr-enroll-ab-5.pdf>
4. 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/report-economic-costs-of-eating-disorders/>.
5. Jáuregui-Garrido, B. & Jáuregui Lobera, I. (2012). Sudden death in eating disorders. *Vascular Health and Risk Management*, 8, 91-98.