

Dear Mr. Cartwright,

My name is Alicia Blaine and I am a dietetic intern at Marywood University, where I recently graduated with a Bachelor of Science degree in nutrition and dietetics and where I'm currently working towards obtaining my Master's of Science degree in nutrition and dietetics. I hope to gain my Registered Dietitian Nutritionist (RDN) credential in early summer 2022, upon graduating.

I am writing today to urge you to support and co-sponsor a very important bill, the Medical Nutrition Therapy Act (H.R. 3108).

Over two-thirds of Medicare fee-for-service beneficiaries have two or more chronic conditions, many of which can be prevented, delayed, treated or managed through nutrition therapy and counseling. In addition to the prevalence of chronic conditions among Medicare beneficiaries, a great deal of these participants come from a diverse variety of ethnic backgrounds. Individuals from many racial and ethnic minority backgrounds are more likely to be diagnosed with chronic diseases such as diabetes, prediabetes, chronic kidney disease, end-stage renal disease, and obesity. With the Covid-19 pandemic sweeping across the globe, the focus of healthcare has shifted drastically to prevention. As a future dietitian, it is my duty to ensure that everyone has equal access to health services such as Medical Nutrition Therapy, and with preventative care being the focus, this should be a service that is offered to everyone. The Centers for Disease Control and Prevention finds that individuals are at an increased risk of severe illness from Covid-19 if they have cancer, chronic kidney disease, diabetes, heart conditions such as heart failure or coronary artery disease, or obesity. At the time of writing this, coverage for medical nutrition therapy is only available to Medicare part B beneficiaries with diabetes or renal disease, despite medical nutrition therapy being part of the standard of care, in clinical guidelines, and medically necessary for many more chronic conditions. Medical nutrition therapy has been shown to be a cost-effective component of treatment for obesity, diabetes, hypertension, dyslipidemia, HIV infection, unintended weight loss in older adults and other chronic conditions.

The goal of the Medical Nutrition Therapy Act (H.R. 3108) is to amend the title XVIII of the Social Security Act to expand the availability of medical nutrition therapy services under Medicare, offering this preventative treatment to all. This bill would improve access for patients who could prevent a chronic condition, and in turn build a healthier community.

I look forward to hearing from you and want to thank you for your time.

Sincerely,

Alicia Blaine

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