116TH CONGRESS
1ST SESSION

H. R. 3711

To amend title XVIII of the Social Security Act to provide coverage of medical nutrition therapy services for individuals with eating disorders under the Medicare program.

IN THE HOUSE OF REPRESENTATIVES

JULY 11, 2019

Ms. JUDY CHU of California (for herself, Mr. CÁRDENAS, Ms. CLARKE of New York, Mr. FITZPATRICK, Mrs. LEE of Nevada, Mr. RASKIN, Mr. ROUDA, Mr. TONKO, Ms. CASTOR of Florida, and Mr. YOUNG) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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A BILL

To amend title XVIII of the Social Security Act to provide coverage of medical nutrition therapy services for individuals with eating disorders under the Medicare program.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the "Nutrition Counseling
5 Aiding Recovery for Eating Disorders Act of 2019" or the
6 "Nutrition CARE Act of 2019".

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) Eating disorders, including the specific dis-
4 orders of anorexia nervosa, bulimia nervosa, binge
5 eating disorder, avoidant/restrictive food intake dis-
6 order, and other specified feeding or eating dis-
7 orders, are severe biologically based mental illnesses
8 caused by a complex interaction of genetic, biologi-
9 cal, social, behavioral, and psychological factors.

10 (2) Over 30,000,000 individuals in the United
11 States of all ages, races, sizes, sexual orientations,
12 ethnicities, and socioeconomic statuses, are affected
13 by eating disorders during their lifetimes.

14 (3) Eating disorders have one of the highest
15 mortality rates of all mental illnesses, as eating dis-
16 orders can become fatal due to heart failure, kidney
17 failure, stroke, hypoglycemia, and gastric rupture.
18 Additionally, longitudinal studies have found that
19 the suicide risk for those with an eating disorder is
20 23 times the expected risk.

21 (4) Eating disorders can be successfully treated
22 with interventions at the appropriate durations and
23 levels of care, yet only one-third of persons with eat-
24 ing disorders receive any medical, psychiatric, or
25 therapeutic care. Best practice treatment of eating
26 disorders includes patients, their families, and a

1 comprehensive team of professionals such as social
2 workers, mental health counselors, primary care
3 practitioners, psychiatrists, psychologists, dietitians,
4 art therapists, and other specialty providers.

5 (5) Studies examining the prevalence of eating
6 disorders and insulin restriction among people with
7 diabetes show that up to 35 percent of women with
8 diabetes restrict insulin in order to lose weight at
9 some point in their life.

10 (6) Research shows that disordered eating
11 among older adults consistently find that rates of
12 disordered eating among the elderly are similar to
13 those of younger persons.

14 (7) Weight loss in the elderly may signal an
15 undiagnosed medical illness or may be the result of
16 a known medical condition and/or its pharmacologic
17 treatment.

18 (8) Eating disorders in the elderly are associ-
19 ated with significant morbidity and mortality, and a
20 wide range of health issues arise secondary to eating
21 disorders, including cardiac, metabolic, gastric, and
22 bone conditions; diagnosis and proper treatment of
23 this population are essential.

24 (9) Eating disorders in the elderly are particu-
25 larly serious because chronic disorders or diseases

may already compromise a patient's health. Inadequate nutrition can result in memory deficits, cognitive decline, decubitus ulcers, impaired healing of sores, wounds, or infections, and dizziness, disorientation, and falls.

(10) Studies find that individuals with chronic illnesses and/or disabilities are four times more likely to have anorexia nervosa or bulimia nervosa compared to the general population.

SEC. 3. PROVIDING COVERAGE OF MEDICAL NUTRITION THERAPY SERVICES FOR INDIVIDUALS WITH EATING DISORDERS UNDER THE MEDICARE PROGRAM.

Section 1861 of the Social Security Act (42 U.S.C. 1395x) is amended—

(1) in subsection (s)(2)(V)—

(A) by redesignating clauses (i) through (iii) as subclauses (I) through (III), respectively, and adjusting the margins accordingly;

(B) in subclause (III), as so redesignated, by striking the semicolon at the end and inserting "; and";

(C) by striking "beneficiary with diabetes" and inserting the following: "beneficiary—

"(i) with diabetes"; and

1 (D) by adding at the end the following new
2 clause:
3 ''(ii) beginning January 1, 2020, with an
4 eating disorder (as defined by the Secretary in
5 accordance with most recent edition of the Di-
6 agnostic and Statistical Manual of Mental Dis-
7 orders published by the American Psychiatric
8 Association);''; and
9 (2) in subsection (vv)—
10 (A) in paragraph (1)—
11 (i) by inserting ''(including manage-
12 ment of an eating disorder (as defined for
13 purposes of subsection (s)(2)(V)(ii)))''
14 after ''disease management''; and
15 (ii) by inserting ''or psychologist (or
16 other mental health professional to the ex-
17 tent authorized under State law) and, in
18 the case of such services furnished to an
19 individual for the purpose of management
20 of such an eating disorder, at the times
21 specified in paragraph (4)'' before the pe-
22 riod at the end; and
23 (B) by adding at the end the following new
24 paragraph:

1 "(4)(A) For purposes of paragraph (1), the times
2 specified in this paragraph are, with respect to medical
3 nutrition therapy services furnished to an individual for
4 purposes of management of an eating disorder, the fol-
5 lowing:

6 "(i) 13 hours (including a 1 hour initial assess-
7 ment and 12 hours of reassessment and interven-
8 tion) during the 1-year period beginning on the date
9 such individual is first furnished such services.

10 "(ii) Subject to subparagraph (B), 4 hours dur-
11 ing each subsequent 1-year period.

12 "(B) In the case that the physician or psychologist
13 (or other mental health professional to the extent author-
14 ized under State law) treating such individual determines
15 that there has been a change with respect to the diagnosis,
16 medical condition, or treatment regimen relating to the
17 eating disorder of such individual that requires the fur-
18 nishing of medical nutrition therapy services beyond the
19 times specified in subparagraph (A)(ii), the Secretary may
20 provide for an additional number of hours to be available
21 to such individual with respect to a period described in
22 such subparagraph.

23 "(C) The Secretary may apply such other reasonable
24 limitations with respect to the furnishing of medical nutri-
25 tion therapy services for purposes of management of an

1 eating disorder during a period described in subparagraph
2 (A)(ii) as the Secretary determines appropriate.''.

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