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October 1, 2021

VIA ELECTRONIC SUBMISSION

The Honorable Susan Collins
United States Senator
413 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Robin Kelly
United State Representative
2416 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Gary Peters
United States Senator
724 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Fred Upton
United States Representative
2183 Rayburn House Office Building
Washington, D.C. 20515

Dear Senators Collins and Peters and Representatives Kelly and Upton:

On behalf of the American College of Osteopathic Family Physicians (ACOFP), I write to express our support for S. 1536/H.R. 3108, the *Medical Nutrition Therapy Act of 2021*. The bills would expand Medicare Part B coverage for Medical Nutrition Therapy (MNT) services for patients diagnosed with obesity, high blood pressure, high cholesterol, malnutrition, cardiovascular disease, and other conditions. This legislation is critically important to improve access to MNT for Medicare beneficiaries.

ACOFP is the professional organization representing more than 18,000 practicing osteopathic family physicians, residents, and students throughout the United States. We support addressing the health effects of obesity with MNT.¹ According to the U.S. Centers for Disease Control and Prevention (CDC), in 2018, the prevalence of obesity in American men was 40.3 percent among those aged 20–39; 46 percent among those aged 40–59; and 42 percent among those aged 60 and older. For women, the prevalence of obesity was 39.7 percent among those aged 20–39; 43.3 percent among those aged 40–59; and 43.3 percent among those aged 60 and older.² The CDC also found the prevalence of severe obesity among U.S. adults to be 9.2 percent.³

The prevalence of obesity is concerning because it is linked to comorbidities such as type 2 diabetes, coronary artery disease, stroke, hypertension, sleep apnea, cancer, and mental illness.⁴ In its 2020 National Diabetes Statistics Report, the CDC found that 89 percent of adults diagnosed with diabetes were overweight.⁵ Such conditions can decrease the quality and length of an individual's life and increase both individual and national healthcare spending. The health effects of obesity have been especially pronounced during the COVID-19 public

¹ See ACOFP's recently approved resolution urging the Centers for Medicare & Medicaid Services to expand MNT for patients with a diagnosis of obesity and morbid obesity here:

https://www.acofp.org/ACOFPIMIS/acofporg/PDFs/About/2021_Final_Resolutions/15.pdf

²Craig Hales, et. Al., Prevalence of Obesity and Severe Obesity Among Adults: United States, 2017–2018. February 2020. Available at <https://www.cdc.gov/nchs/products/databriefs/db360.htm>

³ Id.

⁴ Adult Obesity Causes & Consequences. Centers for Disease Control and Prevention. September 2020. Available at <https://www.cdc.gov/obesity/adult/causes.html>

⁵ National Diabetes Statistics Report. Centers for Disease Control and Prevention. February 2020. Available at <https://www.cdc.gov/diabetes/library/features/diabetes-stat-report.html>

health emergency, with studies finding that obesity sharply increases the risk of severe illness, hospitalization, and death from COVID-19.⁶ These outcomes are linked to research demonstrating that obesity decreases lung capacity and reserve and can make ventilation more difficult; increases the risk of blood clots; and reduces an individual's overall immune function.⁷

However, studies have shown that with weight loss interventions—like MNT—individuals can lose weight and lower the risk of developing chronic diseases, including diabetes.⁸ Research demonstrates that even modest weight loss (5–10 percent) can improve patient health.⁹ Early intervention is especially important, as the duration of obesity exposure can increase the risk of developing comorbidities and irreversible damage to organ systems.¹⁰

We applaud your legislation, as it would make the necessary, statutory changes to increase access to MNT for patients with a wide range of conditions, including obesity. Currently, Medicare Part B only covers MNT when a patient is diagnosed with diabetes or renal disease, and this creates a barrier for many seniors to access critical MNT services. The *Medical Nutrition Therapy Act of 2021*, however, would allow physicians to refer more beneficiaries to dieticians and nutrition professionals to help manage a wider range of chronic diseases, including obesity, through MNT. We believe this will help improve health outcomes for Medicare beneficiaries across the country.

Thank you for your work on this important issue, and we hope this legislation quickly advances through Congress and is signed into law. Should you need any additional information or if you have any questions, please feel free to contact ACOFP at advocacy@acofp.org or (847) 952-5100.

Sincerely,



Nicole Bixler, DO, MBA, FACOPP
ACOFP President

⁶ Mohammad S, Aziz R, Al Mahri S, Malik SS, Haji E, Khan AH, Khatlani TS, Bouchama A. Obesity and COVID-19: what makes obese host so vulnerable? *Immun Ageing*. 2021 Jan 4;18(1):1. doi: 10.1186/s12979-020-00212-x. PMID: 33390183; PMCID: PMC7779330.

⁷ Obesity and COVID-19. Centers for Disease Control and Prevention. September 2021. Available at <https://www.cdc.gov/obesity/data/obesity-and-covid-19.html>

⁸ Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions. US Preventative Services Task Force. September 2018. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/obesity-in-adults-interventions>

⁹ Ryan, Donna H, and Sarah Ryan Yockey. "Weight Loss and Improvement in Comorbidity: Differences at 5%, 10%, 15%, and Over." *Current obesity reports* vol. 6,2 (2017): 187-194. doi:10.1007/s13679-017-0262-y

¹⁰ Norris T, Cole TJ, Bann D, Hamer M, Hardy R, Li L, et al. (2020) Duration of obesity exposure between ages 10 and 40 years and its relationship with cardiometabolic disease risk factors: A cohort study. *PLoS Med* 17(12): e1003387. <https://doi.org/10.1371/journal.pmed.1003387>