

116TH CONGRESS  
1ST SESSION

**S.** \_\_\_\_\_

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.

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IN THE SENATE OF THE UNITED STATES

Ms. HASSAN (for herself and Ms. MURKOWSKI) introduced the following bill; which was read twice and referred to the Committee on

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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”.

7 **SEC. 2. FINDINGS.**

8 Congress finds the following:

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

8           (2) Over 30,000,000 individuals in the United  
9 States of all ages, races, sizes, sexual orientations,  
10 ethnicities, and socioeconomic statuses, are affected  
11 by eating disorders during their lifetimes, with dis-  
12 ordered eating in elderly persons showing similar  
13 prevalence rates as younger persons.

14           (3) Eating disorders have one of the highest  
15 mortality rates of all mental illnesses and significant  
16 mortality and morbidity rates associated with elderly  
17 populations, as eating disorders can become fatal  
18 due to heart failure, kidney failure, stroke, hypo-  
19 glycemia, and gastric rupture. Additionally, longitu-  
20 dinal studies have found that the suicide risk for  
21 those with an eating disorder is 23 times the ex-  
22 pected risk.

23           (4) Eating disorders can be successfully treated  
24 with appropriate interventions, yet only one-third of  
25 persons with eating disorders receive any care. Best

1 practice treatment of eating disorders includes pa-  
2 tients, their families, and a comprehensive team of  
3 professionals such as social workers, mental health  
4 counselors, primary care practitioners, psychiatrists,  
5 psychologists, dietitians, and other specialty pro-  
6 viders

7 (5) Studies find that individuals with chronic  
8 illnesses and/or disabilities are four times more likely  
9 to have anorexia nervosa or bulimia nervosa com-  
10 pared to the general population.

11 **SEC. 3. PROVIDING COVERAGE OF MEDICAL NUTRITION**  
12 **THERAPY SERVICES FOR INDIVIDUALS WITH**  
13 **EATING DISORDERS UNDER THE MEDICARE**  
14 **PROGRAM.**

15 Section 1861 of the Social Security Act (42 U.S.C.  
16 1395x) is amended—

17 (1) in subsection (s)(2)(V)—

18 (A) by redesignating clauses (i) through  
19 (iii) as subclauses (I) through (III), respec-  
20 tively, and adjusting the margins accordingly;

21 (B) in subclause (III), as so redesignated,  
22 by striking the semicolon at the end and insert-  
23 ing “; or”;

24 (C) by striking “beneficiary with diabetes”  
25 and inserting the following: “beneficiary—

1 “(i) with diabetes”; and

2 (D) by adding at the end the following new  
3 clause:

4 “(ii) beginning January 1, 2020, with an  
5 eating disorder (as defined by the Secretary in  
6 accordance with most recent edition of the Di-  
7 agnostic and Statistical Manual of Mental Dis-  
8 orders published by the American Psychiatric  
9 Association);”; and

10 (2) in subsection (vv)—

11 (A) in paragraph (1)—

12 (i) by inserting “(including manage-  
13 ment of an eating disorder (as defined for  
14 purposes of subsection (s)(2)(V)(ii)))”  
15 after “disease management”;

16 (ii) by striking “which are furnished  
17 by” and all that follows through the period  
18 and inserting “which are furnished—

19 “(A) by a registered dietitian or nutrition  
20 professional (as defined in paragraph (2));

21 “(B) pursuant to a referral by—

22 “(i) a physician (as defined in sub-  
23 section (r)(1)) a physician (as defined in  
24 subsection (r)(1)); or

1                   “(ii) a psychologist (or other mental  
2                   health professional to the extent authorized  
3                   under State law); and

4                   “(C) in the case of such services furnished  
5                   to an individual for the purpose of management  
6                   of such an eating disorder, at the times speci-  
7                   fied in paragraph (4).”; and

8                   (B) by adding at the end the following new  
9                   paragraph:

10                  “(4)(A) For purposes of paragraph (1)(C), the times  
11                  specified in this paragraph are, with respect to medical  
12                  nutrition therapy services furnished to an individual for  
13                  purposes of management of an eating disorder, at least  
14                  the following:

15                         “(i) 13 hours (including a 1 hour initial assess-  
16                         ment and 12 hours of reassessment and interven-  
17                         tion) during the 1-year period beginning on the date  
18                         such individual is first furnished such services.

19                         “(ii) Subject to subparagraph (B), 4 hours dur-  
20                         ing each subsequent 1-year period.

21                  “(B) The Secretary may apply such other reasonable  
22                  limitations with respect to the furnishing of medical nutri-  
23                  tion therapy services for purposes of management of an  
24                  eating disorder during a period described in subparagraph  
25                  (A)(ii) as the Secretary determines appropriate.”.