

February 27, 2019

Good afternoon, Senator Gratwick, Representative Hymanson, and members of the Joint Standing Committee on Health and Human Services,

My name is Lori Kaley and I am a resident of Mount Vernon, Maine. As a Registered and Licensed Dietitian, I work as a food and nutrition consultant to organizations. I am speaking on behalf of the Maine Academy of Nutrition and Dietetics, where I serve as State Regulatory Specialist. The Maine Academy is an affiliate of the Academy of Nutrition and Dietetics, an association with over 100,000 dietetic practitioner-members. We are the food and nutrition health care professionals who can translate the science of nutrition into practical solutions for healthy living. We strive to improve the health of Maine's citizens through quality food and nutrition information and services. Our members work throughout the state in hospitals, schools, public health clinics, nursing homes, food management, universities, research, and private practice. Our services lend themselves to telehealth, as well.

Not all people who refer to themselves as nutritionists are registered dietitian nutritionists. Registered dietitian nutritionists have one or more degrees in nutrition or dietetics, at least 1200 hours of supervised practice, pass a national exam, and are committed to ongoing professional education (75 hours every 5 years). Additionally, in Maine, dietitians working clinically must be licensed by the Board of Licensing of Dietetic Practice. I am here today to testify in support of LD 706, An Act To Reduce the Incidence of Obesity and Chronic Disease in Maine, with recommendations. LD 706 was previously introduced in the 128th Legislature as LD 1162. During the committee hearing on April 14, 2017, Patsy Catsos, a Registered Dietitian Nutritionist spoke on behalf of MAND in support of this bill. The Maine Academy of Nutrition and Dietetics would like to thank the committee for taking into consideration the recommendations provided by MAND during the 128th Legislature, and for reintroducing this bill in the 129th.

This bill would allow reimbursement under the MaineCare program for medical nutrition therapy for certain nutrition-related diagnoses, including overweight, obesity, pre-diabetes, hypertension, malnutrition, disorders of lipid metabolism, unintended weight loss in older adults, chronic kidney disease, and diabetes. According to Medicare MNT Benefit US Code- 42USC§1395x(vv), Medical nutrition therapy (MNT) is defined as “nutritional diagnostic, therapy, and counseling services for the purpose of disease management which are furnished by a Registered Dietitian or nutrition professional ...pursuant to a referral by a physician.”

In Maine, the adult obesity rate is 30% and adult overweight is 36% (1). As of November 2018, 250,644 individuals were enrolled in MaineCare (2). Approximately 2.56 billion dollars annually are attributed to total costs associated with overweight and obesity in Maine (3). Medical nutrition therapy provided by dietitians is cost effective as it saves over 15% of the costs compared to primary care physician services. More specifically, dietitians' services cost 25% less per 2 lbs of weight loss. Research also shows that dietitians are twice as likely to help patients lose significant weight and increase exercise than other healthcare practitioners (4). This bill covers many health care conditions that, if treated with MNT, could lead to the prevention of major health care costs in the future. Research has shown that lifestyle changes made by people with prediabetes, with the assistance of a dietitian, can reduce the risk of developing type 2 diabetes by 58% (5,6,7). And that, in turn, can reduce the tremendous costs of the complications of diabetes, which are entirely preventable if people can access the right services and get early

intervention. Zeroing in on just one complication, The National Kidney Foundation says that 10 to 40% of patients with Type 2 diabetes will eventually develop end-stage kidney failure (8). Hemodialysis for just one person costs an average of \$89,000 per year (9). Maine can't afford NOT to cover medical treatments that could prevent such expenses, multiplied many times over, year after year. If end-stage kidney disease is prevented in just a few patients per year, the cost savings could fund MNT for many other Maine residents participating in MaineCare.

We urge you to support LD 706 to allow the nearly 20% of Maine residents with MaineCare to take steps towards improved health with the help of a dietitian, when their doctors advise it.

We recommend some changes to the language in the bill.

Lines 3, 5, 8, 12, 34: The preferred term is “medical nutrition therapy”, not “medical nutritional therapy”..

References:

1. <https://www.cdc.gov/nccdphp/dnpao/state-local-programs/profiles/maine.html>
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3. https://www.mainepublichealth.org/wp-content/uploads/2013/10/MPHA_Obesity_Call_to_Action.pdf
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5. Diabetes Prevention Program Research Group (2002). Diabetes Prevention Program Research Group.Reduction in the incidence of Type 2 diabetes with lifestyle intervention or metformin. New England Journal of Medicine. Vol. 346:393-403.
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7. Redmon JB, et al. (2005). Two-year outcome of a combination of weight-loss therapies for Type 2 diabetes. Diabetes Care. Vol. 28(6):1311-1315.
8. <https://www.kidney.org/atoz/content/preventkiddisease>
9. <https://pharm.ucsf.edu/kidney/need/statistics>