

April 14, 2017

Senator Brakey, Representative Hymanson, and members of the Joint Standing Committee on Health and Human Services:

My name is Patsy Catsos and I am a resident of Portland, Maine. As a registered and licensed dietitian, I see patients at a private practice in Portland. I am speaking on behalf of the Maine Academy of Nutrition & Dietetics. 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 1162, An Act To Reduce the Incidence of Obesity and Chronic Disease in Maine, with recommendations. 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 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). MaineCare currently covers 27% of the state's population (2). Approximately 2.56 billion dollars annually are attributed to health care 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, dietitian's 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). The cost per year of hemodialysis for just one person costs an average of \$89,000 (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.

On a personal note, physicians frequently refer MaineCare patients to me for help with their nutrition-related medical conditions. Unfortunately, because their current coverage under MaineCare will not cover their appointments, they can't access my services. These are the very patients who are unable to pay out of pocket though they may be clearly in the right stage of change to take positive steps for their health. Several years ago, I saw an obese 26 year-old woman who was employed for the first time in a job with private medical insurance. Her new insurance had benefits for MNT. When I saw her, she was newly diagnosed with hypertension, hyperlipidemia, and pre-diabetes. Over the next year, she lost over 100 pounds, to the point where her blood pressure and labs returned to within normal limits. Her lifestyle changes mean less risk for a future filled with expensive medications, insulin, kidney disease and dialysis, heart disease, vision impairment, amputations, cardiac bypass, and so on. Paying for MNT now will save her insurance carrier a lot of money over her lifetime.

Likewise, MaineCare dollars spent on clinically effective MNT now will pay dividends later, both for improved quality of life for patients, and for systemic costs of care. We urge you to support LD 1162 to allow the 27% of the Maine population 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.

Line 5: The preferred term is “medical nutrition therapy”, not “medical nutritional therapy”.

Line 5: We recommend deleting the word “being”.

Line 5/6/7: We recommend the addition of “gastrointestinal conditions” to the list of conditions that should be covered.

Line 10: Providers should be described as “registered dietitian nutritionist licensed in Maine”, not “licensed dietitians and dietitian nutritionists”

References:

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9. <https://pharm.ucsf.edu/kidney/need/statistics>