

Value of Nutrition Services in Prevention and Treatment—Frequently Asked Questions

Q. – How do nutrition services impact health care spending?

A. Virtually all prevalent chronic illnesses have a nutrition component, yet there remain huge gaps in the way our health care system addresses the important role of nutrition in preventing and treating such diseases — particularly in the Medicare program. Under current law, Medicare only covers outpatient medical nutrition therapy services provided by RDNs for beneficiaries with diabetes, chronic renal insufficiency/non-end-stage renal disease (non-dialysis) or post kidney transplant. **The current Medicare program offers too little nutrition care too late and does not incentivize the use of other members of the health care team with specific expertise in areas such as nutrition counseling (i.e., RDNs).**

Q. – Why is it important to have a dedicated investment in prevention?

A. Investing in public health prevention efforts will save lives and money for future generations of Americans. For every 10% increase in public health funding spent by communities, death from preventable diseases decreases by 5-6%. Moreover, every dollar spent on prevention programs at the local level yields more than a 5-to-1 return on investment in medical cost savings alone.

Q. – Does the Academy have a position on the American Health Care Act (AHCA)?

A. The Academy opposes the AHCA, since the bill did not meet the Academy's five tenets of health care reform.

Specifically, the Academy opposes the **elimination of the Prevention Fund**, and the **removal of the core essential health benefits** for the Medicaid population. The AHCA eliminates investments in prevention and public health, reverses advancements made in disease prevention and chronic care management, and would result in the loss of coverage and utilization of vital nutrition services.