

Why Do We Need the MNT Act?

Academy members share their stories from the frontlines of patient care, highlighting the impact that expanding access to MNT could have in communities across the United States.

Patients are routinely unable to receive care due to lack of coverage



I am relatively new to private practice and am just starting to work with patients who have Medicare, but I have encountered several people that would greatly benefit from medical nutrition therapy from a registered dietitian nutritionist.

One patient who had multiple myeloma cancer was referred to me after losing 20 pounds and experiencing overwhelming fatigue. He is unable to afford paying out of pocket for nutrition care but unless he has diabetes or kidney failure on top of cancer, I am unable to treat him and help improve his health, energy and quality of life.

Another patient – who has high blood pressure, autoimmune thyroid disease and is a cervical cancer survivor – contacted me because she has a pending knee replacement and needs to lose 100 pounds. This patient's doctor offered to "help" her lose weight by selling her a high protein diet program that costs more than \$2,000. She contacted me because she wants to learn healthy habits but since she doesn't have diabetes or kidney failure, she will have to pay out of pocket.

Yet another patient contacted me to help treat her severe heartburn. Her reflux is so bad that she's lost 30 pounds from it. Only one medication helps, but it's expensive so she's been using the free medication samples that her doctor provided. Otherwise, she can't afford it. She'd like to work with me, so she could get off her medications, but Medicare won't cover the appointments because she doesn't have kidney failure or diabetes. She's in a catch-22 - she could get off her medications if she could work with me, but she can't afford it.

- **Treva Garcia, RDN, LD | Madison, Ala.**



Success is possible when coverage is available



I worked with a client who had Type 2 Diabetes and was non-compliant with her diet – she drank two to four liters of sugar-sweetened soft drinks every day and had very high blood sugar levels. She had been having numbness in her hands and feet but did not associate it with her blood sugar levels.

After a routine review of her medical history and performing a nutrition evaluation, I explained both that the numbness in her feet and hands could be due to her high blood sugar levels and the mechanism for this diagnosis. For this client, soda was a huge part of her dietary pattern and she felt she did not want to exclude it from her diet, so I suggested she switch to a no-calorie soda, which would reduce her added sugar intake to near zero and help bring her blood sugar levels under control. She could even introduce it gradually, with "every other glass" being the no-calorie cola.

During her follow-up appointment a month later, she said had switched completely to sugar-free drinks and also discovered she enjoyed seltzer water. This client also reported that the feeling in her hands and feet had returned and that her blood sugar levels were within normal range.

- **Keith Ayooob, EDD, RD, FAND | New York, N.Y.**



Non-profits try to provide access without reimbursement



After one month of working for a small non-profit hospital in Connecticut, the billing department determined that none of the medical nutrition therapy services I was providing were covered by insurance. The hospital decided to cover this cost and offer MNT as an umbrella of services offered at the clinic, allowing me to help all patients as often as medically necessary and not just those who could afford it.

I treated one patient who had just been diagnosed with lymphoma shortly after supporting her husband's treatment for prostate cancer. I was able to provide MNT for this patient throughout her treatment and provide emergency food assistance offered by the community during the most grueling parts of treatment. This patient always let me know how grateful she was for receiving any nutrition related assistance. On the last day of her chemotherapy, she had no significant weight loss and was able to walk out the clinic with her husband looking stronger than she did when she first came in. She even told me, "I still use that recipe book you gave me months ago!" at a checkup years later. It's patients like this that remind us of the benefits of having access to MNT.

If MNT for cancer was covered by most major insurances including Medicare, I could have expanded my hours at the oncology clinic and increased the number of patients I impacted in this way. It is sometimes easy to underestimate the power of MNT which is why I enjoy working in oncology because nutrition interventions make the most impact.

- **Serena Cochran, MS, RD | Franklinton, N.C.**



Despite following the appropriate referral process, coverage isn't available



A physician appropriately referred a patient to an outpatient registered dietitian for an assessment and guidance to recover from chronic disease-related protein-calorie malnutrition, which had occurred during treatment for another diagnosis (cancer); the patient overcame the cancer but continued to have undernutrition as a result of the cancer. This patient was eager to meet with the registered dietitian nutritionist but only had traditional Medicare and had not contacted Medicare to clarify benefits. When he checked in for his appointment, the very frail and underweight patient learned that the service was not covered by Medicare. He was very upset as he knew he needed help and was following the direction of his doctor.

We have to follow Medicare regulations and unfortunately could not help this patient – who desperately wanted help – without charging him for the visit. The patient was embarrassed and declined to pursue our application for financial assistance. We had no other choice but to send the patient back to his doctor, causing further delay in care and back at square one with the original problem. The doctor had taken the right course of action by referring the patient to us because he knew what his patient needed the services RDNs provide. Unfortunately, the lack of coverage by Medicare prevented this patient from receiving the services he needed.

- **Terese Scollard, MBA, RDN, LD, FAND | Beaverton, Ore.**

