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TO: Peter V. Lee
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FROM: California Dietetic Association

RE: Essential Health Benefits

DATE: February 20, 2012

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The California Dietetic Association (CDA) appreciates the opportunity to comment on the composition of the Essential Health Benefits (EHB) to be offered through the California Health Benefit Exchange beginning in January, 2014. CDA represents 6500 registered dietitians (RD) and dietetic technicians, registered as well as other nutritional professionals. They are employed in government, research, acute and outpatient care, and public health among other areas, treating persons from birth to old age in every socioeconomic level. However, medical nutrition therapy (MNT) provided by RDs is not incorporated in any systematic and coordinated way into care, disease prevention, or chronic disease management, and insurance coverage for RD services is haphazard at best, notwithstanding the acknowledgment of the Institute of Medicine (IOM) that registered dietitians are the single identifiable group of health care professionals with the standardized education, clinical training, continuing education, and national credentialing requirements necessary to be recognized as providers of these services. The Academy of Nutrition and Dietetics (AND, formerly the American Dietetic Association) was one of the first professional groups to embrace evidence-based practice, creating the world's first evidence analysis nutrition library and producing guides for condition-specific nutrition care.

MNT* provided by RDs is especially effective in disease prevention and chronic disease management; maternal, newborn, and pediatric care; and decreasing length of hospital stay and/or delaying or preventing the need for hospitalization. Following are a few examples of the efficacy of MNT.

(a). Maternal, newborn, and pediatric care.
Early and comprehensive pre-natal care including MNT for unhealthful maternal weight changes and treatment for gestational diabetes (GDM) is a proven and cost effective way to reduce maternal and infant morbidity and mortality. Initiation of an appropriate diet which may include micronutrient supplementation can prevent spina bifida and promote optimal weight gain for mother and baby. Promotion of and assistance with breast feeding, if necessary, is a proven way to assure maternal and fetal health, reducing the likelihood of obesity in mother and baby. Regularly monitoring the growth of infants and toddlers, especially in the first two years, can assure they are developing properly and obtaining sufficient dietary fat to support brain growth. It can also catch early trends toward obesity and correct them quickly.

*MNT is an evidence-based application of the Nutrition Care Process involving nutrition assessment, intervention, and periodic reassessment. The term MNT is sometimes used interchangeably with "nutrition counseling" in health insurance plans. However, MNT has a specific definition while nutrition counseling does not.

(b). Disease prevention and chronic disease management.
The MNT mentioned in (a) illustrates excellent examples of how to prevent development of DM, maternal and childhood obesity, neural tube defects, and low birthweight babies. The ongoing treatment of any one of these conditions is costly to society and diminishes the quality of life for individuals and families.

Early nutrition intervention in a number of diseases once they are diagnosed can prevent and/or delay the sequelae of disease progression. Too, persons presenting with chronic disease rarely carry just one diagnosis. The person with congestive heart failure (CHF) may suffer from diverticulosis, anemia, and malnutrition as well. The person with DM is likely to display atherosclerotic heart disease (ASHD) and obesity. The person with chronic kidney disease (CKD) is likely to have high blood pressure (HTN), DM, and elevated cholesterol. However, MNT for these kinds of persons cannot include a different meal plan for each condition. Instead, an RD will jointly devise with the patient one plan for him/her that has therapeutic value for multiple conditions and includes foods that are affordable and ethnically preferable. The RD will then monitor the patient's progress and efficacy of the diet, making changes/substitutions where necessary. This intervention may result in elimination of some medications and/or a reduced dosage of others.

The inclusion of MNT provided by RDs has reduced costs in a number of instances. A survey at Massachusetts General Hospital (MGH) demonstrated a savings of $4.28 for each $1.00 spent on MNT. Health plans which have added MNT to their services reported an additional cost of only 3 cents per member per month. Blue Cross Blue Shield of Massachusetts and North Carolina cover MNT for most diagnoses and have adopted AND's recommendations for minimum number of visits per diagnosis per year. The US Department of Health and Human Services, the Department of the Treasury, and the Labor Department found that services for obesity alone reduced premiums by .05-.1 percent. However, these kinds of results are rarely recognized because of the fragmentation of care as well as the fragmentation of reimbursement.

Thank you for your attention to these comments. We look forward to working with the California Health Benefit Exchange Board as it continues to shape and implement the EHB package. Please contact CDA if you need additional information.

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