

From the President ...

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To all members of the American Dietetic Association:

We are sure you have heard about the recent decision by the Centers for Medicare and Medicaid Services (CMS) concerning coverage for Intensive Behavioral Counseling for Obesity. While CMS' decision was expected, the announcement has drawn the attention of ADA, registered dietitians and health care advocates across the country and rightfully so. In this email, we would like to review ADA's involvement in the process that led to CMS' decision, update you on the opportunities this decision creates for us; and detail our Association's next steps - including what every individual member can do to expand our ability to provide reimbursed MNT services under Medicare.

In its decision, CMS has finally recognized obesity as a medical condition worthy of coverage in its own right. Help us to seize the very real opportunities that have been created by this decision.

Your elected and appointed leaders, along with ADA staff, continue to advance our strategic direction following this announcement and we are counting on you to take action.

CMS' Decision

We share members' concerns about this news that Medicare will now cover obesity counseling services under the coordination of the primary care provider and without direct payment to registered dietitians. While the decision was not unexpected, especially given the emphasis on primary care providers that is present throughout the Affordable Care Act (health reform legislation), of course we are disappointed in some aspects of this decision. Now let's channel

our energy into productive actions that will maximize our efforts for expanded coverage for nutrition services and recognition of registered dietitians.

Here are some important facts to keep in mind as we move forward:

Fact: ADA played an active role in the coverage determination process.

For the past 18 months, we have been building relationships and implementing tactics surrounding expansion of nutrition services under Medicare. The January 2012 issue of the *Journal of the Academy of Nutrition and Dietetics* will include ADA's submission to CMS for a National Coverage Determination covering multiple chronic conditions. (click [here](#) to listen to a podcast on this article).

Our relationships, including with members of Congress and CMS staff, have opened doors to important conversations on your behalf. We also have strengthened relationships with other obesity-related organizations including the Obesity Society, the American Society for Metabolic and Bariatric Surgery and the Obesity Action Coalition, who have joined forces with us in our advocacy work focusing on the treatment of obesity.

Fact: From the moment that CMS announced its intent to make a decision on this topic, ADA began preparing evidence-based comments, working with our partners and meeting with CMS officials.

ADA staff worked with members via the Coding and Coverage Committee, Legislative and Public Policy Committee, CMS Workgroup and Dietetic Practice Groups to frame our strategy and comments. Following the decision, we met immediately with CMS staff as well as all of the major organizations listed above. CMS officials said ADA's comments *were the most comprehensive and evidence-based that they received.*

In addition, ADA regularly shared information via *Eat Right Weekly*, on our website and in communications with Affiliate and DPG Public Policy Panels

(<http://www.eatright.org/Members/content.aspx?id=11006>; <http://www.eatright.org/mnt/>; <http://www.eatright.org/Members/content.aspx?id=6442459095>- see 9/7/11 issue). Be sure to read Eatright Weekly on a regular basis to stay informed on ADA's policy efforts.

Now that CMS has issued its decision, we must move forward with the next pieces of our previously crafted strategy.

Fact: ADA is not alone in our reaction to the CMS decision.

Other health-care professionals, including bariatric surgeons, endocrinologists and behavioral psychologists, who provide obesity services as part of a coordinated team, have expressed concerns to their own professional associations, elected officials and to CMS as well. Many share our sentiment that, **at minimum**, RDs as physician extenders should be able to directly provide obesity counseling.

While it may be hard to envision, it should be noted that CMS did not specifically target RDs in its decision. CMS officials believe they have provided an opportunity for our participation in providing quality care to eligible Medicare beneficiaries. It is now our job to point out the weaknesses in delivery of cost-effective and comprehensive patient care and to offer realistic suggestions for improvements within the context of the coordinated care model CMS is promoting.

Fact: The CMS decision is only a first step.

As noted above, CMS has finally recognized obesity as a medical condition worthy of coverage. This is very good news: Medicare beneficiaries now have access to an important preventive service with no out-of-pocket expenses. CMS has also recognized the intensity and the multifactorial nature of treatment.

The CMS decision for “intensive behavioral therapy” extends beyond nutrition assessment and counseling and involves RDs and other health-care professionals, such as behavioral psychologists. In our meetings with CMS, ADA and our partners acknowledge that, while this is a first step, we expect more comprehensive coverage in the future and **we will continue to work collaboratively to ensure this happens.**

Fact: You are ADA!

If you want recognition and reimbursement for your services, we need your help to make that happen. Our success depends on coordinated action at the national and grassroots levels.

Ready to take action?

Communicate with your members of Congress by visiting ADA's [Grassroots Action Center](#). Let elected officials know RDs deserve to be able to bill directly for these services and that coverage should be expanded beyond primary care.

Your next steps:

Moving forward, we need everyone to take action on a continuous basis to support ADA's strategic plan by doing the following:

1. **Participate in activities that help to document your worth.** Decision makers including elected officials, insurance companies, benefits managers, government officials and administrators within your practice setting need facts that show how we improve the bottom line through quality outcomes. You can collect this data in many different ways, such as:
 - a. Your performance improvement program.
 - b. Collecting client case studies.
 - c. Collecting outcomes data as outlined in ADA Evidence-based Practice Guidelines and Toolkits (<http://www.adaevidencelibrary.com/>)
 - d. Participate in ADA's Dietetics Practice Based Research Network (<http://www.eatright.org/Members/content.aspx?id=7187>)
 - e. Participate in research studies and publish results.
 - f. Use this information in your own local marketing efforts to promote your services to primary care providers, administrators, private insurance companies and Medicaid.
2. **Start in your own backyard.** Do your employee benefits include coverage for RD-provided nutrition services? If not, ask for it.
3. **Become a Medicare provider** for Part B MNT services. We need to show CMS that there are enough providers to meet expanded demand for our services
4. **Form relationships** with PCPs to provide nutrition counseling services in medical

practices.

5. **Market** your services to the health-care community and other community groups—let them know what you can do for them. Don't wait for them to call you; make your services indispensable in your community.

In addition to the above suggested steps, we encourage you to consider other activities that position our profession for success:

- **Communicate with and volunteer to serve** on your affiliate or DPG's [Public Policy Panel](#).
- **Attend** ADA's 2012 [Public Policy Workshop](#). PPW 2012 is scheduled for April 15-17 in Washington, D.C.
- **Respond** to requests for input from your affiliate and DPG delegates on the professional issues being addressed by ADA's House of Delegates. If your issue is not being addressed, let your delegates know so they can submit it for addition to the list.
- **Contribute** to the [ADA Political Action Committee \(ADAPAC\)](#). The PAC is our way as a profession to support federal elected officials who are supportive of our causes. For example, ADA has already worked with members of Congress to draft a letter to CMS because of the relationships we have forged using our PAC.
- **Exercise your right to vote in national elections.**
- **Precept** dietetics students. We need to continuously build the RD and DTR workforce to have a strong presence in the marketplace.
- **Keep our voice strong and united.** Continue to renew your ADA membership and recruit new members to join. ADA is its members. The more members we have, the stronger our voice.

ADA's Next Steps

As part of our continued strategy, ADA is drafting a response letter to CMS expressing our dissatisfaction with the final rule and advocating for enhancements to improve the current decision. We are reaching out to members of Congress and our partners in obesity treatment, asking them to write to CMS with a specific request to reinterpret certain sections of the law

and to reconsider the final rule.

As part of our ongoing strategic plan, over the past 18 months ADA has been working with our friends in Congress on legislation to expand the current Medicare Part B MNT benefit beyond diabetes and renal disease to include pre-diabetes and other chronic diseases. We have communicated with the U.S. Department of Health and Human Services, the Institute of Medicine and other agencies advocating for inclusion of nutrition services in the Essential Health Benefits package under the Patient Protection and Affordable Care Act. And the Coding and Coverage Committee continues to develop strategies and member resources for the private insurance market (www.eatright.org/coverage).

To be as transparent as possible, we have posted our communications on the [Regulatory Comments page](#). We think you will be amazed at the amount of work ADA has done in this area in 2011! Note that at the top of the page, you can see if ADA plans to comment on a proposed rule. We will continue to provide information about our work with CMS each week in *Eat Right Weekly*.

Conclusion:

Dietetics is our profession. As ADA members we need to **own it and advocate for it**. To paraphrase Rabbi Hillel, *If not now, when? If not you, who?*

Are you ready to take action? We say, let's own this thing!

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