

119TH CONGRESS
1ST SESSION

H. R. 2495

To amend title XVIII of the Social Security Act to provide coverage of medical nutrition therapy services for individuals with eating disorders under the Medicare program.

IN THE HOUSE OF REPRESENTATIVES

MARCH 31, 2025

Ms. CHU (for herself, Mr. FITZPATRICK, Mr. TONKO, and Mr. BACON) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to provide coverage of medical nutrition therapy services for individuals with eating disorders under the Medicare program.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Nutrition Counseling
5 Aiding Recovery for Eating Disorders Act of 2025” or the
6 “Nutrition CARE Act of 2025”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) 28,800,000 individuals in the United States,
4 or 9 percent of the national population, will have an
5 eating disorder in their lifetime. It is estimated that
6 1,619,300 to 2,080,600 individuals on Medicare part
7 B are affected by an eating disorder, including
8 420,500 to 560,700 beneficiaries who identify as
9 Black, Indigenous, or People of Color.

10 (2) 10,200 deaths per year in the United States
11 occur as a direct result of an eating disorder, equat-
12 ing to 1 death every 52 minutes. Eating disorders
13 have one of the highest mortality rates of all mental
14 illness due to serious medical comorbidities such as
15 stroke, diabetes, and gastric rupture, in addition to
16 the fact that longitudinal studies have found that
17 the suicide risk for those with an eating disorder is
18 23 times the expected risk.

19 (3) Eating disorders can be successfully treated
20 with care encompassing the 4 pillars of successful
21 treatment: medical, psychiatric, therapy, and medical
22 nutrition therapy. In general, Medicare provides
23 some, but not all, care necessary for eating disorders
24 treatment. It doesn't cover medical nutrition therapy
25 at the outpatient level and provides no coverage at

1 the intensive outpatient or residential treatment lev-
2 els.

3 (4) Eating disorders are expensive. The yearly
4 economic cost of eating disorders is
5 \$64,700,000,000, with families and individuals expe-
6 riencing an economic loss of \$23,500,000,000 per
7 year. Each year, eating disorders are directly re-
8 sponsible for 23,560 inpatient hospitalizations cost-
9 ing \$209,700,000 and 53,918 emergency room visits
10 costing \$29,300,000.

11 (5) Eating disorders in the elderly are particu-
12 larly serious because chronic disorders or diseases
13 may already compromise a patient's health and
14 make a patient more prone to serious comorbidities
15 associated with eating disorders, including cardiac,
16 metabolic, gastric, and bone conditions. Early diag-
17 nosis and proper treatment of this population is es-
18 sential.

19 **SEC. 3. PROVIDING COVERAGE OF MEDICAL NUTRITION**
20 **THERAPY SERVICES FOR INDIVIDUALS WITH**
21 **EATING DISORDERS UNDER THE MEDICARE**
22 **PROGRAM.**

23 Section 1861 of the Social Security Act (42 U.S.C.
24 1395x) is amended—

25 (1) in subsection (s)(2)(V)—

1 (A) by redesignating clauses (i) through
2 (iii) as subclauses (I) through (III), respec-
3 tively, and adjusting the margins accordingly;

4 (B) in subclause (III), as so redesignated,
5 by striking the semicolon at the end and insert-
6 ing “; or”;

7 (C) by striking “beneficiary with diabetes”
8 and inserting the following: “beneficiary—

9 “(i) with diabetes”; and

10 (D) by adding at the end the following new
11 clause:

12 “(ii) beginning January 1, 2026, with an
13 eating disorder (as defined by the Secretary in
14 accordance with most recent edition of the Di-
15 agnostic and Statistical Manual of Mental Dis-
16 orders published by the American Psychiatric
17 Association);”; and

18 (2) in subsection (vv)—

19 (A) in paragraph (1)—

20 (i) by inserting “(including manage-
21 ment of an eating disorder (as defined for
22 purposes of subsection (s)(2)(V)(ii)))”
23 after “disease management”; and

1 (ii) by striking “which are furnished
2 by” and all that follows through the period
3 and inserting “which are furnished—

4 “(A) by a registered dietitian or nutrition
5 professional (as defined in paragraph (2));

6 “(B) pursuant to a referral by—

7 “(i) a physician (as defined in sub-
8 section (r)(1)); or

9 “(ii) a psychologist (or other mental
10 health professional to the extent authorized
11 under State law); and

12 “(C) in the case of such services furnished
13 to an individual for the purpose of management
14 of such an eating disorder, at the times speci-
15 fied in paragraph (4).”; and

16 (B) by adding at the end the following new
17 paragraph:

18 “(4)(A) For purposes of paragraph (1)(C), the times
19 specified in this paragraph are, with respect to medical
20 nutrition therapy services furnished to an individual for
21 purposes of management of an eating disorder, at least
22 the following:

23 “(i) 13 hours (including a 1-hour initial assess-
24 ment and 12 hours of reassessment and interven-

1 tion) during the 1-year period beginning on the date
2 such individual is first furnished such services.

3 “(ii) Subject to subparagraph (B), 4 hours dur-
4 ing each subsequent 1-year period.

5 “(B) The Secretary may apply such other reasonable
6 limitations with respect to the furnishing of medical nutri-
7 tion therapy services for purposes of management of an
8 eating disorder during a period described in subparagraph
9 (A)(ii) as the Secretary determines appropriate.”.

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