

119TH CONGRESS  
1ST SESSION

# S. 1971

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.

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## IN THE SENATE OF THE UNITED STATES

JUNE 5, 2025

Ms. HASSAN (for herself, Ms. MURKOWSKI, Ms. KLOBUCHAR, and Mrs. CAP-ITO) introduced the following bill; which was read twice and referred to the Committee on Finance

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## 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”.

7 **SEC. 2. FINDINGS.**

8 Congress finds the following:

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

8           (2) 10,200 deaths per year in the United States  
9           occur as a direct result of an eating disorder, equat-  
10          ing to 1 death every 52 minutes. Eating disorders  
11          have one of the highest mortality rates of all mental  
12          illness due to serious medical comorbidities such as  
13          stroke, diabetes, and gastric rupture, in addition to  
14          the fact that longitudinal studies have found that  
15          the suicide risk for those with an eating disorder is  
16          23 times the expected risk.

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

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

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

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

21       Section 1861 of the Social Security Act (42 U.S.C.  
 22   1395x) is amended—

23           (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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