

119TH CONGRESS  
2D SESSION

# S. 3934

To amend title XVIII of the Social Security Act to expand the availability of medical nutrition therapy services under the Medicare program.

---

IN THE SENATE OF THE UNITED STATES

FEBRUARY 26, 2026

Ms. COLLINS (for herself and Mr. PETERS) introduced the following bill;  
which was read twice and referred to the Committee on Finance

---

## A BILL

To amend title XVIII of the Social Security Act to expand the availability of medical nutrition therapy services 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 “Medical Nutrition  
5       Therapy Act of 2026”.

6       **SEC. 2. FINDINGS.**

7       Congress finds the following:

8               (1) Over two-thirds of Medicare fee-for-service  
9       beneficiaries have 2 or more chronic conditions,

1 many of which can be prevented, delayed, treated, or  
2 managed through nutrition.

3 (2) Individuals from many racial and ethnic mi-  
4 nority backgrounds are more likely to be diagnosed  
5 with chronic diseases such as diabetes, prediabetes,  
6 chronic kidney disease, end-stage renal disease, and  
7 obesity.

8 (3) Coverage for medical nutrition therapy is  
9 only available to Medicare Part B beneficiaries with  
10 diabetes or a renal disease, despite medical nutrition  
11 therapy being part of the standard of care, in clin-  
12 ical guidelines, and medically necessary for many  
13 more chronic conditions.

14 (4) Medical nutrition therapy has been shown  
15 to be a cost-effective component of treatment for  
16 obesity, diabetes, hypertension, dyslipidemia, HIV  
17 infection, unintended weight loss in older adults, and  
18 other chronic conditions.

19 **SEC. 3. EXPANDING THE AVAILABILITY OF MEDICAL NU-**  
20 **TRITION THERAPY SERVICES UNDER THE**  
21 **MEDICARE PROGRAM.**

22 (a) IN GENERAL.—Section 1861 of the Social Secu-  
23 rity Act (42 U.S.C. 1395x) is amended—

(1) in subsection (s)(2)(V), by striking “in the case of” and all that follows through “organizations”; and

(2) in subsection (vv)—

(A) in paragraph (1)—

(i) by striking “disease management” and inserting “the prevention, management, or treatment of a disease or condition specified in paragraph (4)”;

(ii) by striking “by a physician” and all that follows through the period at the end and inserting the following: “by—

“(A) a physician (as defined in subsection (r)(1));

“(B) a physician assistant (as defined in subsection (aa)(5));

“(C) a nurse practitioner (as defined in subsection (aa)(5));

“(D) a clinical nurse specialist (as defined in subsection (aa)(5)(B)); or

“(E) in the case of such services furnished to manage such a disease or condition that is an eating disorder, a clinical psychologist (as defined by the Secretary).”; and

1 (iii) by adding at the end the fol-  
 2 lowing new sentence: “Such term shall not  
 3 include any such services furnished to an  
 4 individual for the prevention, management,  
 5 or treatment of a renal disease if such in-  
 6 dividual is receiving maintenance dialysis  
 7 for which payment is made under section  
 8 1881.”; and

9 (B) by adding at the end the following new  
 10 paragraph:

11 “(4) For purposes of paragraph (1), the dis-  
 12 eases and conditions specified in this paragraph are  
 13 the following:

14 “(A) Diabetes.

15 “(B) Prediabetes.

16 “(C) A renal disease.

17 “(D) Obesity (as defined for purposes of  
 18 subsection (yy)(2)(C) or as otherwise defined by  
 19 the Secretary).

20 “(E) Hypertension.

21 “(F) Dyslipidemia.

22 “(G) Malnutrition.

23 “(H) Eating disorders.

24 “(I) Cancer.

1           “(J) Gastrointestinal diseases, including  
2           Celiac disease.

3           “(K) HIV.

4           “(L) AIDS.

5           “(M) Cardiovascular disease.

6           “(N) Any other disease or condition—

7                 “(i) specified by the Secretary relating  
8                 to unintentional weight loss;

9                 “(ii) for which the Secretary deter-  
10                mines the services described in paragraph  
11                (1) to be medically necessary and appro-  
12                priate for the prevention, management, or  
13                treatment of such disease or condition,  
14                consistent with any applicable rec-  
15                ommendations of the United States Pre-  
16                ventive Services Task Force; or

17                “(iii) for which the Secretary deter-  
18                mines the services described in paragraph  
19                (1) are medically necessary, consistent ei-  
20                ther with protocols established by reg-  
21                istered dietitian or nutrition professional  
22                organizations or with accepted clinical  
23                guidelines identified by the Secretary.”.

24           (b) EXCLUSION MODIFICATION.—Section 1862(a)(1)  
25 is amended—

1           (1) in subparagraph (O), by striking “and” at  
2     the end;

3           (2) in subparagraph (P), by striking the semi-  
4     colon at the end and inserting “, and”; and

5           (3) by adding at the end the following new sub-  
6     paragraph:

7                 “(Q) in the case of medical nutrition ther-  
8             apy services (as defined in section 1861(vv)),  
9             which are not furnished for the prevention,  
10            management, or treatment of a disease or con-  
11            dition specified in paragraph (4) of such sec-  
12            tion;”.

13       (c) EFFECTIVE DATE.—The amendments made by  
14     this section shall apply with respect to items and services  
15     furnished in years beginning on or after the date that is  
16     2 years after the date of the enactment of this Act.

○