Bob Blancato, MPA
National Coordinator at Elder Justice Coalition and Defeat Malnutrition Today Coalition; Executive Director of National Association of Nutrition and Aging Services Programs

- Review policy updates related to older adult nutrition since 2019
- Explain pertinent changes in insurance coverage that affect nutrition care for older adults
- Present opportunities for dietitians to contribute to these trends
Coalition of over 100 national, state, and local stakeholders and organizations, including community, healthy aging, nutrition, advocacy, healthcare professional, faith-based, and private sector groups

Share the goal of achieving the recognition of malnutrition as a key indicator and vital sign of older adult health risk; work to create policy change toward a greater emphasis on screening, detecting, treating and preventing malnutrition
Nutrition Policy Developments
Introduction

Several important policy developments in the past few months

GAO report

Older Americans Act reauthorization

Funding for FY 2020-21

And a very recent development
Senior Nutrition and COVID-19

In recognition of the radical impact that the coronavirus will have on senior nutrition programs, Congress is responding.

The House on March 13th passed H.R. 6201, the Families First Coronavirus Response Act.

It contains $250 million in emergency funds for senior nutrition programs under the Older Americans Act.

Breakdown:
- Home-delivered meals: $160 million
- Congregate meals: $80 million
- Native American nutrition programs: $10 million
Why?

Done to allow local programs to respond to changing dynamics, including:

- Closing of congregate programs and converting those participants into home delivered participants
- Expanded shelf stable and/or frozen meals
- Alternatives to eating in congregate sites such as grab and go meals

Senate expected to act this week and President supports
GAO Report

Requested by DMT to Sens. Murray and Casey who in turn formally asked GAO


They interviewed experts and visited 25 meal and food distribution sites in four states (AZ, VT, MI, LA)

One immediate take-away was their recognition of the link between nutrition and health among older adults
GAO Findings

Existing programs do not sufficiently focus on the nutrition needs of all older adults, particularly those with chronic conditions

Nutrition providers are being challenged by the growing demand for medically tailored meals and meals reflecting cultural and religious dietary preferences

Neither the USDA or HHS/ACL are doing enough oversight and monitoring of meals served
Among its key recommendations beyond more oversight and monitoring:

- HHS should develop their plan for the 2025-2030 Dietary Guidelines revisions which are to focus on older adult nutritional needs.
- HHS needs a centralized location for information on meeting nutritional needs of older adults.
- USDA needs to better disseminate existing information on nutrition needs of older adults to Child and Adult Care Food Program (CACFP) providers.
Benefits and Outcomes

The benefit of this report will be from the steps that are taken to provide more nutritious meals with federal funds for older adults.

The report puts the burden on the federal agencies to do a better job of monitoring.

But it also sends a message to Congress that increased funding for key nutrition programs for older adults such as the OAA is needed so that the different nutritional needs of older adults can be better met.

- Of particular focus would be having new funding be provided for more medically tailored and culturally diverse meals.

What is clear is that investments in senior nutrition provide a great return—better health and allowing older adults to remain out of hospitals and nursing homes.
The DMT Response

We held a webinar on the GAO report with over 200 attendees.

We look forward to working with USDA and HHS as well as interested members in Congress on further implementation of the GAO recommendations.
Older Americans Act Agreement Reached

The Act’s single largest and most successful programs are its nutrition programs which serve congregate and home-delivered meals.

The House-Senate agreement known as the “Supporting Older Americans Act of 2020” reaffirms and strengthens the nutrition programs.

Agreement is just waiting on President’s signature.
New Provisions

One of the more significant nutrition improvements in the bill is first-time screening for malnutrition as part of broader nutrition screening.

The bill also adds “reducing malnutrition” as a purpose of the nutrition programs.

These provisions came about from strong advocacy led by our DMT.
<table>
<thead>
<tr>
<th>Program</th>
<th>FY19 Final</th>
<th>FY20 Final</th>
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<tbody>
<tr>
<td><strong>Older Americans Act Programs (HHS-ACL)</strong></td>
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<tr>
<td>Title III-C Nutrition Total</td>
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<td><strong>Block Grants/USDA</strong></td>
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<td>Social Services Block Grant (HHS-ACF)</td>
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<tr>
<td>Commodity Supplemental Food Program (USDA)</td>
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**Funding for Federal Nutrition Programs Serving Older Adults**
FY 2021 Funding

Attention must immediately turn to FY 2021, which begins in October. House is already writing its appropriations bills with Senate soon to follow.

Room for increases is limited this year because of budget agreement from last year.

However, still need to make as strong an ask as possible.

Will be advocating for increases to all the programs on the previous slide.

Asking you to help us make this case.
New Coverage Decisions
Medicare Advantage Changes

Last year, CMS issued a final “call letter” for Medicare Advantage for the 2020 plan year

Final call letter provided examples of new supplemental benefits that could be covered for chronically ill, including:

◦ “Meals furnished to the enrollee beyond a limited basis, transportation for non-medical needs… and benefits to address social needs”

◦ Meals provided in a congregate setting and programs providing food and produce

◦ Clarified that ACL-funded programs are eligible for contracting with plans

Remains to be seen how many plans take advantage of this and offer these benefits this year and beyond
Post-ACA Dietetics Coverage

Medicare also covers personal nutritional counseling for people with diabetes or kidney disease:

◦ Pays for three hours of dietary counseling during the first year the benefit is used and two hours in subsequent years
◦ Doctors can appeal for additional therapy if necessary
◦ Academy has been working to get more conditions covered through the Treat and Reduce Obesity Act

Congress approved the benefit in 2002, and under the Affordable Care Act (ACA), the counseling has been available without out-of-pocket costs to Medicare beneficiaries since 2011.
Why So Few?

However, only 100,000 Medicare beneficiaries got the counseling in 2017 (even though there are approximately 15 million eligible beneficiaries)

Physicians and other health care professionals are likely unaware of the existence of this benefit and the positive results it could generate

Also may not know registered dietitian nutritionists and other nutrition professionals for referral purposes—patients must be referred through a physician
Other Nutrition Provisions in the ACA

The ACA has also improved access to preventive services for the general patient population.

Nutrition counseling is now widely covered by many insurance plans.

It is possible to obtain reimbursement for services including “healthy diet counseling” and “obesity screening and counseling.”
What’s Next?
What Does 2020 Have in Store?

DMT will continue with its stated mission of working to end older adult malnutrition through legislative and regulatory policy changes.

This will include:
- Final work on passage of the OAA, followed by implementation of its malnutrition provisions.
- Work to implement the recommendations of the GAO.
- Work to achieve funding increases in key nutrition programs for older adults.
- Work for passage of the Senate resolution on Malnutrition Awareness Week.
- Ongoing work with CMS on adopting quality measures.
Conclusions

Lots of opportunities out there for RDNs and other nutrition professionals, both in day-to-day work and in advocacy.

Consider joining DMT through your hospital or health system or as an individual.

Use our materials to raise the issue of older adult malnutrition with federal, state and local legislators.

Participate in National Nutrition Month this month and in Malnutrition Awareness Week in October.

Consider some of the opportunities outlined here to connect your patients or healthcare facilities to programs and resources to support malnourished and at-risk older adults.

Help us with advocacy when we reach out!
Resources

Join our coalition! Info is on the Defeat Malnutrition Today website on how to join as an individual or an organization:
http://defeatmalnutrition.today

GAO Report:

DMT press statement on report:

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