

Supplemental Insurance Coverage for Preventative Nutritional Care

Calling for a proactive and practical response



Lindsey English, UND Pre-Dietetics Student

Abstract

Healthcare has taken a proactive approach to medical care by preventing diseases before they happen. This includes the sector of healthcare involving food and nutrition. With advanced genetic testing, family history, screenings, and identifying risk factors, medical professionals can assess an individual's risk for acquiring a preventable disease and giving options to help reduce that risk. However, many cannot afford this type of treatment as it not covered under most major insurance companies nor Medicare or Medicaid. While nearly all providers offer coverage for medical nutrition therapy, coverage typically begins after diagnosis and covers methods to prevent disease progression. Delayed nutritional intervention until after diagnosis of disease can negatively impact the patient's well-being and increase costs to insurance companies. Therefore, insurance companies and Medicare and Medicaid should offer supplemental plans covering preventative nutritional care for those at high risk for preventable diseases or when measures can be taken to delay onset of disease. This coverage could include testing for risk factors for diseases like heart disease and diabetes, assessing weight status and personal management practices, and referral to a Registered Dietitian for nutritional risk assessment. Insurance companies could save substantial amounts of money using this coverage to prevent disease effectively managed and treated by nutritional therapy and would promote a higher standard of healthcare the U.S.

Methods

- Understand the purpose and coverage options for both preventive nutrition care (PNT) and medical nutrition therapy (MNT).
- Analyze **costs** accumulated from medical nutritional care compared to average insurance **premiums** PNC savings.
- Identify if creating a **supplemental plan** for preventative nutritional care would save insurance companies money.
- Advocate for supplemental plans to save money and provide more **holistic** care.

Levels of Care

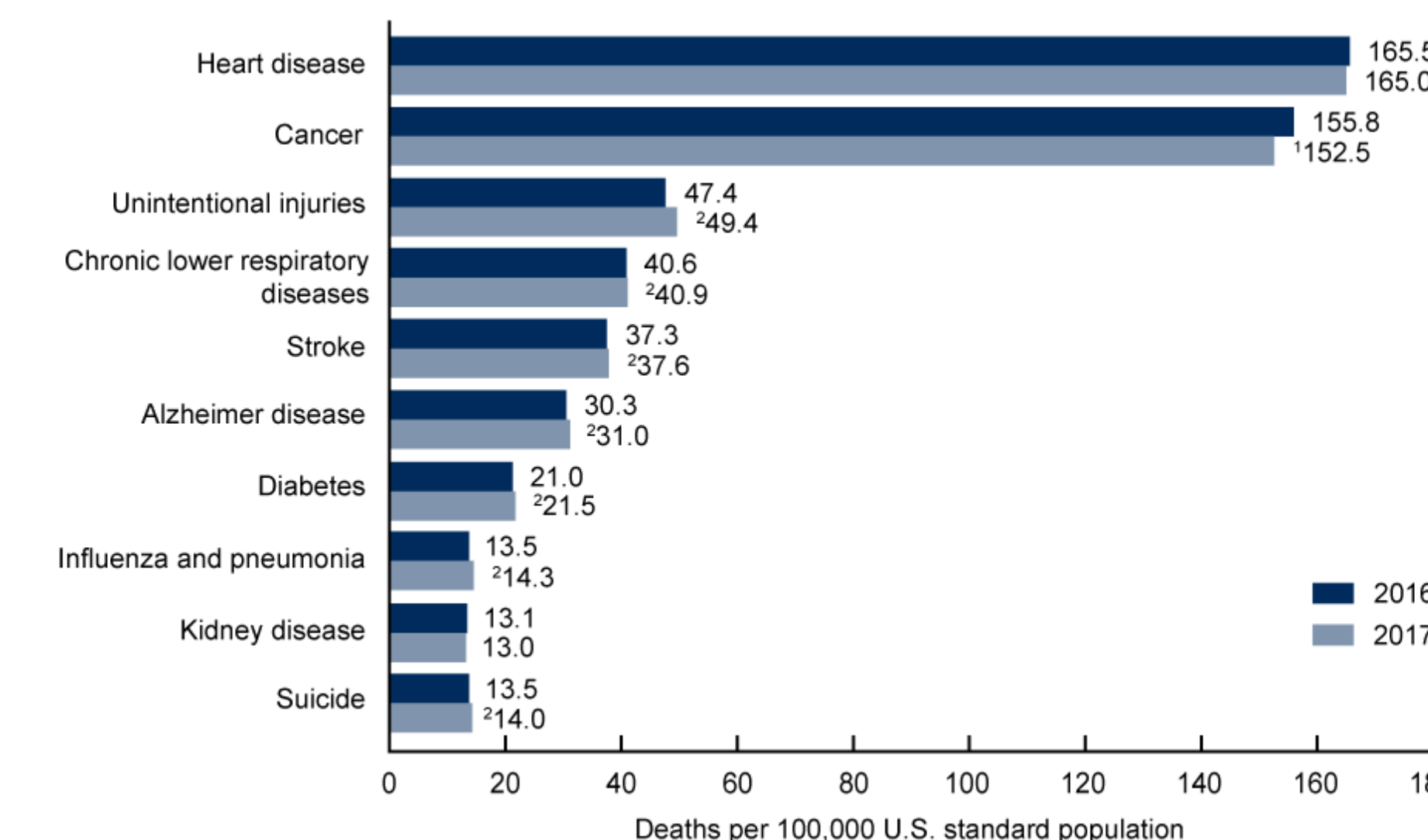
- **Medical nutritional therapy (MNT)** is an evidence-based medical approach to treating certain chronic conditions through the use of an individually-tailored **nutrition plan** and may include medication(s) to assist in the nutrition plan. This nutrition plan is typically ordered and approved by a primary care physician and implemented by a **Registered Dietitian**
- **Preventative nutritional care (PNC)** aims to prevent the onset of disease by providing **dietary counseling** and obesity and diabetes **screening** and counseling and visits to RDNs before the disease has occurred.
- Most N.D. and U.S. health insurance plans provide coverage for medical nutritional therapy. This is seen as a vital treatment option for those struggling with diseases treated by nutritional care. However, it **only** applies to those with diseases such as diabetes and kidney disease, not overweight, disordered eating, or prediabetes.
- PNC is **not** currently covered or even offered under any ND health insurance company.

Preventive Nutrition Care Benefits

- Currently, **2** out of **3** Americans are either overweight or obese placing them at a greater risk for being diagnosed with cardiovascular disease, type II diabetes, and kidney disease.¹
- Nutrition counseling that promotes lifestyle changes to include healthier diets and more physical activity have the potential to **reduce** incidence of type II diabetes by **34%**, heart disease by **31%**, and stroke by **20%**.¹
- Nutrition counseling by a registered dietitian nutritionist (**RDN**) can improve chronic disease management, treatment, and prevention. PNC may decrease the risk and/or delay on the onset of chronic disease.

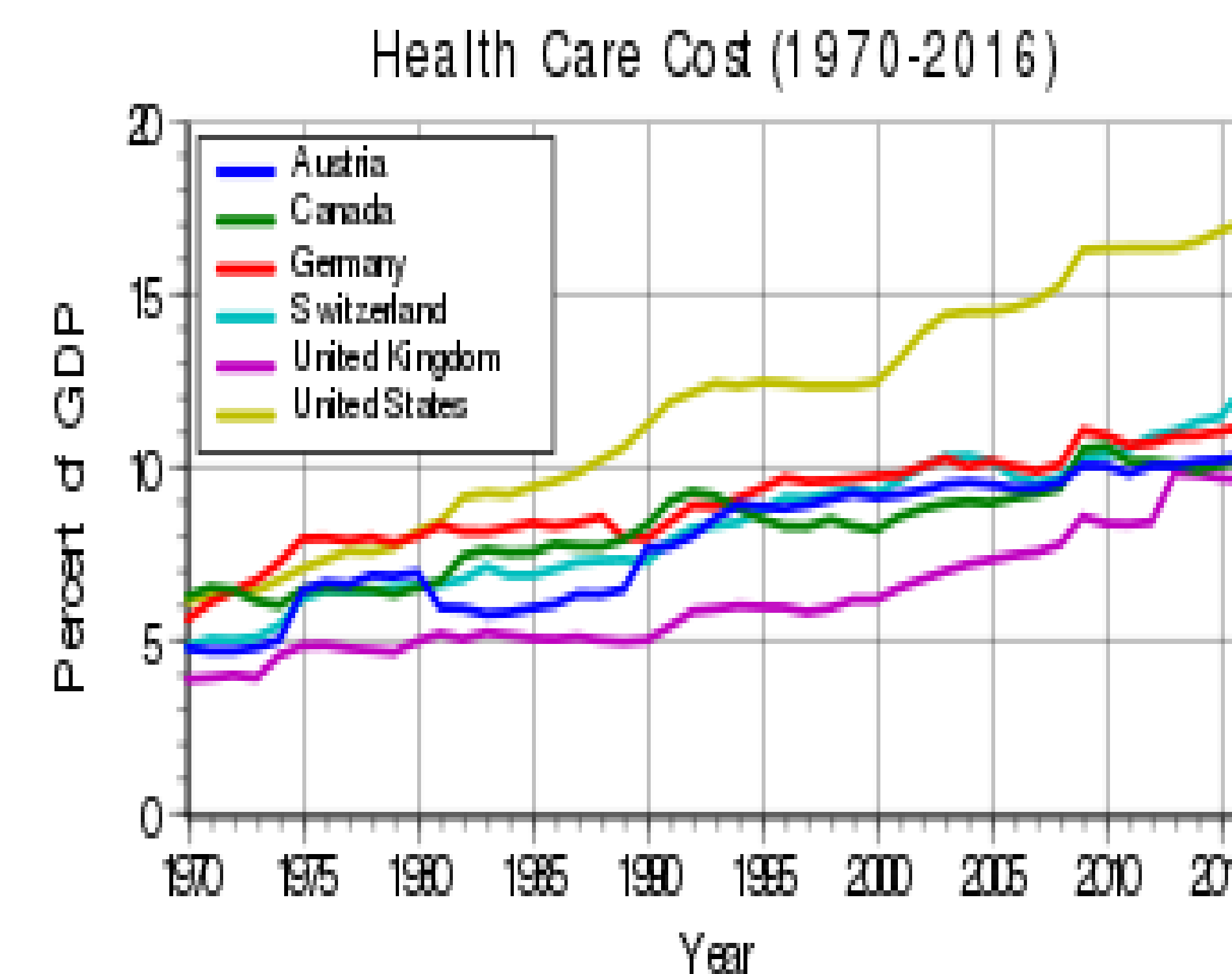
Chronic Diseases and Costs Assessments

Figure 1. Most common deaths from 2016 and 2017.²



- 5 of these diseases-heart disease, cancer, stroke, diabetes, and kidney disease-are **preventable** with nutritional care.²
- **75%** of total healthcare costs are used for the treatment of these chronic conditions with cardiovascular and diabetes treatments alone cost Americans an estimated \$656.7 billion.^{3,4}
- These costs have increased significantly in the passed 20 years and are expected increase two times over by 2035.⁴
- The US has the highest spending of any country for both **GDP** and **per capita**.

Figure 2. Health Care Cost by Country.⁵



Insurance Coverage and PNC Plan Possibilities

- On average, the total out-of-pocket cost of insurance premiums per year per person is **\$5,714** according to 2018 data.⁶
- Under Medicare and Medicaid through the Affordable Care Act it is **\$4,716**.⁶
- Supplemental plans for additional care like dental and vision already exist within Medicare and Medicaid. The average cost for dental is **\$348** annually, and vision is **\$150** annually.⁶
- The average cost of an annual dental appointment with a basic cleaning is **\$127**. An initial eye exam costs on average **\$200**. Comparing these prices to the average cost of receiving nutritional care from an RDN which is **\$118**, similar supplemental plans with similar prices could easily be implemented.¹

Conclusions

- The creation of a supplemental plan would **cut costs** for insurance companies and American citizens, supporting those on Medicare and Medicaid.
- Considering the large amount of people utilizing medical nutritional care and the large sums spent on such, using measures to prevent these diseases could **potentially save** millions, although it is difficult to assess the exact amount.
- This shift in focus on preventative nutritional care would also support the **holistic** treatment methods and preventative medicine the US is trying to implement.
- The creation of these plans would **promote** healthcare and **improve** the overall quality of healthcare and humanity in the U.S.

Key References

1. Franklin, Mallory. "Prevention and Health Care Reform." *American Society for Nutrition*, 19 Dec. 2017. www.nutrition.org/prevention-and-health-care-reform. Accessed 4 Mar. 2019.
2. Murphy, Sherry et al. "Mortality in the United States, 2017." *NCHS Data Brief*, no. 328, Nov. 2018. www.cdc.gov/nchs/data/databriefs/db328-h. Accessed 6 Mar. 2019.
3. "The Cost of Diabetes." *American Diabetes Association*, 22 Mar. 2018. www.diabetes.org/advocacy/news-events/cost-of-diabetes. Accessed 17 Mar. 2019.
4. Webb, Sherry. "AHA 2019 Heart Disease and Stroke Statistics." *American College of Cardiology*, 19 Feb. 2019. www.acc.org/latest-in-cardiology/ten-points-to-remember/2019/02/19/aha-2019-heart-disease-and-stroke-statistics. Accessed 17 Mar. 2019.
5. "Current expenditure on Health." *OECD.STAT*. stats.oecd.org/Index.aspx?DataSetCode=SHA. Accessed 18 Mar. 2019.
6. "How Much Does Health Insurance Cost Without A Subsidy?" *eHealth*, Sept. 2018. www.ehealthinsurance.com/resources/affordable-care-act/much-health-insurance-cost-without-subsidy. Accessed 8 Mar. 2019.