

TRIBUTE TO NUTRITION
PROFESSIONALS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Mr. BILIRAKIS) is recognized for 5 minutes.

Mr. BILIRAKIS. Mr. Speaker, I rise today to pay tribute to the dedicated nutrition professionals who work in hospitals, WIC clinics, nursing homes, school lunch and breakfast programs, and many other settings where they are striving to improve the nutritional health of our Nation's citizens.

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I would like to call special attention to one important segment of our population where nutrition services have proven to make a significant difference among our senior citizens.

In many ways, our Nation's health care system is the best in the world, partially because our free market system allows innovations to occur at a pace that is demanded by the health care consumer.

Unfortunately, too often the largest health program in the country, the Medicare program, is unresponsive and fails to keep pace with the advances that medical science demonstrates are effective.

In recent years, as science and society have uncovered more information about the critically important role of nutrition in the prevention, treatment and management of disease, more and more Americans have demanded that nutrition services be a standard part of their health care protection. In fact, by one estimate, 75 percent of all managed care health plans in America now offer some degree of coverage for nutrition therapy services.

Therefore, it is disheartening, Mr. Speaker, though perhaps not surprising, to realize that nutrition services are inadequately covered under the Medicare program. While the science of nutrition has advanced at a rapid pace over the last several decades, Medicare's coverage of nutrition services has remained largely static.

Under Medicare's conditions of participation, appropriate nutrition care is a standard part of the hospital program. However, the outpatient, or Part B, portion of the program fails to provide reliable nutrition coverage. It makes little sense to me that Medicare beneficiaries can receive comprehensive nutrition care only after they have become so sick that they are admitted to the hospital. For many years, health care treatment has been shifting away from inpatient facilities like hospitals and more toward outpatient settings. And yet, still we find Medicare adhering to an outdated system where nutrition therapy services are available only in the acute-care setting.

This clearly is a reflection of a system that is in need of change. Our modern health care program ought to ensure the adequacy and equitability of nutrition services in both inpatient and outpatient settings. A great num-

ber of diseases can be prevented and managed throughout patient nutrition therapy. Research proves that renal disease, diabetes, cancer, heart disease, and other illnesses respond well to nutrition interventions.

Nutrition professionals have documented the ability of well-nourished individuals to better resist disease and to tolerate other therapy than those who are under-nourished. These individuals are also better equipped to recover from acute illness, surgical interventions, and trauma. As a result, they experience fewer and shorter hospital stays, need less medication, and suffer fewer medical complications. All this can save money and lives.

A constituent of mine recently visited me and explained just how effective these services can be and what a difference they can make in people's lives. The constituent is a dietician from Florida who told me about a case involving her mother-in-law who lives in a different State.

During a routine medical visit, her mother-in-law was found to have a high blood sugar level. Her physician gave her medication and a blood glucose monitor to check her blood sugar level but gave her no directions about using the monitor or changing her diet. Within 2 weeks, she was hospitalized with severe low blood sugar and heart palpitations.

After working with a dietician, she is now off the medication and able to control other blood sugar level. However with nutrition counseling from the beginning, that hospitalization could have been avoided, saving the cost of the hospitalization as well as saving that mother-in-law from a life-threatening situation.

Now, I do not know if that physician lacked knowledge about the importance of nutrition in the treatment of diabetes or, knowing that the services were not likely to be reimbursed, did not want to put his patient to that expense. But the bottom line is that our health care system must provide patients with access to this important service.

According to my constituent, there are many other diseases that can be successfully managed with the medical nutrition therapy.

Mr. Speaker, I recently spoke with a constituent who is a dietetic intern working in the James A. Haley Veterans' Administration Hospital in Tampa, Florida. She described the rigorous educational and training requirements that she and others preparing for a career in dietetics must undergo.

With 5 years specifically devoted to the study of nutrition, registered dieticians learn to apply the principles of nutrition, biochemistry, and physiology toward the prevention and treatment of diseases. Most physicians understand that registered dieticians are the best qualified professionals to furnish nutrition therapy.

Clearly, registered dieticians are a valuable and indispensable part of the

health care team, and Medicare beneficiaries ought to have reliable outpatient access to the care they deliver.

This Congress, Mr. Speaker, should carefully examine coverage for medical nutrition therapy as one important way to help strengthen Medicare for our children and grandchildren.

Mrs. JOHNSON of Connecticut. Mr. Speaker, will the gentleman yield?

Mr. BILIRAKIS. I yield to the gentleman from Connecticut.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I just wanted to rise in support of the comments of the gentleman from Florida (Mr. BILIRAKIS) this evening in support of medical nutrition therapy.

It is truly a tragedy that we seem unable to reorganize Medicare in such a way that preventive health measures like nutrition therapy can be adopted. In the first few years, \$2.3 billion could be saved, which would offset the overall longer cost of \$2.7 billion. After the third year, the savings outweigh the cost. And savings for patients with diabetes alone would total \$1.6 billion over the 7 years.

Since diabetes and cardiovascular disease affect 60 percent of the Medicare population, this is just clearly a good way to both save money and improve the quality of care.

The Lewin Group recently completed a study for the Department of Defense that estimated that annual net savings could be developed of \$3.1 million if medical nutrition therapy was included in the Tricare benefit program for our military personnel.

The evidence is just growing out there. I believe it is overwhelming. I thank my colleague tonight for taking the floor in support of medical nutrition therapy as a covered benefit under Medicare, and I join him in supporting that.

Mr. BILIRAKIS. Mr. Speaker, reclaiming my time, I thank the gentleman for her comments. There are not many people, if any, in this House of Representatives that know more about health care than the gentleman from Connecticut (Mrs. JOHNSON) and I appreciate her comments.

It is typical, is it not, when we talk about preventive care that today's dollars are not taken into the consideration, the ultimate savings over the long haul?

WE MUST PREPARE TODAY'S
YOUTH FOR TOMORROW'S ECONOMY

The SPEAKER pro tempore (Mr. ISAKSON). Under a previous order of the House, the gentleman from New Jersey (Mr. HOLT) is recognized for 5 minutes.

Mr. HOLT. Mr. Speaker, last week, Microsoft's Bill Gates and other leaders of the high-tech industry came to Washington and they came to tell us, among other things, that we need to do a better job of preparing today's youth for tomorrow's jobs.

Bill Gates is not alone. I hear the same message everywhere I go in my