



**Oral Testimony of the Maine Academy of Nutrition and Dietetics
Presented by Dave Seddon, MBA, RD, LD**

Good afternoon Representative Cooper, Senator Brakey, Representative Sanborn, Senator Breen, Representative Herbig, Representative Kornfield, Representative Mastraccio, and Members of the Committee on Health and Human Services. My name is Dave Seddon. I am a registered and licensed dietitian, and the President-Elect of the Maine Academy of Nutrition and Dietetics (MAND). We are a professional association of over 300 Maine registered dietitians and dietetic technicians. We are an affiliate of the Academy of Nutrition and Dietetics, which has over 75,000 member with evidence-based practices in a large variety of clinical and community settings.

I am here today to proclaim MAND's support for LD 472 : An Act To Establish Meals on Wheels (MOW) as a Service Covered under the Maine Care Program.

MAND members support the availability of meals for seniors at nutritional risk due to hospitalization or becoming homebound, and the reimbursement of MOW meal services by the Maine Care program. Studies have illustrated MOW can improve nutritional status, decrease nutritional risk and also positively impact independence and functionality. [Allison J. Kretser, et.al (2003). Effects on two models of nutritional intervention on homebound older adults at nutritional risk. *Journal of the American Dietetic Association*, Vol.103, Issue 3, p329-336.] The economic impact of Medicaid reimbursement of MOW will be positive, as demonstrated in the October 2013 issue of *Health Affairs* [Kali S. Thomas, et.al. (2013). Providing more home-delivered meals is one way to keep older adults with low care needs out of nursing homes. *Health Affairs*, October 2013, Vol. 32, No.10, p1796-1802]. This paper suggests that 1 percent increase in the number of seniors receiving meals would equate to 1,722 Medicaid recipients avoiding living in a nursing home and a total Medicaid savings of \$109 million.

The Older Americans Act (OAA) authorizes providers of congregate and home-delivered meal programs, such as MOW, to offer nutrition education and screening, assessment and nutrition counseling. Consistent nutrient content and nutritional assessments are fundamental to the MOW service along with providing the required 1/3 of the daily recommended dietary allowance for each reimbursed meals. As primary to prevention and to health promotion, coupling nutritional counseling has been found to lessen chronic disease risk and to address nutrition problems that can lead to more serious and costly conditions and adverse events that could further require hospitalization or admission to a nursing facility.

The Administration on Aging reports that 90 percent of OAA program clients have multiple chronic conditions, which can be ameliorated by proper nutrition. In fact, the majority (80 percent) of older adults (65 and older) in the U.S. live with at least one chronic condition, and in the past 10 years, the percentage of older adults with two or more chronic diseases — including hypertension, diabetes and coronary heart disease, all of which are preventable or treatable in part by access to appropriate nutrition services — has increased from 37.2 to 45.3 percent. Dehydration and pressure ulcers — two costly conditions that can cause serious medical complications — may be also be prevented by helping patients maintain optimal nutrition. Increasing MOW services through Maine Care Program reimbursements is a proven method to help maintain those optimal nutrition standards.

Given the positive impact of nutritional assessment and counseling, both on health outcomes for older adults and on health-care costs, MAND and the Academy support the inclusion of language in the reauthorization of OAA that ensures that including registered dietitian nutritionists, at the local, regional, state and federal levels, so that cost-effective nutrition services, including MOW, and evidence-based programs continue to be the outcome.