

The Honorable Ron Wyden (D-OR)
Ranking Member
Committee on Finance
United States Senate
Washington, DC 20510

Re: Response to Senate Finance Committee Health Coverage RFI

Dear Ranking Member Wyden,

The Coalition for Metabolic Health appreciates the opportunity to provide input in response to the Senate Finance Committee's request for information on reforms to improve health coverage, affordability, and access. The RFI seeks feedback on reforms to make coverage more affordable, reduce financial barriers to care, address prior authorization and other practices that delay or deny care, and ensure coverage meets people's health needs. Chronic disease is one of the largest drivers of health care spending and human suffering in the United States, and poor metabolic health is a common, addressable root cause of many of these conditions. The Coalition brings together scientists, clinicians, and policy experts to translate the best nutrition and metabolic science into policy and clinical practice.

To achieve this goal, Congress should ensure that public and private coverage policies recognize metabolic health as a core component of preventive and chronic disease care. Plans should cover evidence-based metabolic screening and monitoring, including assessment of insulin resistance through measures such as hemoglobin A1C, fasting glucose, fasting insulin, and HOMA-IR, along with weight-related risk, cardiometabolic markers, and related clinical indicators. Coverage reforms should also support access to clinicians and care teams trained to identify metabolic dysfunction early and intervene before patients progress to costly and deadly chronic disease.

Many Americans at risk for or living with obesity, prediabetes, type 2 diabetes, metabolic syndrome, cardiovascular risk factors, metabolic dysfunction-associated steatotic liver disease, polyendocrine metabolic ovarian syndrome, inflammatory bowel disease, neurodegenerative disease, serious mental illness, and other metabolically driven conditions need access to individualized nutrition care that helps improve insulin sensitivity, glycemic control, weight, blood pressure, triglycerides, and other markers of metabolic health. Coverage for these conditions should include medical nutrition therapy, intensive nutrition counseling, digital and community-based nutrition support, and medically tailored food or nutrition programs where appropriate.

In particular, coverage policy should support evidence-based healthy nutrition approaches that reduce intake of processed refined carbohydrates, including added sugars, and prioritize minimally-processed, nutrient-dense foods. As recognized in the 2025-2030 Dietary Guidelines, low-carbohydrate therapy and ketogenic nutrition therapy may be appropriate therapeutic options

for certain patients under clinical supervision, including as part of treatment for obesity, prediabetes, type 2 diabetes, metabolic syndrome, and other conditions in which improved metabolic function is a central treatment goal.¹ Coverage and reimbursement policies should allow patients and clinicians to select the dietary intervention most appropriate to the individual's medical condition, preferences, culture, and treatment goals.

The Committee should also address coverage barriers that make nutrition-based care difficult to access. These include limited reimbursement for dietitians and other qualified clinicians; arbitrary visit limits; lack of coverage for intensive nutrition interventions unless a patient already has advanced disease; inadequate payment for interdisciplinary care; and prior authorization or utilization management practices that delay clinically appropriate treatment. Reforms should align incentives so that health plans are rewarded for preventing and reversing metabolic disease, not merely paying for expensive complications after they occur.

Medicare's current treatment of Medical Nutrition Therapy illustrates the need for broader coverage reform. Today, Medicare coverage for Medical Nutrition Therapy is generally limited to beneficiaries with diabetes or renal disease, leaving out many patients with prediabetes, obesity, cardiovascular disease, metabolic liver disease, serious mental illness, neurodegenerative disease, and other conditions in which metabolic dysfunction is clinically relevant. In addition, narrow duration and frequency limits can prevent patients from receiving the intensity of nutrition counseling needed to support sustained behavior change and measurable clinical improvement. Congress should examine whether statutory and benefit-design limitations are preventing beneficiaries and privately insured individuals from accessing evidence-based nutrition care before disease progresses.

Employer-sponsored coverage also has an important role to play in making metabolic health prevention and nutrition-based care available before workers and their families develop advanced disease. Employers are often on the front lines of chronic disease costs and productivity impacts, and many already offer wellness programs, condition-management supports, virtual care, and benefits that can connect employees to nutrition counseling and metabolic health coaching. Federal coverage reforms should preserve and strengthen employers' ability to offer evidence-based wellness and prevention programs, including programs that support healthy nutrition, reduced processed refined carbohydrate intake, metabolic screening, and clinically appropriate nutrition therapy as part of a broader benefits strategy.

Coverage reforms should also support scalable, team-based models of care that help patients adopt and sustain nutrition, physical activity, and other lifestyle changes. Health and well-being coaching, shared medical appointments, and multidisciplinary care models can extend the reach of clinicians, improve patient engagement, and support longitudinal prevention and chronic disease management. Health and well-being coaching pairs patients with trained coaches who

¹ U.S. Dep't of Agric. & U.S. Dep't of Health & Hum. Servs., *Dietary Guidelines for Americans, 2025-2030* 45 (10th ed. 2026), <https://cdn.realfood.gov/DGA.pdf>.

help them set goals, build skills, and work through barriers between clinical visits. In a shared medical appointment, a clinician meets with a small group of patients who share a common condition, such as type 2 diabetes or obesity, in a single extended visit. Each patient still receives individualized clinical care, while the group setting adds time for education, counseling, and peer support that a standard visit rarely allows. These models are especially important for metabolic health because sustained behavior change often requires repeated touchpoints, social accountability, practical problem-solving, and coordination across clinical and community-based resources.

The Coalition urges Congress to include metabolic health prevention, screening, and treatment in any broader health coverage reform package. Doing so would advance the Committee's goals of improving affordability, access, and quality while addressing one of the most significant drivers of health care costs. Coverage of evidence-based nutrition interventions, including reducing intake of processed refined carbohydrates and added sugars while increasing consumption of whole and minimally processed foods, and, where clinically appropriate, low-carbohydrate and ketogenic nutrition therapy, would give patients and providers practical tools to improve health, reduce reliance on more costly treatments, and build a more prevention-oriented health care system. CMH's public resources, including CMH's [letter to the House Ways and Means committee](#), summarize a growing body of evidence on low-carbohydrate and ketogenic nutrition approaches for metabolic health across conditions such as obesity, prediabetes, type 2 diabetes, metabolic syndrome, and cardiovascular risk factors.

CMH welcomes the opportunity to serve as a resource to the Committee as it evaluates reforms to strengthen health coverage, reduce long-term health care costs, and improve access to evidence-based metabolic health interventions to address chronic disease.

Sincerely,

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