FOOD IS MEDICINE FOR PEOPLE LIVING WITH SEVERE ILLNESS
Incorporating Coverage of Medically Tailored Meals into Healthcare

Medically-tailored meals (MTM) are a low-cost intervention that can dramatically reduce costs and improve patient outcomes. Meals are designed by Registered Dietitian Nutritionists for each individual’s specific medical diagnoses and circumstances. MTM play a critical role in ensuring that individuals engage in and maintain primary medical care, adhere to their medications, avoid costly hospital admissions/readmissions and achieve better health.

MEDIACID

There is currently no coverage of medically-tailored meals (MTM) in the traditional Medicaid fee-for-service program. Some innovation has occurred at the state level through waiver programs and other models.

Policy Request
Create a New Mandatory Benefit: Define Home Health Services to include MTM for individuals with an acute/chronic illness who are unable to shop or cook for themselves. 1905(a)(7)

Create a New Optional Benefit: Define Rehabilitative Services to include MTM for individuals with an acute/chronic illness who are unable to shop or cook for themselves. 1905(a)(13)

Incorporate MTM for people with acute/chronic illness into future innovation projects for Medicaid, such as Delivery System Reform Incentive Payment (DSRIP), Accountable Health Communities, etc.

MEdicare

Medicare does not cover medically-tailored meals under Parts A and B, which means that most Medicare beneficiaries—approximately 44 million individuals — are not eligible for this cost-effective benefit. In Medicare Advantage (Medicare Part C), it is an optional benefit provided (1) only when due to illness, consistent with established medical treatment, and offered for a short duration; and (2) only when offered immediately following surgery or inpatient hospital stay or part of a program to transition an enrollee with a chronic health condition to lifestyle modifications. Meals can be a benefit in some Medicare Special Needs Plans, but these plans are not offered everywhere. Research shows that nutrition-specific Diagnosis Related Groups (DRGs) are among the top 10 reasons that Medicare beneficiaries are readmitted to the hospital (Jencks et al. NEJM 360:1418-282009). This argues for maximum incorporation of MTM in Medicare.

Policy Request
Make medically prescribed MTM a covered benefit for all Medicare recipients living with an acute or chronic illness who are too ill to shop or cook for themselves.

Ryan white HIV/AIDS program

Ryan White contains the only dedicated, federal funding stream for MTM for people living with HIV (PWG). However, there is tremendous variation in how states have incorporated this benefit into program structures. Even in states where programs are robust, Ryan White does not cover all those who come to agencies for services.

Policy Request
Congress must increase funding for the Ryan White Treatment and Modernization Act.

Discretionary Program Options

Policy Request
Amend the Older Americans Act Nutrition Program and allocate sufficient funding to provide MTM.

Create a pilot grant program in the Farm Bill (Title IV) that funds the provision of MTM for acute/chronically ill people. There is already precedent for creating additional benefits for populations with unique nutritional needs, such as seniors: e.g. Senior Farmers Market Nutrition Program (S-FMNP).

Create a pilot program that supplements SNAP benefits for individuals in need of MTM.

For more information, please contact fmc@glwd.org
FOOD IS MEDICINE
Access to Medically Tailored Nutrition for Severely Ill Individuals Lowers Costs and Improves Health Outcomes
Created by the Food Is Medicine Coalition

Vicious Cycle of Poor Nutrition and Poor Health

1. HEALTH OUTCOMES
Proper nutrition leads to better health outcomes for people with severe and chronic illness.

Malnourished Patients Have:

- Missed Doctor Visits³
- Hospital Stays²
- Inpatient Costs³
- Rehospitalization¹

10% More (SS)
3x Longer
3x Higher
1.5x More Likely in 15 days

2. COST OF CARE
Research shows that nourished patients can save up to $12,000 per person/month.⁵

Food and Nutrition Services help patients stay healthy and at home at a fraction of the cost.

- Medically Tailored Meals
- ER Visit
- Hospital Stay

~$24/Day⁶
$1,200/Day⁷
Avg $4,000+/Day⁸

3. PATIENT SATISFACTION
Individuals overwhelmingly report that food and nutrition help them.⁹

The impact of providing patients with the right food for their medical situation is undeniable. At the intersection of sound economics and good policy, investing in medically tailored nutrition for high risk, high-need populations makes good business sense.