The Food Is Medicine Coalition Applauds the Introduction of The Medically Tailored Home-Delivered Meal Demonstration Pilot Act of 2020 (H.R.6774)

Ensuring the most vulnerable members of our communities are nourished

Washington, DC (August, 12, 2020) – The Food Is Medicine Coalition (FIMC), an association of nonprofit medically tailored meal providers who serve people in communities across the country who are too sick to shop or cook for themselves, is proud to support the Medically Tailored Home-Delivered Meal Demonstration Pilot Act of 2020 (H.R.6774) introduced by the members of the Bipartisan Food Is Medicine Working Group: Reps. Jim McGovern – MA (D), Chellie Pingree – ME (D), Roger Marshall – KS (R), and Jackie Walorski – IN (R).

“There is no doubt that what we eat plays a huge role in our overall health, yet our federal policies are decades behind the science on this. We prioritize treatment instead of prevention by relying on costly hospital visits and expensive prescription drugs instead of addressing the underlying issues that lead to chronic conditions,” said Congressman Jim McGovern. “Our bill hopes to show that by providing medically tailored meals to vulnerable seniors, we can lower hospital admissions, improve outcomes, and save money. It’s time to transform America’s sick-care system into a health-care system, and I urge my colleagues on both sides of the aisle to support this important bipartisan bill.”

This bill would establish a Medicare pilot program to address the critical link between diet, chronic illness, and the health of older adults. This proposal will ensure that medically vulnerable seniors get access to a lifesaving medically tailored meals in their home, while providing the outcomes data we need to build a more resilient and cost-effective health care system. Both goals are even more critical during the pandemic, as we endeavor to keep the elderly—especially those living with severe and chronic illnesses—healthy and at home.

For decades, the agencies of FIMC have been home-delivering nutritious, medically tailored meals to people too sick to shop or cook for themselves. Because of their complicated medical situations, FIMC clients are unable to shop, cook or even eat the food offered by many other emergency food providers, and often require the assistance of family or caregivers. They need specialized food or medically tailored meals. Medically tailored meals (MTMs) are delivered to individuals living with severe illness through a referral from a medical professional or healthcare plan. Meal plans are tailored to the medical needs of the recipient by a Registered Dietitian Nutritionist (RDN) on staff and cooked and home-delivered by community-based nonprofits.
Collectively, in the last year, FIMC served over 12 million meals to 57,000 people across multiple states and the District of Columbia.

Karen Pearl, President & CEO of God’s Love We Deliver in NYC and Chair of FIMC notes, “The pandemic is highlighting what medically tailored meal providers have known for 35 years: the right nutrition is key to helping those living with severe and chronic illnesses stay at home and out of the hospital. FIMC agencies have seen an unprecedented rise in referrals across the country during this crisis. With little to no federal funding for medically tailored meals at present, this bill demonstrates progress toward sustainability for this unique service in the future.”

The growing body of research shows that medically tailored meals are an extremely effective response for individuals with complex health profiles, generating immediate and significant impacts on health outcomes and costs. The addition of medically tailored meals to a care plan for this population can lead to significantly lower healthcare costs, drastically reduced hospitalizations and increased likelihood of discharge to home, rather than to an institution. Medically tailored meals can support treatment of an acute health episode, such as a round of chemotherapy and radiation, or be part of chronic disease management.

“This bill is a great first step toward correcting a serious inequity in the Medicare Program – the complete lack of access to meal benefits in traditional Medicare,” says Sarah Downer, Associate Director of Whole Person Care and Senior Clinical Instructor on Law in the Health Law and Policy Clinic at the Center for Health Law and Policy at Harvard Law School. “This pilot will help build the evidence for nutrition-related healthcare reform at a time when the need could not be more apparent.”

Approximately 80% of older adults have at least one chronic disease, and 77% have at least two. However, most Medicare beneficiaries currently have no access to medically tailored meal services. Medicare Parts A and B—covering two-thirds of Medicare enrollees—provide no coverage for medically tailored meals. The bill would begin to open up this benefit to this vulnerable population by directing the Secretary of Health and Human Services to conduct a demonstration pilot program to test the provision of medically tailored meals to recently hospitalized Medicare enrollees with conditions such as congestive heart failure, diabetes, COPD, and kidney disease. Given the ongoing COVID-19 pandemic, Medicare beneficiaries with chronic conditions are at an even higher risk of mortality and adverse, costly outcomes. By providing these high-risk individuals tailored nutrition at home, we can help play a role in reducing excess mortality during this pandemic.

“Providing medically tailored meals to the most vulnerable among us isn’t just the right thing to do, it’s the smart thing to do.” said David Waters, CEO of Community Servings. “Research by Community Servings and other coalition members has proven that MTM services reduce hospitalization rates by as much as 63% and ER visits by 58%, which means our immune compromised neighbors receiving MTM are less likely to go to a hospital during this time, when they are at greater risk. This reduction in hospitalization and emergency care has also proven to reduce demand on healthcare services, resulting in a net reduction of healthcare costs for high-risk, high-need individuals, by as much as 16%.”

The demonstration will be rigorously evaluated, focusing on value-based results such as the impact of the intervention on readmissions, hospital costs, and clinical outcomes. Furthermore, the pilot has been thoughtfully framed as a multi-state project which will allow expansion of services to more geographies and a testing of effectiveness in different regions.

“Across the country, there are critical gaps in access to medically tailored meals, which have become more stark in the face of the pandemic,” says Alissa Wassung, Director of Policy & Planning at God’s Love We Deliver and Chair of the FIMC Policy Committee. “The evaluative aspect and the geographic diversity of this bill will continue to build the evidence base to support increased access to medically tailored meals.”
FIMC programs serve communities that experience the greatest healthcare disparities and the most adverse health outcomes. Connecting older Americans with complex health conditions to MTMs is an effective and low-cost strategy to improve health outcomes, decrease utilization of expensive health services, and enhance quality of life for individuals. We know a demonstration of this kind holds great potential to alter the standard of care for older adults and FIMC looks forward to this innovative demonstration project becoming a reality.

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**About the Food Is Medicine Coalition**

The Food Is Medicine Coalition (FIMC) is a coalition of nonprofit medically tailored meal providers who serve people in communities across the country who are too sick to shop or cook for themselves. Medically tailored meals (MTMs) are delivered to individuals living with severe illness through a referral from a medical professional or healthcare plan. Meal plans are tailored to the medical needs of the recipient by a Registered Dietitian Nutritionist (RDN), and are designed to improve health outcomes, lower cost of care and increase patient satisfaction. MTMs are delivered to an individual’s home. Collectively, in the last year, FIMC served over 12 million meals to 57,000 people across multiple states and the District of Columbia. Of those that received meals from FIMC in the last year, over one-third of our clients (35%) were living with HIV/AIDS, 18% have cancer, 12% have cardiovascular disease, and 11% have diabetes as their primary diagnoses, but the plurality of clients lives with multiple diagnoses. Most of our clients are unable to shop, cook or even eat the food offered by many other emergency food providers, and often require the assistance of family or caregivers.