

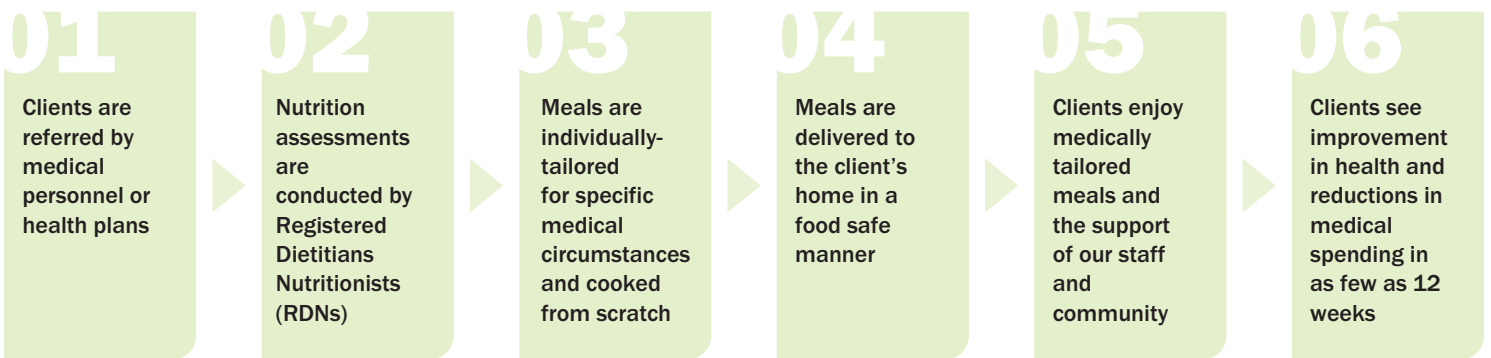


Medically Tailored Meal Policy Recommendations

What is a Medically Tailored Meal?

The Food Is Medicine Coalition (FIMC) is a national coalition of nonprofits focused on the intersection of nutrition and healthcare, delivering medically tailored meals (MTM) and nutrition counseling and education to people in communities across the country who are too sick to shop or cook for themselves. Most FIMC agencies began 35 years ago at the height of the AIDS pandemic, serving people with HIV. In the years since, all have expanded their missions to serve all people living with severe illnesses.

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. The Clinical Committee of FIMC, made up of credentialed RDNs from across the country, establishes and regularly updates the FIMC Medically Tailored Meal Nutrition Standards, which catalogue the nutrition quality of this evidence-based intervention.



Evidence

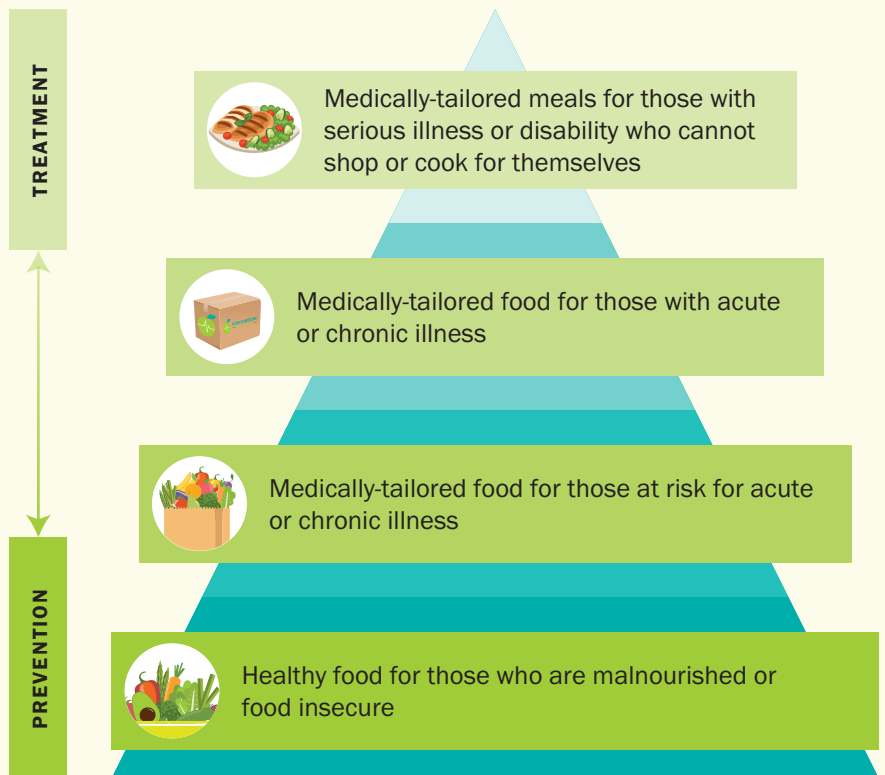
Receipt of MTMs is associated with:

- Reduction in emergency department visits of dually eligible individuals by 70%
- Reduction in inpatient hospital admissions by 52%
- Reduction in admission to skilled nursing facilities by 72%
- 16% net decrease in health care costs for over 800 individuals receiving the service over a 5-year period¹

Research

- 15 different research projects across the country including statewide demonstration and clinical trials funded by the National Institute of Health

FOOD IS MEDICINE



¹ Berkowitz SA, Terranova J, Randall L, Craston K, Waters DB, Hsu J. Association Between Receipt of a Medically Tailored Meal Program and Health Care Use. JAMA. 2019;179(6):786-793.



Opportunities for the Administration

For the Administration, we turn to broader systemic changes that integrate MTM into the clinical structure of healthcare delivery and support recovery and health for high-risk populations.

Our recommendations include:

- **Modernize Medicare and Medicaid to Make MTMs a Fully Reimbursable Benefit for People Living with Severe Illness;**
 - A fix to the statute (legislative) or a reinterpretation of existing statute (administrative) to establish coverage for MTMs in Medicaid and Medicare.
 - Medicare
 - Add “medically tailored meals” to the definition of “medical and other health services” in the Medicare statute for Medicare Part B
 - Medicaid
 - Include “medically-tailored nutrition” in the definitions of the mandatory “home health care services” benefit category.
 - Include “medically-tailored nutrition” in the optional “other diagnostic, screening, preventive, and rehabilitative services” category.
- **Increase Funding and Institutional Support for New Research on MTMs and other Food Is Medicine Interventions;**
 - Operationalizing studies on a larger scale with robust investment by the National Institutes of Health;
 - Strengthening National Nutrition Research: A new coordinated federal research effort, including the establishment of a new authority for robust cross-governmental coordination of nutrition research and other nutrition-related policy
- **Improve Quality Standards for Nutrition Interventions;**
 - FIMC Medically Tailored Meal Nutrition Standards be adopted wherever MTM are delivered within the HHS portfolio. <http://bit.ly/fimcstnds>
- **Connect Clinical Systems to the Social Services Safety Net:**
 1. Implement universal screening for food insecurity and malnutrition;
 2. Increase nutrition education among health care providers;
 3. Improve coordination of referrals to the MTM intervention;
 4. Further build medical coding of food insecurity, malnutrition, and their treatments;
 5. Clarify regulation around data sharing between the clinical field and community-based organizations providing social services.

Opportunities for the First Year

While making MTMs a fully reimbursable benefit for all who could benefit in Medicare and Medicaid should be the ultimate goal of this Administration, we recommend expanding on existing successful programs that incorporate MTMs during the first year.

Our recommendations include:

- **Fully fund and implement pilot MTM programs in the Medicare and Medicaid programs;**
 - Legislative Action (HR 6774) and/or
 - Administrative Action through Center for Medicare and Medicaid Innovation (CMMI)
 - Administration and Congress should promote state-based efforts to cover clinical nutrition services and nutrition-based interventions for Medicaid participants.
- **Expand funding and programmatic opportunities for medically tailored meals within Title III of the Older Americans Act;**
 - Utilize Section 215 of the Supporting Older Americans Act of 2020
- **Increase Ryan White HIV/AIDS Program funding to support all People Living With HIV/AIDS (PLWH) that come to FIMC agencies in need;**
 - Receipt of MTMs is linked to better viral suppression and health for PLWH.
 - More funding is needed to expand the MNT, MTM, and food bank services covered under Ryan White.
- **Research Funding for MTM.**
 - NIH Strategic Plan for Nutrition-Related Research-Objective 4-1: Identify Interactions Between Drugs, Disease States, and Nutrition to Improve Clinical Care and Test Strategies to Improve Clinical Outcomes of the Strategic Plan. <https://dpcpsi.nih.gov/onr/strategic-plan>

