

White House Conference on Hunger, Nutrition, and Health Priorities

THE FOOD IS MEDICINE COALITION (FIMC) IS A NATIONAL COALITION OF NONPROFITS FOCUSED ON THE INTERSECTION OF NUTRITION AND HEALTHCARE, DELIVERING MEDICALLY TAILORED MEALS AND NUTRITION COUNSELING AND EDUCATION TO PEOPLE OF ALL AGES IN COMMUNITIES ACROSS THE COUNTRY LIVING WITH MULTIPLE ILLNESSES AT ONCE.

Medically tailored meals (MTMs) are delivered to individuals 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. 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-informed intervention.

Benefits of MTMs

A growing body of evidence shows that MTMs are an extremely effective response for individuals with complex health profiles, generating rapid and significant impacts on both health outcomes and lower costs.

70%

Reduction in emergency department visits of dually eligible individuals

52%

Reduction in inpatient hospital admissions

72%

Reduction in admission to skilled nursing facilities

16%

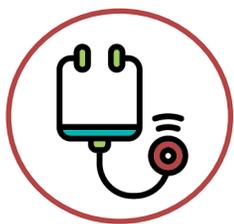
Net decrease in healthcare costs

Because of compelling research results, some states have begun to use waivers and regulatory flexibilities to pilot coverage of MTMs in both Medicare and Medicaid. While much success has been seen in these pilots, they fall short of establishing the widespread coverage needed to ensure equitable access to these critical services across the U.S. Changing healthcare policy to fund, deliver and explicitly evaluate the MTM intervention in Medicare and Medicaid would solve this issue.

THE TIME HAS COME TO ACKNOWLEDGE THE EFFICACY OF ADMINISTERING MTMS ON A BROADER SCALE AND TO IMPLEMENT POLICIES THAT MAKE THAT PROVISION A REALITY. MEDICALLY TAILORED MEALS ARE ONE OF THE LEAST EXPENSIVE AND MOST EFFECTIVE WAYS TO IMPROVE OUR HEALTHCARE SYSTEM IN AN EQUITABLE WAY. IN THE RECOMMENDATIONS BELOW, WE IDENTIFY A RANGE OF POLICY OPPORTUNITIES THAT WE HOPE WILL BE HIGHLIGHTED AT THE UPCOMING WHITE HOUSE CONFERENCE.

1. Modernize Medicare and Medicaid to Make MTMs a Fully Reimbursable Benefit for People Living with Severe Illness

While the pilots provide important first steps in expanding access to MTM across the United States, they are not sufficient to create widespread, equitable access, to MTMs.



We recommend legislators clarify or agency officials reinterpret the sections of the Social Security Act governing Medicaid and Medicare benefits to:

- **Medicaid:** Include “medically -tailored nutrition” in the definitions of the mandatory “home healthcare services” benefit category and in the optional “other diagnostic, screening, preventive, and rehabilitative services” category.
- **Medicare:** Add “medically tailored meals” to the definition of “medical and other health services” in the Medicare statute for Medicare Part B.

2. Fully fund and implement large-scale MTM pilots in the Medicare and Medicaid programs

While not a long-term solution, large-scale pilot programs can be an important first step towards broader integration into healthcare delivery and payment systems.



- Medicare: [H.R. 5370: The Medically Tailored Home-delivered Meal Demonstration Pilot Act of 2021](#)
- Medicaid: [1915\(c\) HCBS Waivers, 1115 Waivers, Managed Care pathways, In Lieu of Services and more](#)

3. Expand Research on MTMs

While there is a rigorous evidence base for the efficacy of MTMs, larger, multi-site studies are the next step in more fully understanding the effects of the intervention in certain populations, and densities of service.



We recommend that:

- NIH invest significantly more in multi-site MTM research
- CMS capture data on MTMs pilots in states
- The Administration appoint a federal agency or entity to coordinate research efforts across federal agencies

For more info on these recommendations, see the [Food is Medicine Research Action Plan](#) at pages 100-102.

4. Promote universal screening for food insecurity and malnutrition

Identifying food insecurity and malnutrition in clinical settings is an urgent priority and supported in official statements by CMS, disease-related advocacy groups, professional physician academies and more.

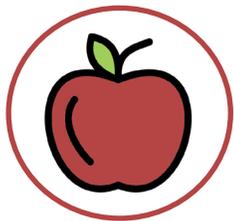


In particular, we recommend that CMS:

- Finalize its [proposed rulemaking](#) requiring food insecurity screening in all Medicare Advantage (MA) Special Needs Plans;
- Implement its [proposal](#) to include metrics related to screening for social risks and referral in Medicare Advantage Star Ratings; and
- Identify further opportunities to expand screening for nutrition and food insecurity

5. Increase nutrition education among healthcare providers

Doctors are often the most important voice in an individual's nutritional health, yet doctors are not trained adequately on nutrition science in medical school.



Using [Doctoring our Diet: Policy Tools to Include Nutrition in U.S. Medical Training](#) as a guide, we recommend that Congress and HHS take concrete steps to improve nutrition education for physicians and other health professionals. Other suggestions include:

- Implement passed resolutions, such as [H. Res. 784](#)
- Establishing grant funding for schools to create or expand nutrition curricula, like the [Expanding Nutrition's Role in Curricula and Healthcare Act \(ENRICH Act\)](#).

6. Further build medical coding of food insecurity, malnutrition, and their treatments

As efforts to integrate nutrition into healthcare progress, they have highlighted important gaps in healthcare infrastructure that must be addressed to allow organizations to properly bill and code for nutrition interventions.



We recommend CMS and the American Medical Association develop specific, appropriate billing codes for discrete nutrition services.

7. Modernize Healthcare Regulations

FIMC agencies have seen firsthand the way that uncertainties around the application of healthcare regulations to community-clinical partnerships can create barriers to delivering MTM to individuals who need them most.



Continue recent efforts to modernize regulations implementing federal healthcare laws so that community-based providers can steward data appropriately and participate meaningfully in clinical partnerships.

Set aside funding for technology infrastructure and capacity building for community-based providers.