December 9, 2022

The Honorable Chiquita Brooks-LaSure
Administrator, Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Brooks-LaSure,

As participants in the recent 2022 White House Conference on Hunger, Nutrition, and Health, we applaud the Biden administration's leadership in setting out a National Strategy to drive generational improvements in these three critical, intersecting areas. Just as the 1969 Conference catapulted our nation's approach to food forward, we know this year's Conference and the accompanying broad-based National Strategy – in no small part driven by the ambitious Centers for Medicare and Medicaid Services (CMS) commitments – can significantly enhance the U.S. food and nutrition policy landscape.

CMS has a critical role within this Strategy for improving people's access to nutritious foods and reducing diet-related chronic diseases by integrating nutrition interventions into the healthcare system. **As longtime researchers and implementers of Medicaid and other healthcare food and nutrition policies that improve public health and health equity while also potentially reducing health care spending, we write to urge CMS to issue guidance and encouragement for states to submit section 1115 waivers to more widely and equitably test and evaluate the impacts of "Food is Medicine" interventions, including medically tailored meals, medically tailored groceries, and produce prescriptions.**

The recent White House Conference highlighted and prioritized addressing the links between food insecurity, poor nutrition, poor health, and health disparities. Together, these factors are causing profound burdens of diet-related diseases, health inequities, and higher healthcare spending. As illustrated by the National Strategy, as well as by the independent, multi-sector Task Force Report on Hunger, Nutrition, and Health prepared in advance of the White House Conference, there is strong evidence and need for Medicare and Medicaid's engagement to help address these issues.

Pillar 2 of the National Strategy calls for CMS actions through the integration of nutrition and health. We urge CMS to take the following actions to help achieve these goals:

1) issue clear and prompt guidance to equip, inform, and establish parameters under which states may work to offer and evaluate medically tailored meals and produce prescription interventions through section 1115 and 1915(b) demonstration projects
2) issue guidance that enables healthcare systems to offer and evaluate "Food is Medicine" interventions through Medicaid Managed Care Organizations "in lieu of" services; and Medicare Special Supplemental Benefits for the Chronically Ill, Value-Based Insurance Design, Accountable Care Organization Shared Savings Program, and the Diabetes Prevention Program Expanded Model
3) work with the Department of Health and Human Services Office of Inspector General to issue guidance enabling a broad range of "Food is Medicine" interventions to be delivered without

violating the Anti-Kickback Statute or the beneficiary inducements prohibition of the Civil Monetary Penalties Law

4) build on the National Strategy's commitment to improving screening for food security by incorporating nutrition security screening into all CMS efforts to align such screening across quality measures, incentive payments, procedure codes and data infrastructure

As the National Strategy outlined, CMS has a historic opportunity to expand access to "Food is Medicine" interventions for Medicare and Medicaid beneficiaries. Such interventions can effectively improve health, reduce food and nutrition insecurity, and be highly cost-effective or even cost-saving. Such interventions are also critical to helping reduce disparities in food and nutrition security and diet-related diseases.

We are thrilled that CMS has already begun this effort through 1115 waiver approvals that include "Food is Medicine" parameters for coverage in several states, including California, Massachusetts, North Carolina, and Oregon and we are encouraged by the proposal in Washington.

There is robust research evidence that shows that receipt of medically tailored meals is associated with impressive reductions in healthcare costs and improvement in health outcomes.[i],[ii],[iii] Ongoing research continues to prove the efficacy of the medically tailored meal model in populations living with serious illnesses such as HIV/AIDS, cancer, cardiovascular disease, renal failure and many more.[iv] For example, a recent Friedman School analysis modeling the efficacy of implementing MTMs nationwide found that if all eligible patients received access to MTMs, in just the first year of service 1,594,000 hospitalizations could be avoided for a net cost savings of $13.6 billion.

As President Biden succinctly stated, "We can use these advances to do even more to make America stronger and a healthier nation… In America, no child should go to bed hungry; no parent should die of a disease that can be prevented."

As your team works to move this and related policies ahead, our organizations are here as a resource to provide any needed assistance, including sharing research and evidence, implementation learnings that are based in real-world delivery experience, voices of patients with diverse lived experience, and any technical input CMS may request. Our community has many members with first-hand experience delivering medically tailored meals, groceries and produce prescription interventions in current states' demonstration projects in Medicaid. Please let us know the best vehicle and timing for us to share this important feedback.

Sincerely,

- Center for Health Law and Policy Innovation, Harvard Law School
- Food is Medicine Coalition
- The Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy, Tufts University
- National Produce Prescription Collaborative

CC:

Daniel Tsai: Deputy Administrator and Director of the Center for Medicaid and CHIP Services (CMCS)

Hannah Katch: Senior Advisor, Centers for Medicare and Medicaid Services

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[i] Downer S, Clippinger E, Kummer C. Food is Medicine Research Action Plan. Published Jan. 27, 2022. https://www.aspeninstitute.org/wp-content/uploads/2022/01/Food-is-Medicine-Action-Plan-Final_012722.pdf p. 100-102

[ii] 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.

[iii] Berkowitz SA, Terranova J, Hill C, Ajayi T, Linsky T, Tishler LW, DeWalt DA. Meal Delivery Programs Reduce The Use Of Costly Health Care In Dually Eligible Medicare And Medicaid Beneficiaries. Health Aff (Millwood). 2018 Apr;37(4):535-542. doi: 10.1377/hlthaff.2017.0999

[iv] https://www.fimcoalition.org/research1