

September 12, 2025

Mehmet Oz Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services

RE: CMS Docket Number CMS-1832-P, RIN 0938-AV50, Comments in Response to Notice of Proposed Rulemaking: Medicare and Medicaid Programs; CY 2026 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; and Medicare Prescription Drug Inflation Rebate Program

Dear Administrator Oz,

We submit this comment regarding the Centers for Medicare and Medicaid Services (CMS) Request for Information in "CY 2026 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; and Medicare Prescription Drug Inflation Rebate Program," published in the Federal Register on July 16, 2025. Specifically, we write in response to questions posed on payment and coding for Medically Tailored Meals (MTMs). Better integration of MTMs into health treatment would both improve health outcomes for those with diet-related diseases and generate cost savings. While Congress must pass legislation to authorize Medicaid and Medicare coverage of MTMs, we strongly urge CMS to create separate coding and payment for MTMs, which would help make reimbursement simple, efficient, and accurate once this coverage is in place.

Medically-tailored meals (MTMs) are nutritionally customized and generally home-delivered meals for individuals with diet-sensitive health conditions, such as heart disease, cancer, diabetes, and human immunodeficiency virus (HIV). These meals are designed by registered dietitian nutritionists to treat a patient's specific illness. According to the U.S. Department of Agriculture, more than half of American adults have one or more diet-related chronic diseases, creating an urgent need for access to MTMs as an evidence-based, cost-effective public health intervention. There is significant evidence that treatment with MTMs is associated with better disease management and lower health care utilization. Specifically, in 2022, an economic analysis concluded that national implementation of MTMs for certain Medicare and Medicaid populations could avert approximately 1.6 million hospitalizations and save \$13.6 billion annually.

<sup>&</sup>lt;sup>1</sup> <u>Dietary Guidelines for Americans, 2020-2025</u>

Association of National Expansion of Insurance Coverage of Medically Tailored Meals With Estimated Hospitalizations and Health Care Expenditures in the US | Health Policy | JAMA Network Open | JAMA Network

Despite this need, states must currently utilize cumbersome pathways to provide Medicaid coverage for MTMs. Most commonly, states utilize waivers, which provide a range of coverage depending on where beneficiaries reside. States can also use in lieu of services (ILOS) as a payment pathway to provide home delivered meals, but access to this pathway depends on a patient residing in a state with both a Medicaid managed care program and one that offers ILOS. As of October 2024, only ten states have authorized ILOS to address food security and nutrition.

Similarly, for Medicare beneficiaries, coverage of MTMs is fragmented with reimbursement currently limited to those enrolled in select Medicare Advantage Plans. As a result, current CMS policy creates a complex reimbursement landscape for MTMs, preventing millions of Americans from meeting their diagnosed nutrition needs. Establishing standardized CMS coding and payment procedures for MTMs, alongside Congressional action that authorizes Medicaid and Medicare coverage of these meals, would create much-needed clarity, streamline reimbursement, and enable CMS to better monitor MTM utilization and outcomes.

We strongly encourage CMS to finalize and implement a policy that creates separate coding and payment for MTMs administered by the full range of providers, including practitioners and community-based organizations.

Sincerely,

Cory A. Booker

United States Senator

Tina Smith

**United States Senator** 

Roger Marshall, M.D. United States Senator

Bill Cassidy, M.D.

United States Senator