

United States Senate

WASHINGTON, DC 20510

February 20, 2026

The Honorable Mehmet Oz, M.D.
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human
Services
7500 Security Boulevard
Baltimore, MD 21244

The Honorable Abraham Sutton
Director
Center for Medicare & Medicaid Innovation
U.S. Department of Health and Human
Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Oz and Director Sutton:

We write to encourage the Center for Medicare and Medicaid Innovation (CMMI) to develop and test a model that evaluates the impact of providing medically tailored home-delivered meals to Medicare beneficiaries with acute and chronic diet-related illnesses.

Congress established CMMI to test innovative payment and service-delivery models that improve care quality while reducing expenditures for the Medicare and Medicaid programs. Medically tailored meals (MTMs) are an ideal candidate therapy for achieving this mission.

MTMs are designed by dietitians to treat a patient's diet-impacted illness, such as diabetes, cardiovascular disease, kidney disease, cancer, or AIDs, with a focus on individuals at high risk due to comorbidities, disability, or other characteristics that predict high risk of hospitalization or care utilization. Recent evidence shows that MTMs can reduce hospital stays, improve health outcomes, and lower overall health care costs in Medicaid and other payer settings. For example, an analysis published in 2025 projected that national implementation of medically tailored meals for all eligible patients in Medicaid, Medicare, and private insurance (10.4 million Americans who have both a major diet-related condition and limited ability to perform activities of daily living) had one-year outcomes that included averting 2.6 million hospitalizations and saving \$23.7 billion in U.S. health care costs, even after accounting for the cost of the programs.

While MTMs have had success in helping patients manage their health, most initiatives remain limited to Medicaid, Medicare Advantage, or commercial programs. Thus, Medicare lacks comprehensive data on how these interventions perform in the traditional Medicare population, a group at particular risk due to their older age. CMMI is uniquely positioned to close this evidence gap. An MTM model offers an opportunity to test a targeted, time-limited intervention for high-risk beneficiaries whose unmanaged conditions significantly increase health care

spending. If successful, this approach could provide a scalable, cost-effective tool to improve outcomes and support Medicare's shift toward value-based care.

We respectfully ask that you consider this opportunity as you evaluate future Innovation Center models. We look forward to collaborating with you to develop policies that enhance care for Medicare beneficiaries while maintaining the program's fiscal sustainability.

Sincerely,



Cory A. Booker
United States Senator



Roger Marshall, M.D.
United States Senator