

119TH CONGRESS
1ST SESSION

S. _____

To amend title XVIII of the Social Security Act to establish a Medically Tailored Home-Delivered Meals Program to test a payment and service delivery model under part A of Medicare to improve clinical health outcomes and reduce the rate of readmissions of certain individuals.

IN THE SENATE OF THE UNITED STATES

Mr. BOOKER (for himself, Mr. MARSHALL, Mr. CASSIDY, and Ms. SMITH) introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To amend title XVIII of the Social Security Act to establish a Medically Tailored Home-Delivered Meals Program to test a payment and service delivery model under part A of Medicare to improve clinical health outcomes and reduce the rate of readmissions of certain individuals.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Medically Tailored
5 Home-Delivered Meals Program Pilot Act”.

1 **SEC. 2. MEDICALLY TAILORED HOME-DELIVERED MEALS**
2 **PROGRAM.**

3 Part E of title XVIII of the Social Security Act is
4 amended by inserting after section 1866G (42 U.S.C.
5 1395cc-7) the following new section:

6 **“SEC. 1866H. MEDICALLY TAILORED HOME-DELIVERED**
7 **MEALS PROGRAM.**

8 “(a) ESTABLISHMENT.—For the 6-year period begin-
9 ning not later than 30 months after the date of the enact-
10 ment of this section, subject to subsection (f), the Sec-
11 retary shall conduct, in accordance with the provisions of
12 this section, a Medically Tailored Home-Delivered Meals
13 Program (in this section referred to as the ‘Program’)
14 under which selected hospitals provide medically tailored
15 home-delivered meals under part A of this title to qualified
16 individuals to improve clinical health outcomes and reduce
17 the rate of readmissions of such individuals.

18 “(b) SELECTION OF HOSPITALS TO PARTICIPATE IN
19 PROGRAM.—

20 “(1) SELECTED HOSPITALS.—Under the Pro-
21 gram, the Secretary shall, not later than June 30,
22 2027, select to participate in the Program at least,
23 subject to subsection (f), 40 eligible hospitals that
24 attest to the Secretary that they have the capacity
25 to satisfy the requirements described in subsection

1 (c). In this section, each such eligible hospital so se-
2 lected shall be referred to as a ‘selected hospital’.

3 “(2) ELIGIBLE HOSPITALS.—For purposes of
4 this section, the term ‘eligible hospital’ means a sub-
5 section (d) hospital (as defined in section
6 1886(d)(1)(B)) or a critical access hospital (as de-
7 scribed in section 1820(c)(2)) that—

8 “(A) submits to the Secretary an applica-
9 tion, at such time and in such form and manner
10 as specified by the Secretary, that contains—

11 “(i) an attestation (in such form and
12 manner as specified by the Secretary) that
13 such hospital has the ability, or has an ar-
14 rangement with providers of services or
15 suppliers or other entities that have the
16 ability, to furnish the services described in
17 subsection (c); and

18 “(ii) such other information as the
19 Secretary may require;

20 “(B) in the case of a subsection (d) hos-
21 pital, has, for the 2 most recent fiscal years
22 ending prior to the date of selection by the Sec-
23 retary under paragraph (1), averaged at least 3
24 stars for the overall hospital quality star rating
25 posted on the Internet website of the Centers

1 for Medicare & Medicaid Services (including
2 Care Compare or a successor website); and

3 “(C) meets, as of the date of selection by
4 the Secretary under paragraph (1), program in-
5 tegrity requirements, as determined by the Sec-
6 retary.

7 “(c) MINIMUM PROGRAM REQUIREMENTS.—Under
8 the Program, a selected hospital shall comply with each
9 of the following requirements:

10 “(1) STAFFING.—The selected hospital shall
11 provide (including through an arrangement de-
12 scribed in subsection (b)(2)(A)(i)), for the duration
13 of the participation of the hospital under the Pro-
14 gram, a physician, registered dietitian or nutrition
15 professional, or Advanced Practice Nursing Profes-
16 sional clinical social worker to carry out the screen-
17 ing and re-screening pursuant to paragraph (2) and
18 medical nutrition therapy pursuant to paragraph
19 (3)(B).

20 “(2) SCREENING AND RE-SCREENING.—The se-
21 lected hospital (including through arrangements de-
22 scribed in subsection (b)(2)(A)(i)) shall—

23 “(A) as part of the discharge planning
24 process described in section 1861(ee), screen in-
25 dividuals that are inpatients of such selected

1 hospital with validated screening tools approved
2 or deemed to be approved by the Secretary to
3 determine whether such individuals are quali-
4 fied individuals pursuant to subsection (g)(3);
5 and

6 “(B) in the case of an individual that was
7 an inpatient of such selected hospital and was
8 screened pursuant to subparagraph (A) and de-
9 termined to be a qualified individual, re-screen
10 such individual with validated screening tools
11 (as determined by the Secretary) every 12
12 weeks after such determination occurring dur-
13 ing the participation of the hospital under the
14 Program to determine whether such individual
15 continues to be a qualified individual.

16 “(3) PROVIDING MEDICALLY TAILORED HOME-
17 DELIVERED MEALS AND MEDICAL NUTRITION THER-
18 APY.—In the case of an individual that is deter-
19 mined by the selected hospital pursuant to sub-
20 section (g)(3) to be a qualified individual, the se-
21 lected hospital (including through arrangements de-
22 scribed in subsection (b)(2)(A)(i)) shall, with respect
23 to the period during which such hospital is partici-
24 pating in the Program—

1 “(A) provide, for each day during a period
2 of at least 12 weeks following the screen pursu-
3 ant to paragraph (2)(A) and for each subse-
4 quent 12-week period after the rescreen pursu-
5 ant to paragraph (2)(B), for the duration of the
6 Program, for the preparation and delivery to
7 such individual of at least 2 medically tailored
8 home-delivered meals (or a portioned equiva-
9 lent) that meet at least two-thirds of the daily
10 nutritional needs of the qualified individual and
11 are responsive to the individual’s medical and
12 cultural needs (such as an allergy or dietary re-
13 strictions or other religious or cultural dietary
14 needs); and

15 “(B) provide to such qualified individual,
16 in connection with delivering such meals and
17 for a period of at least 12 weeks and not more
18 than 1 year, medical nutrition therapy.

19 “(4) DATA SUBMISSION.—The selected hospital
20 shall submit to the Secretary data, in such form,
21 manner, and frequency as designated by the Sec-
22 retary, so that the Secretary may determine the ef-
23 fect of the Program with respect to the factors de-
24 scribed in subsection (e)(2)(B).

25 “(d) PAYMENT; COST-SHARING.—

“(1) PAYMENT.—The Secretary shall determine the form, manner, and amount of payment to be provided to a selected hospital under the Program, taking into consideration payment amounts from other payers for similar food-related services.

6 “(2) COST-SHARING.—Items and services for
7 which payment may be made under the Program
8 shall be provided without application of deductibles,
9 copayments, coinsurance, or other cost-sharing
10 under this title.

11 “(e) MONITORING AND EVALUATIONS.—

“(1) PROGRAM MONITORING.—The Secretary shall monitor claims and other data submitted to the Secretary of each qualified individual receiving food under the Program for the purpose of determining whether the Program improves health outcomes for qualified individuals.

18 “(2) INTERMEDIATE AND FINAL EVALUATIONS
19 AND REPORTS.—The Secretary shall conduct an in-
20 termediate and final evaluation of the Program.
21 Each such evaluation shall—

“(A) with respect to individuals determined
to be qualified individuals and receiving food
and for the relevant periods, determine—

1 “(i) an analysis of inpatient admis-
2 sions of such individuals after the initial
3 inpatient admission, and the diagnosis-re-
4 lated groups for such admissions;

5 “(ii) the number of admissions to
6 other post-acute care services of such indi-
7 viduals, and the reasons for such admis-
8 sions; and

9 “(iii) the total expenditures under
10 part A with respect to such individuals;

11 “(B) report the following, with a compari-
12 son to comparable beneficiaries not partici-
13 pating in the Program—

14 “(i) an assessment of clinical health
15 outcomes, as defined by the Secretary;

16 “(ii) changes in the total cost of care
17 under part A (including costs associated
18 with readmission as defined in section
19 1886(q)(5)(E)); and

20 “(iii) patient and caregiving experi-
21 ence, including whether such individuals
22 would have continued to receive the food if
23 they were required to pay for it;

24 “(C) obtain information from hospitals
25 about payments made under the Program, in-

1 including whether such payments met or exceeded
2 such hospitals' cost incurred in providing serv-
3 ices under the Program; and

4 “(D) include an analysis of health out-
5 comes of individuals receiving items and serv-
6 ices under the Program compared to health out-
7 comes of individuals not receiving items and
8 services under the Program.

9 “(3) REPORTS.—The Secretary shall submit to
10 the Committee on Ways and Means of the House of
11 Representatives and the Committee on Finance of
12 the Senate—

13 “(A) not later than 3 years after the date
14 of implementation of the Program, a report
15 with respect to the intermediate evaluation
16 under paragraph (2); and

17 “(B) not later than 8 years after such date
18 of implementation, a report with respect to the
19 final evaluation under such paragraph.

20 “(f) FUNDING.—

21 “(1) IN GENERAL.—Payments for items and
22 services furnished under the Program and funds
23 necessary for the costs of carrying out the Program
24 shall be made from the Federal Hospital Insurance
25 Trust Fund under section 1817.

1 “(2) BUDGET NEUTRALITY.—The Secretary
2 shall reduce payments made to subsection (d) hos-
3 pitals under section 1886(d) in a manner such that
4 the total amount of such reductions for a year are
5 estimated to be equal to the total amount of pay-
6 ments made under the Program during such year.

7 “(g) DEFINITIONS.—In this section:

8 “(1) MEDICAL NUTRITION THERAPY.—The
9 term ‘medical nutrition therapy’ has the meaning
10 given such term in section 1861(vv)(1).

11 “(2) MEDICALLY TAILORED HOME-DELIVERED
12 MEAL.—The term ‘medically tailored home-delivered
13 meal’ means, with respect to a qualified individual,
14 a meal that is designed by a registered dietitian or
15 nutrition professional for the treatment plan of the
16 qualified individual.

17 “(3) QUALIFIED INDIVIDUAL.—The term ‘quali-
18 fied individual’ means an individual, who—

19 “(A) is entitled to benefits under part A
20 and is not receiving similar benefits from other
21 State or Federal programs, as reported by the
22 individual;

23 “(B) has a diet-impacted disease (such as
24 kidney disease, congestive heart failure, diabe-
25 tes, chronic obstructive pulmonary disease, or

1 any other disease the Secretary determines ap-
2 propriate);

3 “(C) at the time of discharge from a se-
4 lected hospital or rescreening—

5 “(i) lives at home;

6 “(ii) is not eligible for or admitted to
7 extended care services (as defined in sec-
8 tion 1861(h));

9 “(iii) has not made an election under
10 section 1812(d)(1) to receive hospice care;

11 “(iv) is limited with respect to at least
12 2 of the activities of daily living (as de-
13 scribed in section 7702B(c)(2)(B) of the
14 Internal Revenue Code of 1986); and

15 “(v) meets any other criteria for high-
16 risk of readmission (as determined by the
17 Secretary).

18 “(4) REGISTERED DIETITIAN OR NUTRITION
19 PROFESSIONAL.—The term ‘registered dietitian or
20 nutrition professional’ has the meaning given such
21 term in section 1861(vv)(2).”.