MOM'S MEALS®
A PURFOODS® COMPANY

November 29, 2019

The Honorable Danny Davis
Co-Chair, Rural and Underserved
Communities Health Task Force
United States House of Representatives
Washington, DC 20515

The Honorable Brad Wenstrup
Co-Chair, Rural and Underserved
Communities Health Task Force
United States House of Representatives
Washington, DC 20515

The Honorable Terri Sewell
Co-Chair, Rural and Underserved
Communities Health Task Force
United States House of Representatives
Washington, DC 20515

The Honorable Jodey Arrington
Co-Chair, Rural and Underserved
Communities Health Task Force
United States House of Representatives
Washington, DC 20515

RE: Rural and Underserved Communities Health Task Force Request for Information (RFI) in the 116th Congress

Dear Congressman Davis, Congressman Wenstrup, Congresswoman Sewell, and Congressman Arrington:

Thank you for the opportunity to offer insights and recommendations to the Rural and Underserved Communities Health Task Force to inform your work addressing social determinants and care delivery methods in rural and underserved areas. We welcome the opportunity to share our perspective as you work to craft legislation to address challenges contributing to health inequities in these areas.

As you know, rural and underserved areas are at significantly higher risk for health inequities and health disparities compared to the general population. Challenges for individuals in these communities include increased rates of chronic disease and disability, increased mortality rates, lower life expectancies, and higher rates of pain and suffering.[1] As individuals in rural and underserved areas are more likely to experience lower levels of employer-sponsored health insurance coverage, interventions are urgently needed to reduce disparities and improve outcomes.

Risk factors for those in rural and underserved areas are exacerbated by complications from geographic location, lower socioeconomic status, limited access to health care providers, limited job opportunities, and limited transportation, especially for those living in food deserts. For individuals in rural and underserved communities, social determinants of health are some of the main factors that can control and influence improved health outcomes, reduced health disparities, and promotion of an individual's capacity to age in place in the least restrictive and least costly environment. The capacity to work with organizations and providers capable of

[1] Rural Health Information Hub. "Rural Health Disparities." Accessed November 26, 2019.

implementing social determinants of health supports in places with imminent need is a quick and cost-effective way to positively influence health care outcomes for individuals in these communities.

The recommendations outlined in this response reflect how access to medically and nutritionally appropriate meals and programs are a critical component in promoting improved social determinants of health for rural and underserved areas.

With limited uniformity of post-acute care and long-term services and supports across the nation with specific challenges to rural and underserved areas, there are approaches currently used to address gaps in care delivery and the associated challenges of social isolation. Mom's Meals'® current leadership experience nationally in the provision of community-based long term care, post discharge, and chronic care home delivered nutrition services demonstrates cost effective ways to bridge the gap in service provision and social isolation for our most vulnerable populations in rural and underserved areas. The existence of malnutrition and undernutrition in rural and underserved areas as one of the key social determinants of health can be mitigated and removed with adjustment and enhancement to programs promoting medically tailored home delivered meals.

About Mom's Meals®:

Mom's Meals®, a PurFoods company, is a leading provider of fully prepared, refrigerated meals delivered direct to the homes of Medicare and Medicaid beneficiaries and others nationwide. Our broad selection of high-quality, great tasting, nutritious meals are designed by registered dietitians and chefs. We offer customers nutrition solutions tailored to their health conditions, including: heart-friendly, diabetes-friendly, renal-friendly, lower sodium, cancer support, gluten free, vegetarian, pureed and general wellness. We work with health plans, health systems, and state and local governments to incorporate meals into comprehensive care plans that may also include case and care management and nutrition education. Headquartered in Ankeny, Iowa, Mom's Meals has operations throughout the United States. We deliver meals to all 50 states and territories and we have been a trusted partner of Medicare Advantage plans for 12 years and Medicaid managed care organizations (MCOs) for 20 years.

Many of the beneficiaries currently receiving support from Mom's Meals® are in rural or underserved areas and are at higher risk for disease exacerbation, hospitalization and institutional care for a variety of reasons. First, innovative solutions to rural and underserved areas will be required to improve outcomes across populations. Although successful on a smaller scale, current community groups are unable to operationally sustain the volume and support the health condition needs for individuals both in underserved geographies and also those experiencing complex health conditions. Second, these underserved and rural areas do not have sufficient staffing and personnel to support the workforce required to prepare or deliver meals. Third, historical limitations to rural and hard to reach areas by meal providers limit food options and choices that fit the unique health condition needs of high risk and chronic care individuals. Finally, the broad existence of food deserts in combination with the limited socioeconomic means of rural and underserved individuals makes transportation and access to balanced nutritional choices an additional complication resulting in the purchase of bulk, highly processed, and low nutrient food choices. This reduces the likelihood of compliance to the variety of health conditions that may exist resulting in higher costs of care and disease exacerbation.

Background:

Evidence shows that high-quality nutrition, including the meals offered by Mom's Meals®, is effective at preventing and helping to treat many leading chronic health conditions and reducing costs. Chronic conditions cost the American economy an excess of $1 trillion per year, with costs projected to exceed $6 trillion annually by mid-century.[2] One in four Americans suffers from multiple chronic conditions. That number rises to more than three in four Americans aged 65 or older (who are generally eligible for Medicare).[3] Importantly, a recent survey from the Commonwealth Fund found that high-need adults with two or more chronic conditions often have unmet social needs, with nearly two-thirds (62 percent) reporting stress about material hardships, such as inability to pay for nutritious meals, housing, or utilities compared to only one-third of other adults (32 percent).[4]

These issues can be exacerbated for patients in rural and underserved communities, where food deserts may exist or where transportation makes accessing healthy food a significant challenge.

Published clinical research clearly demonstrates that high-quality nutrition effectively treats and slows the progression of several leading chronic conditions, including heart disease, diabetes, renal disease, and obesity – and leads to lower healthcare spending.[5] Specifically, clinical studies show that individuals suffering from a chronic condition who receive home-delivered meals for longer periods of time (3 to 6 months or longer) have:

- Fewer admissions: 7 percent fewer hospital admissions for people with diabetes[6] and 50 percent fewer admissions for members with multiple chronic conditions;[7]
- Shorter lengths of stay: 37 percent shorter lengths of hospital stays for people with HIV[8] while malnutrition can increase the length of hospital stays by 4 to 6 days;[9]
- Better controlled diabetes: 27 percent fewer cases of uncontrolled diabetes;[7]
- Lower average monthly healthcare costs: 31 percent lower monthly health care costs for people with HIV[10] and 40 percent lower monthly health care costs in people with multiple chronic conditions;[11] and

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2 Milken Institute. "Checkup Time: Chronic Disease and Wellness in America, Measuring Economic Burden in a Changing Nation." January 2014.
3 Ibid.
4 Commonwealth Fund. "How High-Need Patients Experience Health Care in the United States." December 9, 2016.
5 See, e.g., Lin, H., et al. (2016). "Review of nutritional screening and assessment tools and clinical outcomes in heart failure." Heart Failure Reviews 21(5): 549-565.
6 Edwards DL, Frongillo EA Jr, Rauschenback F, Roe DA. Home-delivered meals benefit the diabetic elderly. J Am Diet Assoc. 1993; 93: 587-588.
7 Berkowitz SA, Terranova J, Hill C, Ajayi T, Linsky T, et al. Meal Delivery Programs Reduce The Use Of Costly Health Care In Dually Eligible Medicare And Medicaid Beneficiaries. Health Affairs. 2018; 37: 535–542.
8 Lin, H., et al. (2016). "Review of nutritional screening and assessment tools and clinical outcomes in heart failure." Heart Failure Reviews 21(5): 549-565.
9 Kaiser MJ, Bauer JM, et al. Frequency of malnutrition in older adults: a multinational perspective using the mini nutritional assessment. Journal of the American Geriatrics Society. 2010;58(9):1734-1738.
10 J Gurvey,et al. Examining Health Care Costs Among MANNA Clients and a Comparison Group. Journal of Primary Care and Community Health. 2013; 4: 311-317.
11 Berkowitz SA, Terranova J, Hill C, Ajayi T, Linsky T, et al. Meal Delivery Programs Reduce The Use Of Costly Health Care In Dually Eligible Medicare And Medicaid Beneficiaries. Health Affairs. 2018; 37: 535–542.

- Nonmetropolitan or rural residents report higher rates of individuals with multiple chronic conditions in addition to increased mortality rates.[12]

Research demonstrates that ensuring good nutrition among Medicare beneficiaries is especially critical for achieving optimal beneficiary health outcomes and reducing program costs.

- Positive impact on mortality: One study found that Medicare beneficiaries with diabetes and malnutrition had a 69 percent higher likelihood of death compared to those with diabetes alone.[13]

- $1.57 saved for every $1 invested according to the Bipartisan Policy Center: A recent study from the Bipartisan Policy Center concluded that Medicare could save $1.57 for every dollar invested in home-delivered meals.[14] To this point, a separate study found that Medicare beneficiaries with diabetes and malnutrition had a 74 percent higher cost of care versus those with diabetes alone.[15]

Access to nutritious, high-quality meals makes a positive difference in the lives of people living with chronic health conditions, especially for those in rural and underserved areas.

Given the importance of reliable, high-quality nutrition, we respectfully request that the Rural and Underserved Communities Health Task Force consider the following recommendations as you develop legislation to address the challenges that contribute to the health inequities in rural and underserved communities.

Recommendations

Medicare:

Mom's Meals® welcomed and strongly supports the flexibility for Medicare Advantage (MA) plans to offer meals beyond a limited basis to their enrollees under the new Special Supplemental Benefits for the Chronically Ill (SSBCI) enacted by Congress in the Bipartisan Budget Act of 2018. Our extensive experience indicates that the new availability of SSBCI, including home-delivered, fully prepared meals tailored to individual needs, will much better enable MA plans to effectively manage their enrollees' chronic disease(s) – resulting in enhanced quality of care, improved patient health outcomes, and lower Medicare spending.

To build upon the significant progress made with the establishment of the SSBCI and to further expand Medicare beneficiary access to high-quality non-medical, home-delivered nutritious meals, Mom's Meals® urges the Congress to:

1. **Improve provider awareness and education of the availability of SSBCI.** Our work with providers indicates that the vast majority are not aware of the new availability of SSBCI benefits, including home-delivered meals. We therefore urge the Congress to direct the HHS Secretary to develop materials for providers to make them aware of the

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12 Rural Health Information Hub. "Chronic Disease in Rural America." Accessed November 26, 2019.
13 Ahmed N, et al. BMJ Open Diabetes Res Care. 2018;doi:10.1136/bmjdrc-2017-000471.
14 Bipartisan Policy Center. Next Steps in Chronic Care : Expanding Innovative Medicare Benefits. 2019.
15 Ahmed N, et al. BMJ Open Diabetes Res Care. 2018;doi:10.1136/bmjdrc-2017-000471.

SSBCI benefits, the conditions under which SSBCI benefits are covered, and where to direct patients for SSBCI benefits, if not available through the referring provider.

2. **Require the Centers for Medicare and Medicaid Services (CMS) to analyze and compile evidence reported by MA plans on SSBCI.** In our work with MA plans, we see significant innovation in the design of new SSBCI benefits. To broadly share and learn from this innovation and help Congress identify how the SSBCI benefit for home-delivered meals is being implemented and what its impact is, we urge the Congress to work with CMS to request and compile evidence from MA plans, publicly report on outcomes, and make data available on the design and efficacy of SSBCI programs to help build an evidence base on the effectiveness of covered non-medical services.

3. **Extend Medicare coverage of tailored home-delivered meals to Fee-for-Service (FFS) beneficiaries with chronic disease.** Data clearly illustrate that Medicare beneficiaries with chronic disease(s) who receive home-delivered meals tailored to their individual chronic conditions can have improved health outcomes at a lower total cost of care. Given the high prevalence of chronic disease in the Medicare FFS patient population and the need to lower Medicare spending, we urge the Congress to extend non-medical, home-delivered meals to Medicare FFS beneficiaries with chronic disease.[16] As a first step, Congress may consider encouraging CMS to conduct a demonstration program parallel to the MA SSBCI home-delivered meals benefit to specifically test efficacy, quality, and cost-effectiveness of this benefit in the FFS setting. Given the large number of Medicare patients enrolled in the traditional fee-for-service program who face acute barriers to care in rural and underserved areas, we strongly urge the Committee and Congress to expand coverage for medically-tailored meal programs beyond the Medicare Advantage program. Access to home-delivered meals can help patients with chronic conditions who may reside outside of highly populated urban areas to improve their overall health.

<u>Medicaid:</u>

While we understand that Medicaid is primarily outside of the jurisdiction of the Ways and Means Committee, we also recognize that our Medicaid policy suggestions also have implications for beneficiaries dually eligible for Medicare and Medicaid. As such, we encourage your consideration of the following recommendations, what are based on our experience in working with State Medicaid programs.

1. **Require CMS to explicitly identify home-delivered meals as an allowable medical Medicaid benefit for beneficiaries not eligible for Long Term Services and Supports (LTSS).** Medicaid managed care plans have been relatively slow to incorporate home-delivered meals into their benefit options for the high-need non-LTSS Medicaid beneficiaries who suffer from chronic illnesses, have high-risk pregnancies or are discharged from the hospital. This is primarily because home-delivered meals are neither mandated nor have they been explicitly identified by CMS as allowable medical benefit expenses under Medicaid, leading the majority of managed care plans to treat these benefits as administrative expenses; for the many Medicaid managed care plans that must adhere to a certain medical loss ratio (MLR), adding home-delivered meals to administrative expenses is simply not feasible. Therefore, to make available home-

[16] Macpherson C. Addressing Malnutrition Through Enhancing Autonomy and Choice. The Spectrum, A Peer-reviewed Publication of the Academy of Nutrition and Dietetics Health Aging Dietetic Practice Group. Special Edition: Malnutrition. 2018; 38-39.

delivered meals to the high-need non-LTSS Medicaid population, we urge the Congress to require CMS to explicitly identify home-delivered meals as allowable medical benefit expenses under Medicaid.

2. **Encourage CMS to promote home-delivered meal benefits within Medicaid LTSS and Home and Community Based Services (HCBS) waiver programs.** Currently, at both the state and federal levels, little national uniformity exists as to what constitutes high-quality meal benefits under the Medicaid LTSS and HCBS waiver programs. To foster improved availability to medically-tailored meal services for high-risk Medicaid beneficiaries who research has demonstrated can benefit from good nutrition, we urge the Congress to encourage CMS to work with states with no meal benefits, or only limited meal benefits, to add medically-tailored meals to their LTSS and HCBS waiver programs, as well as to encourage states with existing benefits to promote use of high-quality, medically-tailored meals in those benefits. As a first step, CMS could be encouraged to publish a report describing the best practices and results for those states that do provide such coverage.

Conclusion:

Mom's Meals® greatly appreciates the Health Task Force's leadership on improving health outcomes for underserved Americans in both rural and urban areas. We look forward to working together on these challenges as we work to improve the lives of Americans across the country. Please do not hesitate to reach out with questions concerning our comments or any of the above recommendations.

Sincerely,

Michael Anderson
President, Mom's Meals®