



**Testimony for the Rules Committee Democrats Roundtable  
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2:00-3:30 pm EST**

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Chair, The Food Is Medicine Coalition**

Thank you for the opportunity to address the role of medically tailored meals in helping resolve our national predicament of food insecurity, poor health outcomes and rising healthcare costs. I am grateful to the Chairman for inviting me and to all of you for the honor of presenting here today.

**I will begin by laying out the following proposition: We will never reach our healthcare goals of improving outcomes, lowering costs and creating equitable access without fully integrating the medically tailored meal intervention into healthcare.**

I know that's bold, and I'll tell you why.

First, let me introduce myself. I am Karen Pearl, President & CEO of [God's Love We Deliver](#). God's Love is a nonsectarian, nonprofit provider of medically tailored meals – or MTM - in NYC and surrounding counties. Each year, we deliver more than 2.5 million meals to 10,000 people living with over 200 different critical illnesses like HIV, cancer, cardiovascular disease, renal failure and more. We support families by feeding the children and caregivers of our severely ill clients and we deliver to our community with the help of 17,000 volunteers. Our signature difference is nutrition, with 8 registered dietitian nutritionists on staff. We partner with many healthcare plans and hospitals to integrate this life-saving intervention into the care continuum.

I am also the Chair of [The Food Is Medicine Coalition \(or FIMC\)](#), a national coalition of nonprofits delivering medically tailored meals, nutrition counseling and education. Last year, FIMC agencies cooked and home delivered 11 million meals to over 48,000 people across multiple states and the District of Columbia Today, I speak from the God's Love AND FIMC perspectives.

### **History**

The impact of the medically tailored meal model has gained much attention recently, but the concept is not new. God's Love We Deliver started over 35 years ago at the height of the AIDS pandemic, when one woman delivered groceries to a man who was dying of

AIDS. She came back the next day and the groceries were still on the counter. She had an epiphany. People in this state of illness did not just need food, they needed nutritious meals, prepared for their unique medical circumstances and home-delivered to their doors. For this population, a meal is the difference between life and death. Thus, a movement was born.

Nutrition science has been a focus of our mission since the beginning when we started our Nutrition Department, staffed by Registered Dietitian Nutritionists, that helped clients combat wasting, manage medication and side effects and eat right for their other diagnoses. In 2001, seeing the need in our community, God's Love expanded our mission to serve people living with all severe and chronic illnesses. Today, most of our clients are living with multiple diagnoses – 42% live with 4 or more illnesses at once. Clients have complex dietary restrictions and medical conditions that make it impossible for them to take advantage of traditional emergency food support systems. **For the acute population that is driving so much of the cost of healthcare today, adding something as fundamental as a meal tailored for their specific medical circumstances – can turn their situation around.**

**Medically Tailored Meals are more than a meal, they are an intervention.** Designed by RDNs and chefs and recommended in partnership with healthcare providers, the intervention includes a rigorous dietary assessment and individualized medical nutrition therapy. Meals are cooked from scratch in our kitchen, with no preservatives, starters or fillers, blast chilled and flash frozen to preserve flavor, and then home-delivered to clients. Our meals have to be delicious and visually appealing as appetite is one of the first things to go when people are sick. As our Executive Chef says, "Our food is medicine, but it doesn't have to taste like medicine."

### **The Evidence**

While access to food is a social determinant, MTM is an evidence-based proven intervention, with robust research behind it. **The value proposition for MTM is pretty simple.** MTMs are associated with:

- Reduction in ED visits by 70%
- Reduction in hospital admissions by 52%
- Reduction in admission to nursing facilities by 72%, and
- A 16% net decrease in health care costs

### **Policy**

It is because of these types of outcomes that early on in the HIV Epidemic, The Ryan White HIV/AIDS Program chose a whole person approach, including food and nutrition services alongside medical and pharmaceutical support. **Ryan White remains the only dedicated federal funding stream for MTMs, yet still does not cover all those who come to us in need.** Access to MTMs is largely funded through private philanthropy across the country, resulting in system-wide gaps.

## Healthcare Innovation

MTMs are not generally a reimbursable benefit for enrollees in state Medicaid programs, and Medicare covers only a small portion of enrollees at the discretion of plans. Yet, because of the compelling research results, some states and managed care plans have begun to use waivers and regulatory flexibilities to pilot coverage of MTMs.

**All of this – pilots and research – are demonstrating that MTM and medical nutrition therapy work. And they work in different settings, with different illnesses and with all demographics.**

While much success has been seen in these pilots, they remain on the margins of innovation and fall short of establishing the widespread coverage needed to ensure equitable access across the U.S. **Changing healthcare policy to fund, deliver and explicitly evaluate the MTM intervention in Medicare and Medicaid would solve this issue.**

## MTM Demonstration Pilot Act

Last year, Mr. McGovern and other members of the Bipartisan Food Is Medicine Working Group introduced the Medically Tailored Home-Delivered Meal Demonstration Pilot Act of 2020 (H.R.6774). The bill would establish a multi-state Medicare pilot program that would ensure that medically vulnerable people get access to lifesaving medically tailored meals in their home, while providing the outcomes data we need to build a more resilient and cost-effective health care system. The pilot would provide a multi-state project which will allow expansion of services to more geographies and a testing of effectiveness in different regions. Thoughtful policy changes such as this are steps in the right direction.

**The time is now to change the healthcare landscape and to make MTM a recognized benefit in all health care plans, including Medicaid, Medicare, and private insurance.** During the Covid pandemic, the gaps in equity and access for people who need quality food and nutrition services was laid bare. A person's diet often has life and death consequences. When people are severely ill, good nutrition is one of the first things to deteriorate, making recovery and stabilization that much harder, if not impossible. Early and reliable access to medically tailored meals helps individuals live healthy and productive lives, produces better overall health outcomes and reduces health care costs. It is a solution that improves population and individual health, reduces healthcare inequality, improves the experience of care, and has been proven to reduce costs.

I hope you will join in the effort to ensure that MTM are part of the solution to improving health, lowering healthcare costs, and ending hunger in America.

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