

Medically Tailored Home-Delivered Meals Program Pilot Act (H.R. 5439)

Bill Text: [H.R.5439](#)

Sponsor: Rep. Jim McGovern (D-MA), with Rep. Nicole Malliotakis (R-NY), Rep. Chellie Pingree (D-ME), Rep. Brian Fitzpatrick (R-PA), and Rep. Dwight Evans (D-PA)

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Overview

The Medically Tailored Home-Delivered Meals Program Pilot Act would establish a Medicare Part A demonstration program testing whether medically tailored meals and nutrition services can improve health outcomes and reduce hospital readmissions among high-risk beneficiaries. The legislation would require HHS to operate a six-year pilot involving at least 40 hospitals and would evaluate the impact of providing medically tailored meals and medical nutrition therapy following hospital discharge.

Establishment of a Medically Tailored Home-Delivered Meals Program

The bill would create a six-year Medicare pilot program beginning no later than 30 months after enactment. Under the program, selected hospitals would provide medically tailored home-delivered meals and related nutrition services to qualifying Medicare beneficiaries following discharge from an inpatient stay. The stated goals of the program are to improve clinical health outcomes and reduce readmissions.

Hospital Participation

The Secretary would be required to select at least 40 participating hospitals by June 30, 2027. Eligible hospitals would include:

- Acute care hospitals paid under the Medicare inpatient prospective payment system.
- Critical access hospitals.

Participating hospitals would need to:

- Demonstrate the ability to furnish required meal and nutrition services directly or through contractual arrangements.
- Meet program integrity requirements.
- Maintain an average hospital quality rating of at least three stars over the two most recent years (for subsection (d) hospitals).

Potential Impact

The pilot is structured as a targeted demonstration rather than a national Medicare benefit. By limiting participation to selected hospitals meeting quality criteria, the bill seeks to test whether

nutrition interventions can improve outcomes among particularly vulnerable beneficiaries before considering broader implementation.

Screening and Eligibility Requirements

Participating hospitals would be required to screen hospitalized patients as part of the discharge planning process using validated screening tools approved by the Secretary. Hospitals would also be required to re-screen beneficiaries every 12 weeks to determine continued eligibility.

Eligible Beneficiaries

To qualify, an individual would need to:

- Be entitled to Medicare Part A benefits.
- Not be receiving comparable meal benefits through another federal or state program.
- Have a diet-impacted condition, such as:
 - Kidney disease;
 - Congestive heart failure;
 - Diabetes;
 - Chronic obstructive pulmonary disease (COPD); or
 - Other conditions designated by the Secretary.
- Be discharged to home.
- Not qualify for skilled nursing facility care.
- Not be receiving hospice services.
- Require assistance with at least two activities of daily living.
- Meet additional high-risk readmission criteria established by the Secretary.

Potential Impact

The eligibility criteria focus the program on beneficiaries with significant medical and functional needs who may be particularly vulnerable to poor nutrition, complications after discharge, and avoidable hospital readmissions.

Medically Tailored Meals and Nutrition Therapy

For qualifying beneficiaries, participating hospitals would be required to provide:

- At least two medically tailored home-delivered meals per day (or a portioned equivalent).
- Meals designed to meet at least two-thirds of daily nutritional requirements.
- Meals tailored to an individual's medical condition, dietary restrictions, allergies, and cultural or religious dietary needs.

Services would initially be provided for at least 12 weeks following discharge and could continue in additional 12-week increments if the beneficiary remains eligible.

Medical Nutrition Therapy

Hospitals would also be required to provide medical nutrition therapy for at least 12 weeks and up to one year in connection with meal delivery. Services would be overseen by qualified clinicians, including physicians, registered dietitians, nutrition professionals, advanced practice nurses, or clinical social workers.

Potential Impact

The proposal combines direct nutritional support with ongoing clinical nutrition counseling, reflecting a broader "food as medicine" approach intended to support disease management following hospitalization.

Payment and Beneficiary Cost-Sharing

The Secretary would determine payment methodologies and rates for participating hospitals, taking into account payment levels used by other payers for similar nutrition services.

Beneficiaries receiving services through the pilot would not be subject to:

- Deductibles;
- Copayments;
- Coinsurance; or
- Other Medicare cost-sharing requirements.

Budget Neutrality Requirement

The bill requires the program to be budget neutral. To offset pilot costs, the Secretary would reduce payments to inpatient prospective payment system hospitals in an amount estimated to equal total annual program expenditures.

Program Evaluation and Reporting

The Secretary would be required to conduct both intermediate and final evaluations of the pilot. Evaluations would examine:

- Hospital readmissions.
- Use of post-acute care services.
- Medicare Part A spending.
- Clinical health outcomes.
- Total cost of care.
- Patient and caregiver experiences.
- Whether payments adequately covered hospital costs.
- Comparisons between participating beneficiaries and similar non-participants.

The legislation requires:

- An intermediate report to Congress three years after implementation.
- A final report eight years after implementation.

Key Takeaway

The Medically Tailored Home-Delivered Meals Program Pilot Act would establish a Medicare Part A demonstration program testing whether medically tailored meals and nutrition therapy can improve outcomes and reduce readmissions among high-risk beneficiaries following hospital discharge. The pilot would provide nutrition-focused services through participating hospitals, require extensive outcome evaluation, and operate under a budget-neutral financing structure. The proposal reflects growing congressional interest in incorporating nutrition interventions into care management strategies for beneficiaries with complex chronic conditions.