To amend title XVIII of the Social Security Act to establish a Medically Tailored Home-Delivered Meals Demonstration 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 HOUSE OF REPRESENTATIVES

Mr. McGOVERN introduced the following bill; which was referred to the Committee on __________________________

A BILL

To amend title XVIII of the Social Security Act to establish a Medically Tailored Home-Delivered Meals Demonstration 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,
SECTION 1. SHORT TITLE.
This Act may be cited as the “Medically Tailored Home-Delivered Meals Demonstration Pilot Act”.

SEC. 2. MEDICALLY TAILORED HOME-DELIVERED MEALS DEMONSTRATION PROGRAM.

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

“SEC. 1866H. MEDICALLY TAILORED HOME-DELIVERED MEALS DEMONSTRATION PROGRAM.

“(a) ESTABLISHMENT.—For the 4-year period beginning not later than 30 months after the date of the enactment of this section, the Secretary shall conduct, in accordance with the provisions of this section, a Medically Tailored Home-Delivered Meals Demonstration Program (in this section referred to as the ‘Program’) to test a payment and service delivery model under which selected hospitals provide medically tailored home-delivered meals under part A of this title to qualified individuals, with respect to such hospitals, to improve clinical health outcomes and reduce the rate of readmissions of such individuals.

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

“(1) SELECTED HOSPITALS.—Under the Program, the Secretary shall, not later than January 1, 2024, select to participate in the Program at least
20 eligible hospitals across all geographic regions, with consideration given to eligible hospitals located in rural areas and other underserved communities, that the Secretary determines have the capacity to satisfy the requirements described in subsection (c).

In this section, each such eligible hospital so selected shall be referred to as a ‘selected hospital’.

“(2) ELIGIBLE HOSPITALS.—For purposes of this section, the term ‘eligible hospital’ means a subsection (d) hospital (as defined in section 1886(d)(1)(B)) that—

“(A) submits to the Secretary an application, at such time and in such form and manner as specified by the Secretary, that contains—

“(i) an attestation (in such form and manner as specified by the Secretary) that such hospital has the ability, or has in effect an arrangement with a provider of services, supplier, or other entity with at least 1 year of experience in furnishing medically tailored home-delivered meals that has the ability, to comply with the requirements described in subsection (c); and

“(ii) such other information as the Secretary may require;
“(B) has, for the 2 most recent fiscal years ending prior to the date of selection by the Secretary under paragraph (1), averaged at least 3 stars for the overall hospital quality star rating on the Internet website of the Centers for Medicare & Medicaid Services (including Care Compare or a successor website); and

“(C) is not, as of the date of selection by the Secretary under paragraph (1), subject to—

“(i) the requirement to return any overpayment pursuant to section 1128J(d); or

“(ii) any activity described in section 1893(b) (relating to Medicare integrity program actions).

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

“(1) STAFFING.—The selected hospital shall provide (including through an arrangement described in subsection (b)(2)(A)(i)), for the duration of the participation of the hospital under the Program, a physician, registered dietitian or nutrition professional, or clinical social worker to carry out the screening and re-screening pursuant to para-
graph (2), and medical nutrition therapy pursuant to paragraph (3)(B).

“(2) SCREENING AND RE-SCREENING.—The selected hospital (including through an arrangement described in subsection (b)(2)(A)(i)) shall—

“(A) as part of the discharge planning process described in section 1861(ee), screen individuals that are inpatients of such selected hospital with validated screening tools (as developed by the Secretary) to determine whether such individuals are qualified individuals; and

“(B) in the case of an individual determined pursuant to subparagraph (A) or this subparagraph to be a qualified individual, re-screen such individual with validated screening tools (as determined by the Secretary) every 12 weeks after such determination occurring during the participation of the hospital under the Program to determine whether such individual continues to be a qualified individual.

“(3) PROVIDING MEDICALLY TAILORED HOME-DELIVERED MEALS AND MEDICAL NUTRITION THERAPY.—In the case of an individual that is determined by the selected hospital pursuant to paragraph (2) to be a qualified individual, the selected
hospital (including through an arrangement described in subsection (b)(2)(A)(i)) shall with respect to the period during which such hospital is participating in the Program—

“(A) provide, for each day during a period of at least 12 weeks, for the preparation and delivery to such individual of at least 2 medically tailored home-delivered meals (or a portioned equivalent) that meet at least two-thirds of the daily nutritional needs of the qualified individual; and

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

“(4) DATA SUBMISSION. — The selected hospital shall submit to the Secretary data, in such form, manner, and frequency as designated by the Secretary, so that the Secretary may determine the affect of the Program with respect to the factors described in subsection (e)(2)(B).

“(5) ADDITIONAL REQUIREMENTS. — The selected hospital shall satisfy such additional requirements as may be specified by the Secretary.

“(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.

“(2) COST-SHARING.—Items and services for which payment may be made under the Program shall be provided without application of any deductible, copayment, coinsurance, or other cost-sharing under this title.

“(e) EVALUATIONS.—

“(1) ASSESSING CLINICAL HEALTH OUTCOMES.—The Secretary shall assess the clinical health outcomes of each individual who is determined by a selected hospital pursuant to subsection (e)(2) to be a qualified individual for a period of at least 12 weeks and not more than 1 year after the date on which such individual is so determined under subparagraph (A) of such subsection.

“(2) INTERMEDIATE AND FINAL EVALUATIONS.—The Secretary shall conduct an intermediate and final evaluation of the Program. Each such evaluation shall—

“(A) based on the assessments conducted under paragraph (1), with respect to individuals determined to be qualified individuals and the
periods for which such assessments are so conducted, determine—

“(i) the number of inpatient admissions of such individuals;

“(ii) the number of admissions to skilled nursing facilities of such individuals; and

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

“(B) determine the extent to which the Program has—

“(i) improved clinical health outcomes, as defined by the Secretary;

“(ii) reduced the cost of care under part A (including costs associated with readmission as defined in section 1886(q)(5)(E)); and

“(iii) increased patient satisfaction, as defined by the Secretary; and

“(C) specify the form, manner, and amounts of payments made under the Program pursuant to subsection (d)(1) and the effectiveness of such payment form, manner, and amounts.
“(3) REPORTS.—The Secretary shall submit to Congress—

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

“(B) not later than 6 years after such date of implementation, a report with respect to the final evaluation under such paragraph.

“(f) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as are necessary to carry out this section.

“(g) DEFINITIONS.—In this section:

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

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

“(3) QUALIFIED INDIVIDUAL.—The term ‘qualified individual’ means an individual, with respect to a selected hospital, who—
“(A) is entitled to benefits under part A;

“(B) has a diet-impacted disease (such as kidney disease, congestive heart failure, diabe-
tes, chronic obstructive pulmonary disease, or any other disease the Secretary determines ap-
propriate); and

“(C) at the time of discharge from such hospital—

“(i) lives at home;

“(ii) is not eligible for—

“(I) extended care services (as defined in section 1861(h));

“(II) post-hospital extended care services (as defined in section 1861(i)); or

“(III) post-institutional home health services (as defined in section 1861(tt));

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

“(iv) is certified by a physician at the time of discharge to be limited with respect to at least 2 of the activities of daily living (as described in section 7702B(e)(2)(B) of the Internal Revenue Code of 1986); and
“(v) meets any other criteria for high-risk of readmission (as determined by the Secretary).

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