

118TH CONGRESS
1ST SESSION

H. R. 6780

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

DECEMBER 14, 2023

Mr. MCGOVERN (for himself, Ms. MALLIOTAKIS, Ms. PINGREE, Mr. EVANS, and Mr. FITZPATRICK) introduced the following bill; which was referred to the Committee on Ways and Means

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,*

3 **SECTION 1. SHORT TITLE.**

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

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

8 “(a) ESTABLISHMENT.—For the 4-year period begin-
9 ning not later than 30 months after the date of the enact-
10 ment of this section, the Secretary shall conduct, in ac-
11 cordance with the provisions of this section, a Medically
12 Tailored Home-Delivered Meals Demonstration Program
13 (in this section referred to as the ‘Program’) to test a pay-
14 ment and service delivery model under which selected hos-
15 pitals provide medically tailored home-delivered meals
16 under part A of this title to qualified individuals, with re-
17 spect to such hospitals, to improve clinical health outcomes
18 and reduce the rate of readmissions of such individuals.

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

21 “(1) SELECTED HOSPITALS.—Under the Pro-
22 gram, the Secretary shall, not later than January 1,
23 2024, select to participate in the Program at least
24 20 eligible hospitals across all geographic regions,
25 with consideration given to eligible hospitals located
26 in rural areas and other underserved communities,

1 that the Secretary determines have the capacity to
2 satisfy the requirements described in subsection (c).
3 In this section, each such eligible hospital so selected
4 shall be referred to as a ‘selected hospital’.

5 “(2) ELIGIBLE HOSPITALS.—For purposes of
6 this section, the term ‘eligible hospital’ means a sub-
7 section (d) hospital (as defined in section
8 1886(d)(1)(B)) that—

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

12 “(i) an attestation (in such form and
13 manner as specified by the Secretary) that
14 such hospital has the ability, or has in ef-
15 fect an arrangement with a provider of
16 services, supplier, or other entity with at
17 least 1 year of experience in furnishing
18 medically tailored home-delivered meals
19 that has the ability, to comply with the re-
20 quirements described in subsection (c); and

21 “(ii) such other information as the
22 Secretary may require;

23 “(B) has, for the 2 most recent fiscal years
24 ending prior to the date of selection by the Sec-
25 retary under paragraph (1), averaged at least 3

1 stars for the overall hospital quality star rating
2 on the Internet website of the Centers for Medi-
3 care & Medicaid Services (including Care Com-
4 pare or a successor website); and

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

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

10 “(ii) any activity described in section
11 1893(b) (relating to Medicare integrity
12 program actions).

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

16 “(1) STAFFING.—The selected hospital shall
17 provide (including through an arrangement de-
18 scribed in subsection (b)(2)(A)(i)), for the duration
19 of the participation of the hospital under the Pro-
20 gram, a physician, registered dietitian or nutrition
21 professional, or clinical social worker to carry out
22 the screening and re-screening pursuant to para-
23 graph (2), and medical nutrition therapy pursuant
24 to paragraph (3)(B).

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

4 “(A) as part of the discharge planning
5 process described in section 1861(ee), screen in-
6 dividuals that are inpatients of such selected
7 hospital with validated screening tools (as devel-
8 oped by the Secretary) to determine whether
9 such individuals are qualified individuals; and

10 “(B) in the case of an individual deter-
11 mined pursuant to subparagraph (A) or this
12 subparagraph to be a qualified individual, re-
13 screen such individual with validated screening
14 tools (as determined by the Secretary) every 12
15 weeks after such determination occurring dur-
16 ing the participation of the hospital under the
17 Program to determine whether such individual
18 continues to be a qualified individual.

19 “(3) PROVIDING MEDICALLY TAILORED HOME-
20 DELIVERED MEALS AND MEDICAL NUTRITION THER-
21 APY.—In the case of an individual that is deter-
22 mined by the selected hospital pursuant to para-
23 graph (2) to be a qualified individual, the selected
24 hospital (including through an arrangement de-
25 scribed in subsection (b)(2)(A)(i)) shall with respect

1 to the period during which such hospital is partici-
2 pating in the Program—

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

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

14 “(4) DATA SUBMISSION.—The selected hospital
15 shall submit to the Secretary data, in such form,
16 manner, and frequency as designated by the Sec-
17 retary, so that the Secretary may determine the af-
18 fect of the Program with respect to the factors de-
19 scribed in subsection (e)(2)(B).

20 “(5) ADDITIONAL REQUIREMENTS.—The se-
21 lected hospital shall satisfy such additional require-
22 ments as may be specified by the Secretary.

23 “(d) PAYMENT; COST-SHARING.—

1 “(1) PAYMENT.—The Secretary shall determine
2 the form, manner, and amount of payment to be
3 provided to a selected hospital under the Program.

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

9 “(e) EVALUATIONS.—

10 “(1) ASSESSING CLINICAL HEALTH OUT-
11 COMES.—The Secretary shall assess the clinical
12 health outcomes of each individual who is deter-
13 mined by a selected hospital pursuant to subsection
14 (c)(2) to be a qualified individual for a period of at
15 least 12 weeks and not more than 1 year after the
16 date on which such individual is so determined
17 under subparagraph (A) of such subsection.

18 “(2) INTERMEDIATE AND FINAL EVALUA-
19 TIONS.—The Secretary shall conduct an inter-
20 mediate and final evaluation of the Program. Each
21 such evaluation shall—

22 “(A) based on the assessments conducted
23 under paragraph (1), with respect to individuals
24 determined to be qualified individuals and the

1 periods for which such assessments are so con-
2 ducted, determine—

3 “(i) the number of inpatient admis-
4 sions of such individuals;

5 “(ii) the number of admissions to
6 skilled nursing facilities of such individ-
7 uals; and

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

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

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

14 “(ii) reduced the cost of care under
15 part A (including costs associated with re-
16 admission as defined in section
17 1886(q)(5)(E)); and

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

20 “(C) specify the form, manner, and
21 amounts of payments made under the Program
22 pursuant to subsection (d)(1) and the effective-
23 ness of such payment form, manner, and
24 amounts.

1 “(3) REPORTS.—The Secretary shall submit to
2 Congress—

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

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

10 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
11 are authorized to be appropriated such sums as are nec-
12 essary to carry out this section.

13 “(g) DEFINITIONS.—In this section:

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

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

23 “(3) QUALIFIED INDIVIDUAL.—The term ‘quali-
24 fied individual’ means an individual, with respect to
25 a selected hospital, who—

1 “(A) is entitled to benefits under part A;

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

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

9 “(i) lives at home;

10 “(ii) is not eligible for—

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

13 “(II) post-hospital extended care
14 services (as defined in section
15 1861(i)); or

16 “(III) post-institutional home
17 health services (as defined in section
18 1861(tt));

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

21 “(iv) is certified by a physician at the
22 time of discharge to be limited with respect
23 to at least 2 of the activities of daily living
24 (as described in section 7702B(c)(2)(B) of
25 the Internal Revenue Code of 1986); and

1 “(v) meets any other criteria for high-
2 risk of readmission (as determined by the
3 Secretary).

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

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