

118TH CONGRESS
1ST SESSION

S. 2133

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 SENATE OF THE UNITED STATES

JUNE 22, 2023

Ms. STABENOW (for herself, Mr. MARSHALL, Mr. BOOKER, and Mr. CASSIDY) introduced the following bill; which was read twice and referred to the Committee on Finance

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 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 is under
15 an arrangement with a provider of services,
16 supplier, or other entity that has the abil-
17 ity, to comply with the requirements de-
18 scribed in subsection (c); and

19 “(ii) such other information as the
20 Secretary may require;

21 “(B) has, for the 2 most recent fiscal years
22 ending prior to the date of selection by the Sec-
23 retary under paragraph (1), averaged at least 3
24 stars for the overall hospital quality star rating
25 on the internet website of the Centers for Medi-

1 care & Medicaid Services (including Care Com-
2 pare or a successor website); and

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

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

7 or

8 “(ii) any activity described in section
9 1893(b) (relating to Medicare integrity
10 program actions).

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

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

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

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

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

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

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

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

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

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

21 “(d) PAYMENT; COST-SHARING.—

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

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

6 “(e) EVALUATIONS.—

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

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

19 “(A) based on the assessments conducted
20 under paragraph (1), with respect to individuals
21 determined to be qualified individuals and the
22 periods for which such assessments are so con-
23 ducted, determine—

24 “(i) the number of inpatient admis-
25 sions of such individuals;

1 “(ii) the number of admissions to
2 skilled nursing facilities of such individ-
3 uals; and

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

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

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

10 “(ii) reduced the cost of care under
11 part A (including costs associated with re-
12 admission as defined in section
13 1886(q)(5)(E)); and

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

16 “(C) specify the form, manner, and
17 amounts of payments made under the Program
18 pursuant to subsection (d)(1) and the effective-
19 ness of such payment form, manner, and
20 amounts.

21 “(3) REPORTS.—The Secretary shall submit to
22 Congress—

23 “(A) not later than 3 years after the date
24 of implementation of the Program, a report

1 with respect to the intermediate evaluation
2 under paragraph (2); and

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

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

9 “(g) DEFINITIONS.—In this section:

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

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

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

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

23 “(B) has a diet-impacted disease (such as
24 kidney disease, congestive heart failure, diabe-
25 tes, chronic obstructive pulmonary disease, or

1 any other disease the Secretary determines ap-
2 propriate); and

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

5 “(i) lives at home;

6 “(ii) is not eligible for—

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

9 “(II) post-hospital extended care
10 services (as defined in section
11 1861(i));

12 “(III) home health services (as
13 defined in section 1861(m)); or

14 “(IV) post-institutional home
15 health services (as defined in section
16 1861(tt));

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

19 “(iv) is certified by a physician at the
20 time of discharge to be limited with respect
21 to at least 2 of the activities of daily living
22 (as described in section 7702B(c)(2)(B) of
23 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).”.

○