

Chairman Smith and Ranking Member Neal—

Thank you for the opportunity to testify today on a few of my priorities before the House Committee on Ways and Means.

As this committee knows, ending hunger and improving access to nutritious food has been the cause of my career. Last Congress, this esteemed committee favorably reported the bipartisan, bicameral Medically Tailored Home Delivered Meals Demonstration Act, which I authored with our colleagues Congresswoman Nicole Malliotakis (R-NY), Dwight Evans (D-PA), Brian Fitzpatrick (R-PA), and Chellie Pingree (D-ME). It was an important step toward prioritizing this innovative solution to patient care – a solution that can both save lives and save money.

Our bipartisan bill would establish a Medicare pilot program to deliver medically tailored meals (MTMs)— nutritious meals designed by Registered Dietitian Nutritionists tailored to the specific medical needs of an individual living with a diet-affected disease like diabetes or congestive heart failure.

Numerous studies have demonstrated the tremendous cost savings associated with MTMs. They are a proven intervention that reduces emergency room visits and reduces in-patient hospital and skilled nursing facility admissions. Recent research has demonstrated that if all eligible patients received access to MTMs, in just the first year of service almost 1.5 million hospitalizations could be avoided and over \$13 billion saved.¹

Because of the bipartisan work that has gone into this bill, there is now more bipartisan support on the Hill than ever for the concept of incorporating MTMs in our health care programs. A similar bipartisan effort, championed by Senators Cory Booker (D-NJ), Roger Marshall (R-KS), and Bill Cassidy (R-LA), is being undertaken in the Senate on a companion bill. But we have the opportunity here in the House to move this bill first.

I am grateful for the support Health Subcommittee Chairman Vern Buchanan has given to piloting coverage for MTMs in Medicare, and for our continued partnership on advancing the goals of Food is Medicine.

I request that the committee mark-up and send to the House floor for a vote the bipartisan, bicameral Medically Tailored Home Delivered Meals Demonstration Act. It is a concrete – and incredibly important – step this committee can take to promote healthy living and lower health care costs.

¹ Food is Medicine Coalition support letter https://fimc.stg.limusdesign.com/wp-content/uploads/2024/03/2024_FIMC_MTM_Demonstration_Support_Letter.pdf

Additionally, I plan to re-introduce the Medical Nutrition Equity Act, a bill that expands coverage under Medicare, Medicaid, other specified federal health care programs, and private health insurance to include food, vitamins, and individual amino acids that are medically necessary for the management of certain digestive and metabolic disorders and conditions. In the 118th Congress, I proudly co-lead the Medical Nutrition Equity Act with Congressman John Rutherford (R-FL). Our bicameral bill garnered 17 bipartisan cosponsors in the House.

Medically necessary nutrition for the management of Crohn's disease is routinely denied by insurance companies, while more costly treatments that put people at risk of medical complications are approved. All states have mandated testing for inherited metabolic disorders so, as a result, approximately 2,000 infants every year are diagnosed with one. And yet, treatment of these disorders is uncovered and unavailable for far too many. For many of the covered disorders, the legislation simply establishes treatment parity.

In December 2016, Congress passed improved coverage for medical nutrition for military families enrolled in TRICARE as a part of the National Defense Authorization Act. Our bill expands coverage to include patients covered under Medicaid, the Children's Health Insurance Program (CHIP), Medicare, the Federal Employee Health Benefit Program, and private insurance. It is narrowly written to focus on individuals for whom medically necessary nutrition is the treatment for their diseases. I respectfully urge you to include the Medical Nutrition Equity Act in a hearing so that the House may pass this important legislation during the 119th Congress.

Lastly, I'd like to bring to your attention a bill to amend title XVIII of the Social Security Act to provide coverage for wigs as durable medical equipment under the Medicare program, which I plan on re-introducing in the 119th Congress. I have previously introduced this bill with Congresswoman Ayanna Pressley (D-MA). Senator Richard Blumenthal (D-CT) is the lead sponsor of this bill in the Senate.

Many patients who suffer from a variety of diseases, including cancer, live with medical hair loss as a result of medically necessary treatment. Additionally, alopecia areata, an autoimmune skin disease with no known cause or cure that causes hair loss, affects approximately 6.8 million Americans. Our bill would increase access to cranial prosthetics for patients with medical hair loss, including those with cancer and alopecia areata. This bill is a simple change that will grant those in need access to this important treatment option.

I have proudly been the lead sponsor of this bicameral, bipartisan bill since the 115th Congress. I respectfully urge you to consider this bill before the House Ways and Means Committee so that the House may pass this bill during the 119th Congress.

Thank you for your consideration of these requests and this opportunity to testify.