



January 26, 2026

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, Maryland 21244

Re: CMS-4212-P, Contract Year 2027 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, and Medicare Cost Plan Program Proposed Rule

Dear Administrator Oz,

On behalf of the National Alliance to Impact Social Determinants of Health (NASDOH), we appreciate the opportunity to provide comments on the calendar year (CY) 2027 Policy and Technical Changes to the Medicare Advantage (MA) Program, Medicare Prescription Drug Benefit Program, and Medicare Cost Plan Program proposed rule.

Founded in 2018 by Governor Mike Leavitt and Dr. Karen DeSalvo, NASDOH is a multi-sector coalition of stakeholders seeking to make a material improvement in the health of individuals and communities by advancing the adoption of effective policies and programs to address health-related social needs (HRSNs) – such as food insecurity, housing instability, and transportation insecurity – as well as the underlying social and economic conditions in which people live that are often the root causes of poor health outcomes (non-medical drivers). NASDOH brings together stakeholders from different geographic regions with expertise in health care, public health, social services, patient and consumer perspectives, information technology, and business to share learnings, develop policy recommendations, and build consensus on solutions to support health. Our website lists all the NASDOH [members](#).

Request for Information on Future Directions in Medicare Advantage (Risk Adjustment, Quality Bonus Payments, and Well-Being and Nutrition)

CMS seeks comments on tools and policies that improve overall health, happiness, and satisfaction in life that could include aspects of emotional well-being, social connections, purpose, and fulfillment.

NASDOH appreciates that CMS is considering ways that the Medicare Advantage program can bring high-value interventions designed to support overall well-being and nutrition to patients. NASDOH agrees with CMS that a comprehensive approach is needed to prevent and address chronic disease and other potential health issues and encourages CMS to consider the root causes of poor health within potential interventions for wellbeing and nutrition.

The ability of individuals and families to lead healthy lives is influenced by a multitude of factors. Beyond the more commonly recognized factors such as access to medical care are the upstream drivers , including access to healthier foods, eating habits, exercise, reliable transportation, educational

attainment, and tobacco use.¹ In fact, research from the Population Health Institute has found that medical care is estimated to account for only 10-20 percent of the modifiable contributors to healthy outcomes, with the other 80-90 percent contributed by non-medical drivers of health, such as health-related behaviors, socioeconomic factors, and environmental factors.² NASDOH offers the following comments for CMS' consideration:

1) Importance of considering food insecurity in addition to improving nutrition

High-quality nutrition plays a key role in promoting whole-person health and well-being. Food insecurity leads to consumption of calorie-dense foods with low nutritional value. For many older adults who live on limited budgets, they may be eating food that is lower in nutrition content due to cost. These diets are associated with increased risk for multiple chronic health conditions, including obesity, heart disease, mental health disorders, and other chronic diseases.³ **For this reason, it is critical to consider food insecurity, in addition to nutritional quality, within efforts to improve overall health.** Evidence supports that food delivery benefits for the food insecure, paired with nutritional education, both improve health outcomes (including reduced BMI and incidence of obesity) and reduces per-beneficiary spending.⁴

2) Moving evidence-based MA supplemental benefits to primarily health related benefits

Medicare Advantage currently allows plans to provide supplemental benefits to address some of the root causes of health in order to improve health outcomes of seniors. Through supplemental benefits for the chronically ill (SSBCI), MA plans have provided seniors grocery assistance, non-medical transportation, home modifications, pest control, and in-home support services to help enrollees with activities such as dressing, eating, and housework. In 2023, the most common SSBCI offerings were groceries, meals delivered at home or in a congregate setting, general supports for living, and transportation for non-medical needs. These MA supplemental benefits are critical to supporting the health outcomes of seniors and provide a model for how health care and social services can work together to support the health and wellbeing of all Americans. However, many of these benefits are limited to people with specific chronic conditions, which misses an opportunity to prevent development of chronic disease for seniors who lack financial resources for services and supports that prevent chronic conditions. Broadening eligibility for these MA benefits is an efficient way to keep more beneficiaries healthy and reduce the number of seniors who progress into the costly chronically ill population.

There are tools such as the Nutrition Security Screener⁵ that measure nutrition insecurity. We recommend that MA plans provide access to affordable, nutritious foods for beneficiaries who screen positive on the nutrition insecurity tool. There is robust evidence that Food as Medicine programs along the continuum (produce prescriptions, grocery vouchers, pantry stocking, and medically tailored meals, etc.), reduce medical costs and improve beneficiary's ability to lead health lives.

¹ DeSalvo, K. B., & Leavitt, M. O. (2019, July 8). For An Option To Address Social Determinants Of Health, Look To Medicaid. *Health Affairs*. <https://www.healthaffairs.org/do/10.1377/forefront.20190701.764626/full/>.

² [https://www.ajmonline.org/article/S0749-3797\(15\)00514-0/abstract](https://www.ajmonline.org/article/S0749-3797(15)00514-0/abstract)

³ [Food insecurity is associated with multiple chronic conditions and physical health status among older US adults - PMC](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC)

⁴ <https://catalyst.nejm.org/doi/full/10.1056/CAT.22.0351>

⁵ https://tuftsfoodismedicine.org/wp-content/uploads/2025/07/NSS_Tufts-FIM-web_v5_FULL.pdf

NASDOH encourages CMS to develop a mechanism by which evidence-based MA supplemental benefits can be provided as primarily health related benefits. For example, CMS could use current SSBCI evidence submission requirements, along with evaluations from wellness and lifestyle benefits offered in the upcoming MAHA ELEVATE model, to determine whether and how certain SSBCIs could meet the definition of primarily health related benefits in future years. CMS could also utilize the annual Medicare Advantage and Part D rules to gather data and propose certain SSBCIs, such as Food is Medicine interventions, be considered a primarily health related benefit in future years. Offering these evidence-based benefits as a primarily health related benefit would allow a greater number of seniors in MA to access appropriate and medically necessary benefits to improve their health. This approach supports prevention by expanding access before disease develops, rather than only providing supplemental benefits after a senior has developed certain chronic conditions.

3) Creating a publicly available evidence repository

Additionally, **NASDOH recommends that CMS establish and maintain a public repository of evidence-based food and nutrition benefits and other SSBCIs, to include research, analysis, and evaluations related to cost and health impacts of different approaches – along with operational considerations.** An evidence repository could partially replace the need for MA plans to duplicate efforts in submission of evidence documentation and would encourage MA plans to provide these evidence-based benefits. Additionally, a repository of evidence-based SSBCIs could be utilized by CMS to determine whether and how certain SSBCIs should be considered primarily health related benefits in the future.

Conclusion

NASDOH appreciates the opportunity to provide feedback on improvements to the Medicare Advantage program to promote patient well-being and nutrition. For additional information on the evidence base for addressing upstream drivers of health to improve well-being, the Social Interventions Research and Evaluations Network (SIREN), a strategic partners of NASDOH, maintains an [evidence and resource library](#) of interventions. While there is significant and growing research on the associations between the upstream drivers of health and health outcomes, the collection of data on MA supplemental benefits can also be utilized to better understand the impact of certain benefits.

For more information on NASDOH and our members, please visit our website at www.nasdoh.org. Should you have any questions or wish to discuss our comments further, please contact Laura Pence at Laura.Pence@LeavittPartners.com.

Sincerely,

Laura Pence

Laura Pence
Advisor to NASDOH