November 10, 2026

Healthcare Advisory Committee
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, Maryland 21244

Re: Healthcare Advisory Committee Recommendations on Food is Medicine

Dear Healthcare Advisory Committee Members,

The National Alliance to Impact Social Determinants of Health (NASDOH) appreciates the opportunity to provide comments following the November 9 meeting of the Healthcare Advisory Committee (HAC).

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 upstream drivers of health, such as food insecurity, housing instability, interpersonal safety, and transportation insecurity. 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.

NASDOH supports the Committee's focus on Food is Medicine (FIM) as a strategy to prevent and manage diet-related disease and improve care for patients. NASDOH has also encouraged CMS to support coverage of and access to evidence-based FIM interventions, including nutrition counseling, medically tailored meals, produce prescriptions, and partnerships with community organizations providing nutrition services.

Clarify Medicaid coverage pathways for Food is Medicine interventions

NASDOH supports HAC's recommendation that CMS issue guidance clarifying how evidence-based FIM interventions may qualify as Medicaid Authorizable Populations and Services (MAPS) under the revised Section 1115 budget-neutrality framework when furnished to enrollees with a diet-related condition or documented clinical nutrition need. NASDOH also supports the recommendation for CMS to affirm the full range of existing Medicaid pathways states may use to provide FIM interventions, including In Lieu of Services (ILOS), managed care contracting, Sections 1115 and 1915 authorities, and state plan amendments. These pathways are important tools for states seeking to address food and nutrition needs and other HRSNs to improve health outcomes. CMS guidance should make clear that states may select among these authorities based on the population, intervention, delivery system, and evidence supporting the service.

Preserve flexibility to build the Food is Medicine evidence base

NASDOH also appreciates that HAC notes that CMS guidance should be broad enough for states to pilot and evaluate FIM interventions where the evidence is still developing, so that CMS and states can learn

which interventions merit broader coverage. NASDOH agrees with this recommendation. This flexibility is important to determining which interventions are effective, for which populations, and under what circumstances. Coupling state flexibility with appropriate evaluation of clinical outcomes, utilization, and costs would allow states to innovate while helping CMS identify interventions that merit broader adoption and coverage.

Advance Food is Medicine in Medicare and Medicare Advantage

NASDOH also supports HAC's recommendations related to strengthening pathways for clinically appropriate FIM interventions in Medicare and Medicare Advantage (MA).

MA already provides a foundation for addressing nutrition needs through supplemental benefits, including Special Supplemental Benefits for the Chronically Ill. CMS should continue to provide plans flexibility to offer evidence-based nutrition interventions and consider additional pathways for interventions that demonstrate meaningful improvements in beneficiary health.

The CMS Innovation Center can complement these efforts by testing nutrition-focused interventions across Medicare and Medicaid. NASDOH has supported efforts to test payment approaches incorporating nutrition interventions and health-related social services. Future CMMI models should consider clinically targeted FIM interventions where appropriate and evaluate their effect on health outcomes, utilization, and total cost of care.

Strengthen coordination with federal nutrition programs

Finally, NASDOH supports HAC's recommendation related to CMS and the U.S. Department of Agriculture issuing joint guidance supporting coordination between Medicaid and Medicare and federal nutrition programs, including SNAP, WIC, school meals, and Summer EBT that address food insecurity. Food and nutrition insecurity[1] are associated with increased risk for multiple chronic health conditions, including diabetes, obesity, heart disease, mental health disorders, and other chronic diseases. Ensuring individuals and families experiencing food and nutrition insecurity are enrolled in and utilizing these programs can improve health outcomes.

Conclusion

NASDOH appreciates the Healthcare Advisory Committee's attention to Food is Medicine and supports the Committee's recommendations to CMS to:

- Clarify that evidence-based FIM interventions may qualify as MAPS when tied to an enrollee's documented clinical nutrition need;
- Affirm existing Medicaid pathways, including ILOS, managed care contracting, and Sections 1115 and 1915 authorities;
- Preserve state flexibility to test and rigorously evaluate promising interventions;
- Expand pathways for evidence-based FIM interventions through Medicare, Medicare Advantage, and CMMI; and

[1] Food security means having access to enough food for an active, healthy life. Nutrition security means consistent access, availability, and affordability of foods and beverages that promote well-being, prevent disease, and, if needed, treat disease.

- Work with USDA to strengthen connections between clinically identified nutrition needs and federal nutrition programs.

Thank you for your consideration. NASDOH welcomes the opportunity to serve as a resource to the Healthcare Advisory Committee as well as CMS as this work progresses.

Sincerely,

Laura Pence

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Advisor to NASDOH