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# Presidential Advisory Council on **HIV/AIDS**

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May 25, 2016

The Honorable Sylvia Burwell  
Secretary Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Madame Secretary:

Thank you for your continued support and leadership in the fight against HIV. In this letter, the President's Advisory Council on HIV/AIDS (PACHA) advocates for adoption of policies that will help our country meet the goals of the National HIV/AIDS Strategy, including reducing HIV incidence and HIV-related health disparities, and increasing access to care and optimizing health outcomes.

Researchers, medical providers, policymakers, and advocates increasingly recognize the importance of social determinants of health (SDH) such as food security, housing status, education, and income, in determining health outcomes.<sup>i</sup> Recently, PACHA heard from experts in research, policy, and provision of services about the impact of food and nutrition services (FNS) on health outcomes and healthcare costs for people living with HIV. There is compelling evidence that provision of medically-tailored meals and food (that are designed by a registered dietitian to meet the health needs of an individual with HIV and other comorbidities) reduces the number and length of hospitalizations, increases the likelihood that someone can be discharged from the hospital to their home instead of to an acute care facility, and significantly reduces health care costs.<sup>ii</sup> Effective use of FNS has been shown to improve retention in care, treatment adherence, and overall health outcomes.<sup>iii</sup> We urge the Department of Health & Human Services to take the following steps:

- (1) **Expand coverage of medically-tailored meals and food in Medicare for people with chronic illness.** The provision of medically-tailored meals or medically-tailored food has enormous potential to help improve health outcomes and reduce costs in an elderly population with chronic illness, including HIV/AIDS. We assert that such meals or food items should be a covered Medicare benefit upon diagnosis of a chronic illness such as HIV and prescription by a medical provider. While some Medicare programs currently cover

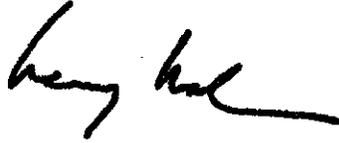
meals, access to this benefit is extremely limited. In general, Medicare does not cover medically-tailored meals or food under Parts A and B. Under Part C (Medicare Advantage), plan carriers can choose to offer meals as a benefit to individuals for a short period of time under limited circumstances. Some Medicare Special Needs Plans (SNPs) cover meals, but these plans are not available in all areas to individuals who would meet the eligibility criteria. Action by CMS is necessary to expand these benefits so that all Medicare enrollees who meet the qualifying medical profile can receive them.

- (2) **Provide guidance to states on coverage of medically-tailored meals and medically-tailored food in Medicaid.** We urge the Secretary to direct the Centers for Medicare & Medicaid Services (CMS) to clarify that meals or food can be covered as part of a Home and Community Based Services (HCBS) and Section 1115 Waiver. The populations served by these waivers generally have high health needs and may have one or more chronic conditions. Inclusion of nutritional counseling along with meals and other food items as a covered benefit is both cost-saving and effective in improving outcomes for serious and chronic health conditions. It also addresses food security as a critical SDH in these groups.
- (3) **Urge all CMMI demonstration model funding to include FNS as a component of the model and allow funding to pay for community-based services such as medically-tailored meals and medically-tailored food.** We assert that future demonstration models should test the efficacy of food as medicine by allowing payment for services such as medically-tailored meals and food. While alternative healthcare delivery and funding models developed and administered by the Center for Medicare & Medicaid Innovation (CMMI) increasingly emphasize collaboration between healthcare providers and community-based services that address SDH, very few of these models allow funding to be used to pay for provision of the actual service. In practice, this means that although medical providers may attempt to establish referral relationships with community-based organizations (CBOs) that address SDH, such as food and nutrition service providers, CBOs are often not able to meet the increased demand for services from the provider's patients without a corresponding increase in support.
- (4) **Call on the Health Resources and Services Administration to carefully evaluate the current regulatory regime regarding FNS and to issue a Policy Clarification that supports the maximum utilization of Ryan White HIV/AIDS Program (RW) resources to support FNS,** including nutritional counseling and the provision of medically-tailored meals and other food items for all RW recipients, including rural and urban hard-to-reach populations.

We sincerely appreciate your thoughtful consideration of these requests. We believe that addressing SDH and, in particular, access to nutritious and appropriate food, is critical to achieving the objectives of the National HIV/AIDS Strategy. Expanding coverage of FNS in public insurance is an important part of a responsible strategy for improving short- and long-term

health outcomes for people living with HIV in the United States. PACHA stands ready to assist in ensuring that these requested changes are fully realized.

Best regards,



Nancy Mahon  
Chair  
PACHA

*Enclosure*

CC: Amy Lansky, PhD, MPH, Acting Director, Office of National AIDS Policy  
Anne Reid, MPH, Counselor, Science and Public Health  
Karen DeSalvo, MD, MPH, MSc, Acting Assistant Secretary for Health

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<sup>1</sup> *Social Determinants of Health: Healthy People 2020*, OFFICE OF DISEASE PREVENTION & HEALTH PROMOTION, available at <http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health> (last visited Jan. 22, 2016).

<sup>2</sup> Jill Gurvey et al. *Examining Health Care Costs Among MANNA Clients and a Comparison Group*, 4 JOURNAL OF PRIMARY CARE & COMMUNITY HEALTH 311 (2013).

<sup>3</sup> *Food and Nutrition Services, HIV Medical Care, and Health Outcomes*, C.H.A.I.N. (COMMUNITY HEALTH ADVISORY & INFORMATION NETWORK) FACT SHEET #3, available at [https://www.health.ny.gov/diseases/aids/ending\\_the\\_epidemic/docs/key\\_resources/housing\\_and\\_supportive\\_services/chain\\_factsheet3.pdf](https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/key_resources/housing_and_supportive_services/chain_factsheet3.pdf) (last visited Jan. 22, 2016).