

"Feeding a Healthier America: Current Efforts and Potential Opportunities for Food is
Medicine"

United States Senate Committee on Health, Education, Labor and Pensions
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Chairman Markey, Ranking Member Marshall, and members of the subcommittee: Thank you for the opportunity to testify in this hearing. My name is Jean Terranova, I am the Senior Director of Policy & Research for Community Servings. Our organization was founded in Boston in 1990 by a diverse coalition of activists, faith groups, and community organizations to provide home-delivered meals to individuals living with HIV/AIDS at the height of the crisis. We were founded based on the simple principle, although perhaps revolutionary at the time, that food is medicine and that we can drastically improve health simply by changing an individual's diet. In the last 34 years, Community Servings has grown from a neighborhood to a regional program serving medically tailored meals (MTMs) to thousands of people across Massachusetts and our neighboring states. We have grown to serve diverse populations suffering from critical illnesses like diabetes, cancer, and many others. Over our history, we have delivered over 12 million meals, including over 1.1 million last year. And with our nationwide partners in the Food is Medicine Coalition, we have learned that nutrition plays a crucial role in the healthcare space.

I want to thank the Subcommittee for shining a light on this important issue. Since the 2022 White House Conference on Hunger, Nutrition, and Health, healthcare stakeholders have been paying closer attention to nutrition, and specifically how nutrition can be better integrated into health care delivery. We have great experience with this in Massachusetts; since 2020, our Medicaid program has provided reimbursement for nutrition services through an innovative model funded under an 1115 waiver. Community Servings now maintains contracts with 12 of the 17 Accountable Care Organizations participating in this program. We have been able to achieve this integration because our programs have been rigorously studied, including in a peer-reviewed 2019 study published in JAMA, which I have submitted with my written testimony. That study found, among other benefits, that MTMs helped achieve a 16% net savings on total health care spending due to decreased emergency room visits, hospital admissions, and emergency transportation services. The Aspen Institute has just released its updated FIM Action Plan showing that there are many other studies demonstrating that MTMs can significantly reduce healthcare utilization and costs.

Medically tailored meals are a simple concept but are complicated to implement. At Community Servings, our nutritionists evaluate each client individually for their health and dietary needs, their community access to food, and their ability to provide for themselves. The client is then assigned one or a combination of Community Servings' sixteen meal plans to meet their food preferences and dietary requirements. We provide a week's worth of meals at a time, often for both the client and their family. In addition to the meals, the weekly delivery includes snacks of fresh fruit and yogurt, and a quart of milk. We also provide nutritional education and counseling to those we serve, so that they have the tools to continue on a healthy path once they've moved on. The results are powerful. Chuck, a 66-year-old with diabetes and vascular issues, has lost over fifty pounds and avoided a foot

amputation since receiving a “Cardiac Diabetic” diet from Community Servings. And Janet, a 60-year-old with an autoimmune disease and cancer, credits Community Servings with “tak(ing) an intimidating burden off (her) plate” by providing her with nutritious foods, allowing her to focus entirely on her other health needs.

Our impact goes beyond the patients we serve; food is medicine programs also benefit local food supply chains. Our Local Foods Program intentionally sources as much food as we can from local providers, totaling over 50,000 pounds of local fish, fruit, and vegetables every year.

We have made great strides in increasing access to integrated food with medicine, but more can still be done. Congress should increase research funding through the National Institutes of Health to explore the benefits of MTMs and should seek other avenues to integrate nutritional interventions into programs like Medicare. We thank Chairman Markey and Ranking Member Marshall for their brand new legislation to increase access to food through community health centers and primary care physicians, and we strongly support the bipartisan, bicameral, MTM pilot bill led by Senator Booker and Ranking Member Marshall; we need to be increasing such connections between the health care system and the food system.

Again, I thank the Subcommittee for the opportunity to testify today and welcome any questions you may have.