The Honorable Dr. Mehmet Oz

Administrator, Centers for Medicare & Medicaid Services

U.S. Department of Health and Human Services

7500 Security Boulevard

Baltimore, MD 21244-1850

(Submitted electronically to regulations.gov)

September 12, 2025

**RE:** **Medicare and Medicaid Programs; CY 2026 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; and Medicare Prescription Drug Inflation Rebate Program**

Dear Administrator Oz:

On behalf of Insert your organization, we would like to thank you for this opportunity to provide comments on the proposed rule, “Medicare and Medicaid Programs; CY 2026 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; and Medicare Prescription Drug Inflation Rebate Program” and provide recommendations focused on food is medicine (FIM) interventions.

Insert description of your organization

FIM interventions encompass a spectrum of nutrition services—including medically tailored meals (MTMs), medically tailored groceries (MTGs), and produce prescriptions (PRx)—which are designed to meet patient needs and are integrated into the health care system through referrals from medical providers.[[1]](#endnote-1) We are deeply appreciative of CMS’s leadership over the last decade to explore options to broaden access to evidence-based, FIM interventions in both the Medicaid and Medicare programs. Diet-related chronic health conditions, including [heart disease, cancer and diabetes](https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm) are the leading cause of mortality and morbidity in the United States, contributing to the deaths of nearly 1.5 million people each year and accounting for approximately 85% of our $4.5 trillion in annual health care expenditures.[[2]](#endnote-2) Poor nutrition is a leading, direct determinant of health – and as such, should be appropriately addressed by the health care system, similar to smoking, poor mental health, and substance use. Food is Medicine (FIM) interventions have emerged as an important component of state and federal strategies to address the root causes of chronic disease as well as rising health care costs and other multifaceted priorities.[[3]](#endnote-3)

FIM interventions are distinct from, but complementary to, efforts to support enrollment or participation in federal and state safety net programs as well as programs that address social determinants of health (e.g., housing, education, transportation, social services). FIM directly responds to challenges with accessing and consuming foods that are indicated for conditions, which are a major barrier to population adherence to dietary recommendations. FIM interventions also respond to public demand for participating in programs that provide healthy foods to prevent, manage, and treat many diseases.[[4]](#endnote-4)

For the reasons detailed above, we applaud CMS’s inclusion of a Request for Information (RFI) regarding strategies to improve prevention and management of chronic disease—especially through the provision of MTMs—in the notice of proposed rulemaking for the CY 2026 Physician Fee Schedule.

**Support for the comment submitted by the Food Is Medicine Coalition**

We write to express our support for the comment submitted by the Food Is Medicine Coalition (FIMC) in response to this request for information. We believe that CMS should create separate coding and payment for medically tailored meals (MTMs) as an incident to service. Such a change would both reflect current evidence of impact and address a critical gap in access to medically tailored nutrition in the Medicare program.

We agree with the points raised in FIMC’s submission and believe their comment accurately reflects the concerns and priorities of [stakeholders, communities, or industries you represent or care about]. We respectfully urge the agency to give full consideration to the recommendations outlined in FIMC’s comment.

Thank you for allowing us to provide comments on this important Request for Information. Insert your organization’s contact information and closing here.

Sincerely,

Sign from your organization

1. U.S. Department of Health and Human Services, [Food Is Medicine Landscape Summary](https://odphp.health.gov/sites/default/files/2024-09/Food%20Is%20Medicine%20Landscape%20Summary%20FINAL%20508.pdf) (Sept. 2024); Kurt Hager et al., Aspen Institute, [Food is Medicine Research Action Plan](https://aspenfood.org/wp-content/uploads/2024/04/Food-is-Medicine-Action-Plan-2024-Final.pdf) (2024). [↑](#endnote-ref-1)
2. US Burden of Disease Collaborators, The State of US Health, 1990-2016: Burden of Diseases, Injuries, and Risk Factors Among US States, 319(14) JAMA 1444 (2018), <https://doi.org/10.1001/jama.2018.0158>; United States Government Accountability Office, [Chronic Health Conditions: Federal Strategy Needed to Coordinate Diet-Related Efforts](https://www.gao.gov/assets/d21593.pdf) (Aug. 2021); US Centers for Disease Control and Prevention, [Fast Facts: Health and Economic Costs of Chronic Conditions](https://www.cdc.gov/chronic-disease/data-research/facts-stats/) (July 12, 2024). [↑](#endnote-ref-2)
3. Dariush Mozaffarian et al., “Food is Medicine” Strategies for Nutrition Security and Cardiometabolic Health Equity: JACC State-of-the-Art Review, 83 J. AM. COLL. CARDIOL. 843 (2024), <https://www.jacc.org/doi/10.1016/j.jacc.2023.12.023>. [↑](#endnote-ref-3)
4. Ridberg R, et al.'Food Is Medicine' In The US: A National Survey Of Public Perceptions Of Care, Practices, And Policies. Health Aff (Millwood). 2025 Apr;44(4):398-405. doi: 10.1377/hlthaff.2024.00585. Epub 2025 Mar 12. PMID: 40071742. [↑](#endnote-ref-4)