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MEMORANDUM IN OPPOSITION

FOR IMMEDIATE RELEASE: JANUARY 22, 2021

Re: A.195 (Gottfried) / S.1571 (Rivera) – AN ACT to amend the social services law, in relation to medical assistance coverage for medically tailored meals and medical nutrition therapy for the purpose of disease management

This legislation, A.195/S.1571, would require all Medicaid health insurance plans to cover medically tailored meals and medical nutrition therapies for individuals limited in activities of daily living by one or more chronic condition. While well intentioned, as drafted, A.195/S.1571 would become a costly unfunded mandate if added to an already expansive Medicaid managed care benefit package. For Managed Long Term Care (MLTC), home delivered meals are already part of the benefit package. For mainstream Medicaid managed care (MMC), however, it would be a new – and unfunded – mandate. Unchecked, this will result in increased cost to health plans, consumers and, ultimately, New York State. In light the current deficit in the Medicaid budget and the work the Medicaid Redesign Team is undergoing to examine potential cost controls, we feel adding new services and costs is not prudent at this time.

Plans recognize the importance of healthy food in preventing and improving chronic illnesses and in maintaining good health. MMC plans currently fund a variety of social determinants of health (SDH) value based payment (VBP) arrangements related to food assistance, for which they receive no additional funding. In each case, the arrangements involve multiple provider and community based organization stakeholders working around agreed-upon parameters. To allow any healthcare provider to order medically tailored meals to be purchased and delivered for any chronic illness with no additional coordination or review would not generate savings. On the contrary, at \$20 a day for 30 days (\$600/month), it would exceed the monthly premium to a Medicaid managed care plan for a Temporary Assistance to Needy Families (TANF) adult. Further, to the extent that data shows hospitalizations being longer and more frequent for individuals in need of nutritional assistance, we feel that the discharge planning process should address those needs in order to avoid unnecessary future hospitalizations.

For these reasons, HPA **OPPOSES** A.195/S.1571.

The New York Health Plan Association represents 28 managed care health plans that provide comprehensive health care services to more than 8 million New Yorkers.