

June 23, 2020

Representative James McGovern
U.S. House of Representatives
Washington, DC 20515

Dear Representative McGovern:

On behalf of the American Nutrition Association (ANA), I write in support of HR 6774, which creates an important demonstration project for the provision of medically tailored home-delivered meals in conjunction with medical nutrition therapy. At a time when improved health is more important than ever, this bill recognizes the need for increased access to healthy food as designed by, and nutrition therapy provided by, qualified professionals, such as Certified Nutrition Specialists®.

Background

The ANA's Board for Certification of Nutrition SpecialistsSM (BCNSSM) is the foremost certifying body for advanced nutrition professionals. BCNS' Certified Nutrition Specialist® (CNS®) certificants earn an advanced degree in nutrition or clinical healthcare, complete a robust nutrition science curriculum, perform 1000 hours of documented nutrition practice experience, and pass BCNS' rigorous Certification Examination for Certified Nutrition Specialists.

The CNS certification is fully accredited by the National Commission for Certifying Agencies, the preeminent accrediting organization for certifying programs, which is the same accreditation held by the Registered Dietitian (RD) credential. The CNS certification is also listed by the US Department of Labor as an advanced nutrition credential in the definition of the "Dietitians and Nutritionists" profession in the Occupational Outlook Handbook of the Bureau of Labor and Statistics.¹

CNSs practice medical nutrition therapy and nutrition more broadly with patients and clients across the lifespan, working to restore or maintain optimal health. They are also recognized in federal law as nutrition professionals in the statute referenced in HR 6774, 42 USC Section 1861(vv)(2).

Importance of Medically Tailored Meals

Now more than ever, individuals need to eat healthier, and need support doing so. In conjunction with individualized nutrition counseling, medically tailored meals for individuals released from the hospital can make a tremendous difference in their return to health.

At the state and local level, pilot projects such as the one proposed in HR 6774 are already making a difference. These programs, providing home-delivered meals specifically designed to an individual's health needs, make it easy for someone to follow guidance from a nutrition professional. Individuals who have chronic conditions, including many of those conditions which are risk factors for increased risk and severity of COVID-19, especially stand to benefit. These programs also have the potential to reduce or prevent the need for medication to manage certain diet and lifestyle conditions, such as Type 2 Diabetes. Medically tailored meals and medical nutrition therapy have been shown to improve health status, hospital readmissions, and overall health care costs associated with chronic disease.^{ii, iii, iv, v, vi} Given the strength of the evidence from these state and local programs, we applaud your work to introduce a pilot program at the federal level.

Conclusion

The American Nutrition Association thanks you for introducing this valuable legislation. We stand ready to assist you in carrying out the bill's goals. Please do not hesitate to contact me if I can be of further assistance.

Thank you,



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ⁱ ANUnited States Department of Labor, Bureau of Labor Statistics. December 2015. Occupational Outlook Handbook, Dietitians and Nutritionists. <http://www.bls.gov/ooh/Healthcare/Dietitians-and-nutritionists.htm#tab-4>

ⁱⁱ Seligman HK, Lyles C, Marshall MB, et al. A Pilot Food Bank Intervention Featuring Diabetes-Appropriate Food Improved Glycemic Control Among Clients In Three States. *Health Aff Proj Hope*. 2015;34(11):1956-1963.

ⁱⁱⁱ Hummel Scott L., Karmally Wahida, Gillespie Brenda W., et al. Home-Delivered Meals Postdischarge From Heart Failure Hospitalization. *Circ Heart Fail* . 2018;11(8)

^{iv} Lee Y, Mozaffarian D, Sy S, et al. Cost-effectiveness of financial incentives for improving diet and health through Medicare and Medicaid: A microsimulation study. *PLoS Med* . 2019 Mar 19;16(3):e1002761.

^v Emmert-Aronson B, Grill KB, Trivedi Z, Markle EA, Chen S. Group Medical Visits 2.0: The Open Source Wellness Behavioral Pharmacy Model. *J Altern Complement Med*. 2019;25(10):1026–1034. doi:10.1089/acm.2019.0079

^{vi} Feinberg AT, Hess A, Passaretti M, Coolbaugh S, Lee TH. Prescribing Food as a Specialty Drug. *NEJM Catalyst*