HNC CONGRESSIONAL BRIEFING

FOOD IS MEDICINE:

SPECIALIZED NUTRITION AND PATIENT ACCESS IN CLINICAL CARE

Join policymakers, clinicians, patient advocates, and policy experts for a bipartisan conversation on how federal policy impacts access to specialized nutrition therapies and patient outcomes.

TUESDAY
JUNE 30, 2026
3:00–4:00 PM ET

RAYBURN HOB
ROOM 2043

SNACKS AND REFRESHMENTS PROVIDED

RSVP NOW (SPACE IS LIMITED)
Secure your spot for this important policy discussion.

RSVP ON EVENTBRITE

ADVANCING KEY LEGISLATION TO IMPROVE ACCESS

MEDICAL NUTRITION THERAPY ACT
S. 3934 / H.R. 6199

Expands Medicare coverage for medical nutrition therapy services for more patients.

MEDICAL FOODS & FORMULAS ACCESS ACT
S. 3304 / H.R. 5684

Improves access to medically necessary medical foods and formulas in Medicare and Medicaid.

DMEPOS RELIEF ACT (H.R. 2005) / COMPETITIVE BIDDING RELIEF ACT (S. 2951)

Supports providers and patients who rely on enteral nutrition, supplies, and equipment at home.

WHAT TO EXPECT

Hear from Members of Congress, clinicians, patient advocates, and policy leaders about barriers to patient access and federal solutions that can make a difference.

PRESENTED BY HEALTHCARE NUTRITION COUNCIL

WITH SUPPORT FROM NASPGHAN, IMPROVECARENOW™, eat right. Academy of Nutrition and Dietetics

Learn more about HNC and our work to advance nutrition care and patient access.
healthcarenutrition.org

Welcome

- HNC represents manufacturers of enteral nutrition formulas and oral nutrition supplements (ONS), including those categorized as medical foods, and parenteral nutrition.
- The mission of HNC is to improve patient outcomes by advancing nutrition policies and actions that raise awareness and optimize access for people who require or benefit from advanced and specialized nutrition.
- Thank you! – Rep. Jim McGovern (D-MA-02)

HEALTHCARE NUTRITION COUNCIL | WITH SUPPORT FROM NASPGHAN IMPROVECARENOW™ eat right. Academy of Nutrition and Dietetics

HEALTHCARE NUTRITION COUNCIL

Congressional Welcome

Rep. Jim McGovern
(D-MA-02)

Food is Medicine Working Group Co-Chair

Medical Foods & Formulas Access Act of 2025 (H.R. 5684) Co-Lead

Objectives

- Learn about barrier to patient access of specialized nutrition therapies and federal solutions that can make a difference.

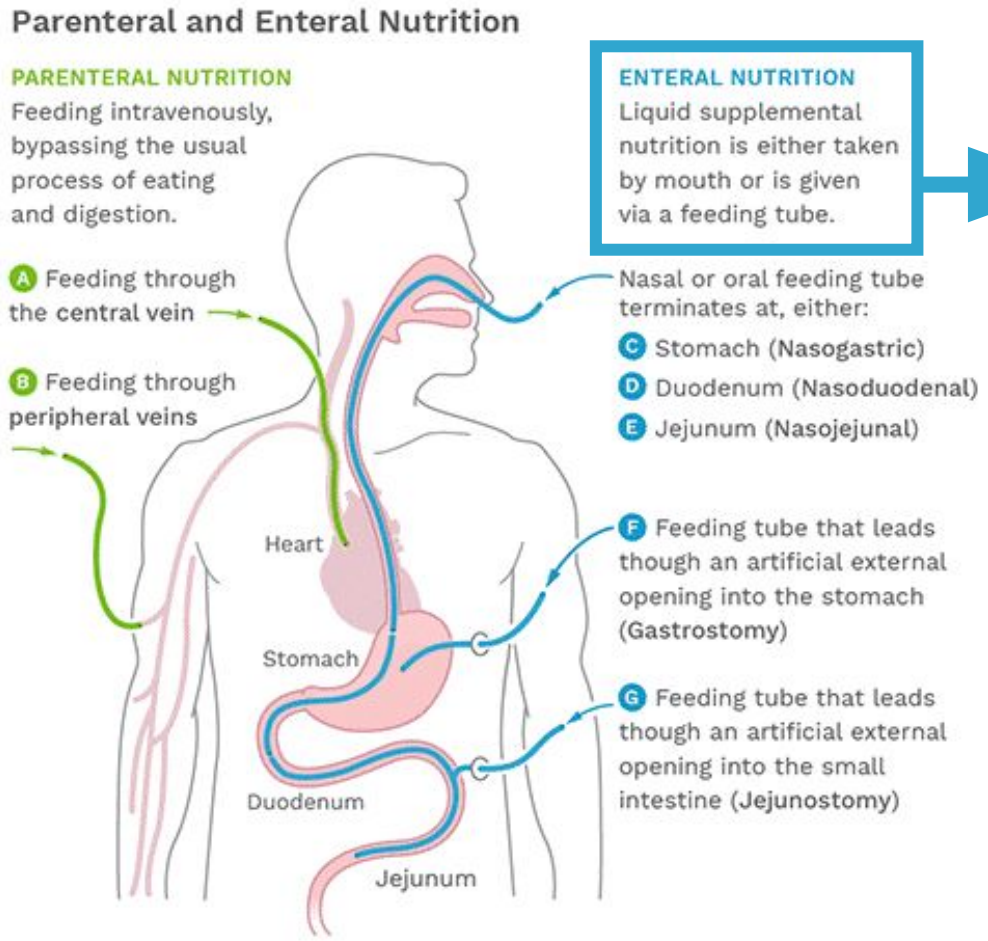
- Identify the differences between medical foods, oral nutrition supplements, and conventional foods.

- Recognize the necessity for medical foods and oral nutrition supplements and some of the challenges for patient access.

HEALTHCARE NUTRITION COUNCIL

Overview

- The spectrum of specialized nutrition for certain populations is life-saving; it is their medicine.



Medical Foods

Foods for Special Dietary Use (FSDU)

Oral Nutrition Supplement (ONS)

Different than:

Conventional Food

HEALTHCARE NUTRITION COUNCIL

Image courtesy of Crohn's & Colitis Foundation, www.crohnscolitisfoundation.org

Overview

- Medical foods (21 USC 360ee(b)(3)) and oral nutrition supplements (ONS) (21 CFR Part 105 as “foods for special dietary use”) have their own **unique regulations**; different from conventional foods, dietary supplements, and pharmaceuticals.
- These products are formulated for specific nutritional needs and may be used as **sole-source nutrition**.
- They are lifesaving products that are considered both food and medicine by the people who use them and they should be included in any **“food is medicine”** initiative.
- Medical foods and ONS help prevent **malnutrition**.
- Disease-associated malnutrition costs the U.S. **$156.7 billion** annually.[1]

HEALTHCARE NUTRITION COUNCIL

1. Snider J, et al: Economic burden of community-based disease-associated malnutrition in the United States. JPEN J Parenteral Enteral Nutr. 2014;38:55-165.

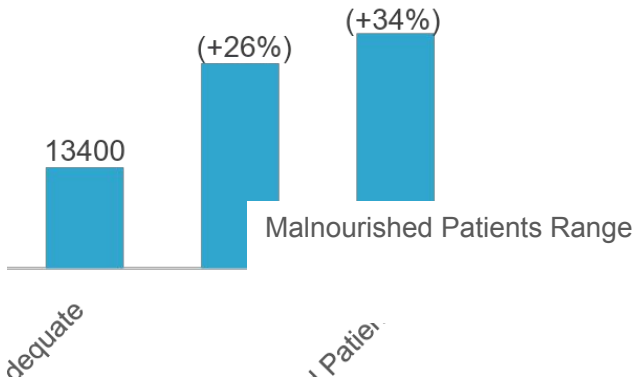
Health Economic Outcome Data on Malnutrition and ONS

Hospital Readmission Rates for Malnutrition in U.S. Patients

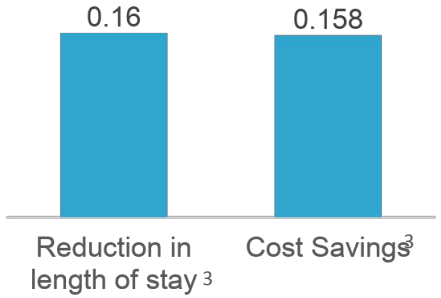
50%

Higher rate of readmission within 30 days.[1]

Average Readmission Costs for Patients with Malnutrition[2]



Medicare Patients Aged 65+ Receiving ONS



Cost-Effectiveness of Standard ONS use in Community and Care Homes

9.2%

Mean cost savings[4]

[1] Fingar K, Weiss A, Barrett M, Elixhauser A, Steiner C, Guenter P, and Hise Brown M. All-Cause Readmissions Following Hospital Stays for Patients with Malnutrition, 2013. HCUP Statistical Brief #218. 2018. 1-18.
[2] Fingar et al.
[3] Thomas DR, Zdrowski CD, Wilson MM, et al. Malnutrition in subacute care. Am J Clin Nutr. 2002;75:308-313.
[4] Medical Nutrition International Industry. 'Better care though better nutrition: value and effects of medical nutrition' 4th Edition. 2018. Retrieved on July 1, 2023. https://www.medicalnutritionindustry.com/files/user_upload/documents/medical_nutrition/2018_MNI_Dossier_Final_web.pdf

Overview

- **ONS products are:**
  - Included in clinical guidelines for patient care.
  - Frequently prescribed or recommended by healthcare professionals (HCPs).
  - Proven effective for the target population.
  - HSA/FSA eligible (when prescribed).
  - May be covered by Medicaid and certain health insurance plans.
  - Available with or without a prescription (over-the-counter).
  - Located in a designated retail area, typically near the pharmacy.

Foods for Special Dietary Use (FSDU)

Oral Nutrition Supplement (ONS)

HEALTHCARE NUTRITION COUNCIL

Overview

- **Medical foods:**
  - Included in clinical guidelines for patient care.
  - Used under the supervision of a physician.
  - Are intended for the specific dietary management of a disease or condition with distinctive nutritional requirements.
  - May be covered by some health insurance plans.

- Access to both medical foods and ONS can be impacted by coverage challenges.

HEALTHCARE
NUTRITION
COUNCIL

Featured Speakers

Jordan Marshall

MPH

Moderator

HNC

Kelly Horton

MS, RDN

SVP

AND

Dr. Carol Greene

UMD

PPMNE

Cynthia Reddick

RD, CNSC

Dietitian Nutritionist

Consultant

Becky Woolf

Patient Advocate

Crohn's Disease

Academy of Nutrition and Dietetics

Medical Nutrition Therapy (MNT) Act: Expanding MNT Coverage

Kelly Horton, MS, RDN
SVP, Public Policy and Government Relations
Academy of Nutrition and Dietetics

June 30, 2026

Agenda

- The MNT Act: What it Does
- Why Access to MNT Matters
- MNT Effectiveness: What the Research Shows
- MNT Advocacy Resources
- Moderated Q&A

Medical Nutrition Therapy (MNT) Act Overview

House Introduction:

H.R. 6199 introduced by Reps. Kelly (D-IL-2) and Kiggans (R-VA-2)

Senate Introduction:

S. 3934 introduced by Sens. Collins (R-ME) and Peters (D-MI)

What the MNT Act Does

The Medical Nutrition Therapy (MNT) Act (H.R. 6199 and S. 3934) would expand coverage of medical nutrition therapy (MNT) in Medicare Part B beyond diabetes and renal disease to include:

- Cancer
- Cardiovascular disease
- Dyslipidemia
- HIV/AIDS
- Hypertension
- Eating disorders
- Malnutrition
- Obesity
- Prediabetes
- any other disease or condition causing unintentional weight loss

Expands referral authority beyond physicians.

Why the MNT Act Matters

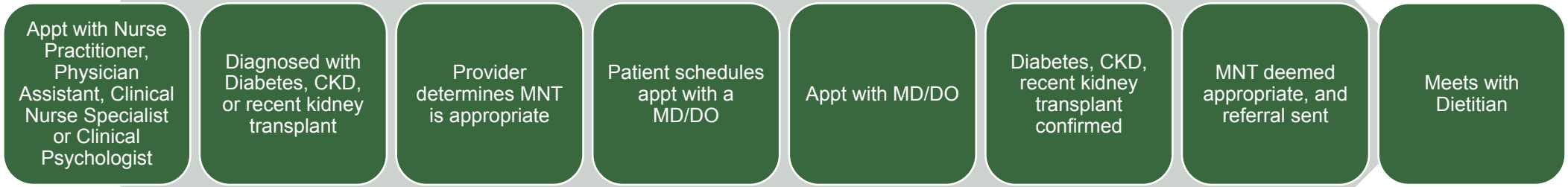
- A game-changer for increasing access to care
- Barriers to nutrition care:
  - High out-of-pocket costs
  - Lack of insurance coverage
  - Limited access to qualified providers
- The bill would save the federal government over $33 million each year across all nine conditions covered, with obesity alone accounting for $38.2 million in savings over 10 years
- This legislation:
  - Removes critical barriers to treatment
  - Fills longstanding gaps in Medicare for underserved populations
  - Recognizes that nutrition therapy is not just supportive, but essential for healing, medical stabilization, and long-term recovery
  - Aligns with best practices recommended by leading medical and mental health organizations

The Medical Nutrition Therapy Act is about giving people the tools and support they need to recover, thrive, and reclaim their lives.

Slide Source: **Logan Pace**, **MS, RDN, CEDS-C,** Co-Owner, Pace & Tebb Nutrition Counseling

MNT Act Gives Broader Referral Authority

Current Steps for Medicare Patients to Access Medical Nutrition Therapy (MNT)



Advantages of the Medical Nutrition Therapy Act of 2025

Patient

- Faster Access to Care
- Improved Chronic Disease Management
- Better Health Outcomes
- Reduced Hospitalizations and Complications
- Convenience and Continuity

Provider

- Expanded Scope and Autonomy
- Streamlined Workflow
- Enhanced Patient Satisfaction
- Improved Clinical Outcomes
- Practice Growth Opportunities

Slide Source: **Maranda Horine**, FNP, NP-C, MSN, BSN, RN, Clinical Operations Manager, Kroger Health

Why Access to MNT Matters

Disease-associated malnutrition costs the U.S. healthcare system approximately $156.7 billion annually. Expanded access to registered dietitian counseling can improve outcomes and reduce hospitalizations.

It is the position of the Academy of Nutrition and Dietetics that all individuals with nutrition-related health conditions or risk factors **should have access to Medical Nutrition Therapy (MNT) provided by a Registered Dietitian Nutritionist (RDN).**

MNT provided by RDNs is effective in **improving health outcomes for many chronic conditions that are leading drivers of morbidity, mortality, and healthcare costs** in the United States.

Widespread access to MNT using an individualized, client-centered, and evidence-based approach has the **potential to improve population health, reduce health disparities, and reduce healthcare costs associated with nutrition-related health conditions.**

The MNT Act expands Medicare Part B MNT coverage and simplifies referrals**.**

MNT Act Cost Estimate

- Using methodology similar to that of the Congressional Budget Office, Avalere Health estimated the federal impact of the Medical Nutrition Therapy Act to be **$649 million over 10 years.**
- The score included the nine conditions enumerated in the proposed legislation.
- Condition-specific impact to the federal budget varied based on the extent to which the condition-related outcomes were driven by nutrition; obesity, eating disorders, and malnutrition were all associated with savings to the federal government.

MNT Act Associated Savings

- For Medicare beneficiaries with the proposed expanded conditions for MNT coverage that would likely utilize the service, the 2023 cost of inpatient and outpatient visits totaled close to $285 million.
- If MNT services were covered and utilized, the potential reduction in inpatient visits by 9% and outpatient by 20%†, **could be associated with savings of over $33 million per year.**

MNT Expansion Condition Specific Estimates

Table 1: Estimated Federal Government Impact From MNT Expansion to Each Potential Condition, in millions USD

Federal Government Impact from Expansion to Each Potential Condition	Total 2024-2034 (in millions USD)
Prediabetes	148.8
Obesity	-38.2
Hypertension	187.9
Dyslipidemia	159.0
Malnutrition	-28.2
Eating disorders	-4.1
Cancer	203.5
Gastrointestinal diseases, including Celiac disease	10.7
HIV	1.6

Note: There may be overlap of individuals with multiple conditions, as such a total sum of the condition scores will not be accurate.

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Support the MNT Act!

Nearly 100 Organizations nationwide support the MNT Act.

Support and cosponsor the MNT Act to improve care quality and reduce healthcare costs.

Improving Access to Specialized Foods & Formulas

Carol Greene, MD

Patients & Providers for Medical Nutrition Equity

nutritionequity.org

PATIENTS & PROVIDERS FOR MEDICAL NUTRITION EQUITY

Medical nutrition is a critical lifeline for those who have been diagnosed with digestive or inherited metabolic disorders.

We need legislator help to:

Improve access to medically necessary foods and formulas for Americans who depend on this therapy to manage and treat their conditions **by co-sponsoring, the Medical Foods & Formulas Access Act (S. 3304 / H.R. 5684)**, which requires federal and state insurance programs to cover medically necessary foods and formulas.

What do we mean by medically necessary food & formula?

Low-protein modified food product, an amino acid preparation product, a modified fat preparation product, a nutritional formula, a vitamin, or an individual amino acid, that is:

(A) furnished pursuant to the **prescription or order of a physician**, physician assistant, nurse practitioner, or other health care practitioner
(B) a specially formulated and processed product for the **partial or exclusive feeding** of an individual by means of **oral intake or enteral feeding by tube**
(C) intended for the dietary management of an individual who has limited or impaired capacity to ingest, digest, absorb, or metabolize ordinary foodstuffs or certain nutrients, or who has other special medically determined nutrient requirements, the **dietary management of which cannot be achieved by the modification of the normal diet alone**
(D) intended to be used **under medical direction**, which may

Medically necessary foods & formulas are not the same as “groceries”

≠

Medical Foods and Formulas Access Act of 2025

Known as the Medical Nutrition Equity Act in prior Congresses

Introduced with Strong Bipartisan Support

H.R. 5684

James McGovern (D-MA)

Jim Rutherford (R-FL)

Debbie Dingell (D-MI)

S. 3304

Roger Wicker (R-MS)

Amy Klobuchar (D-MN)

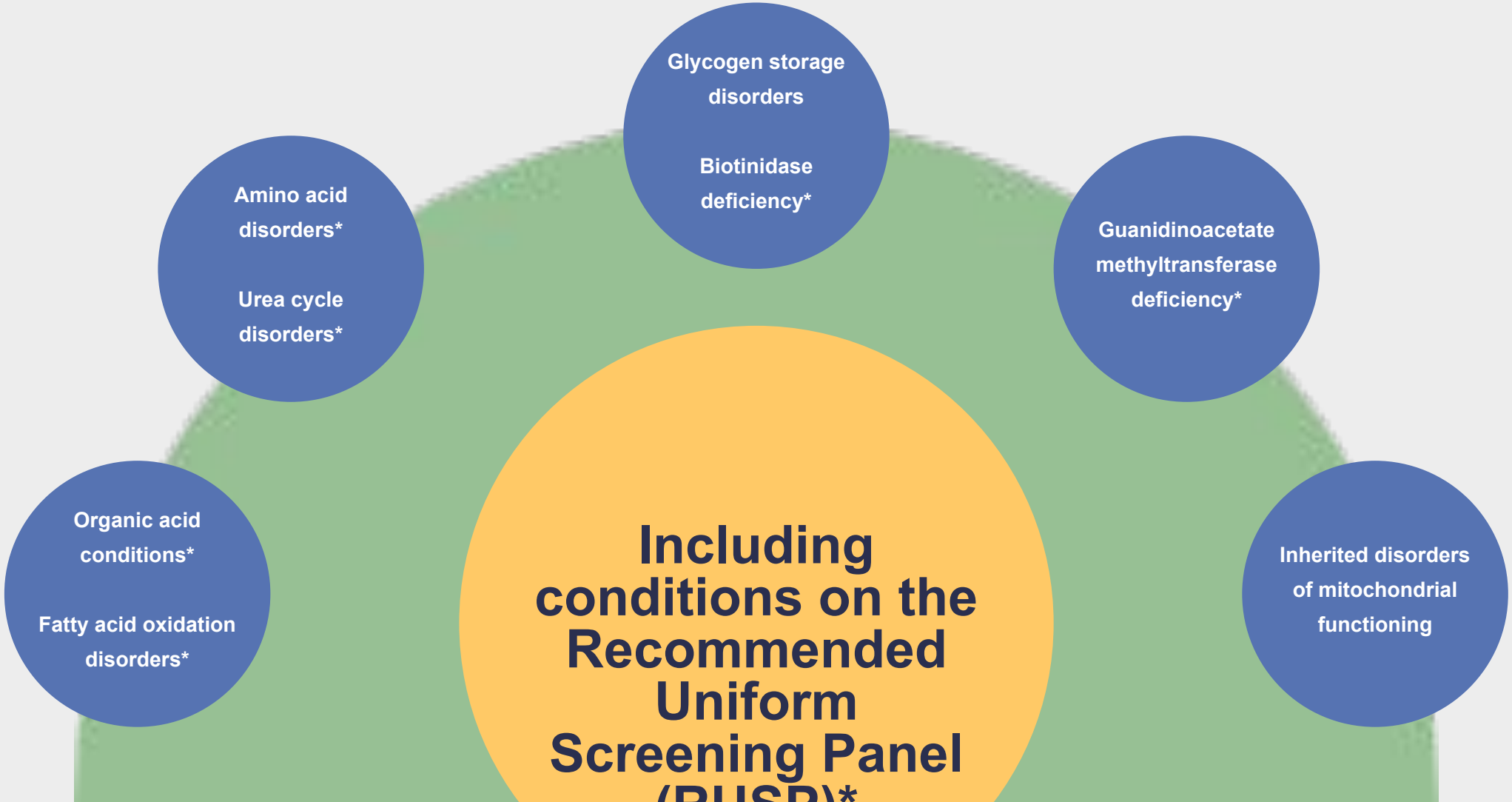
Charles Grassley (R-IA)

Sheldon Whitehouse (D-RI)

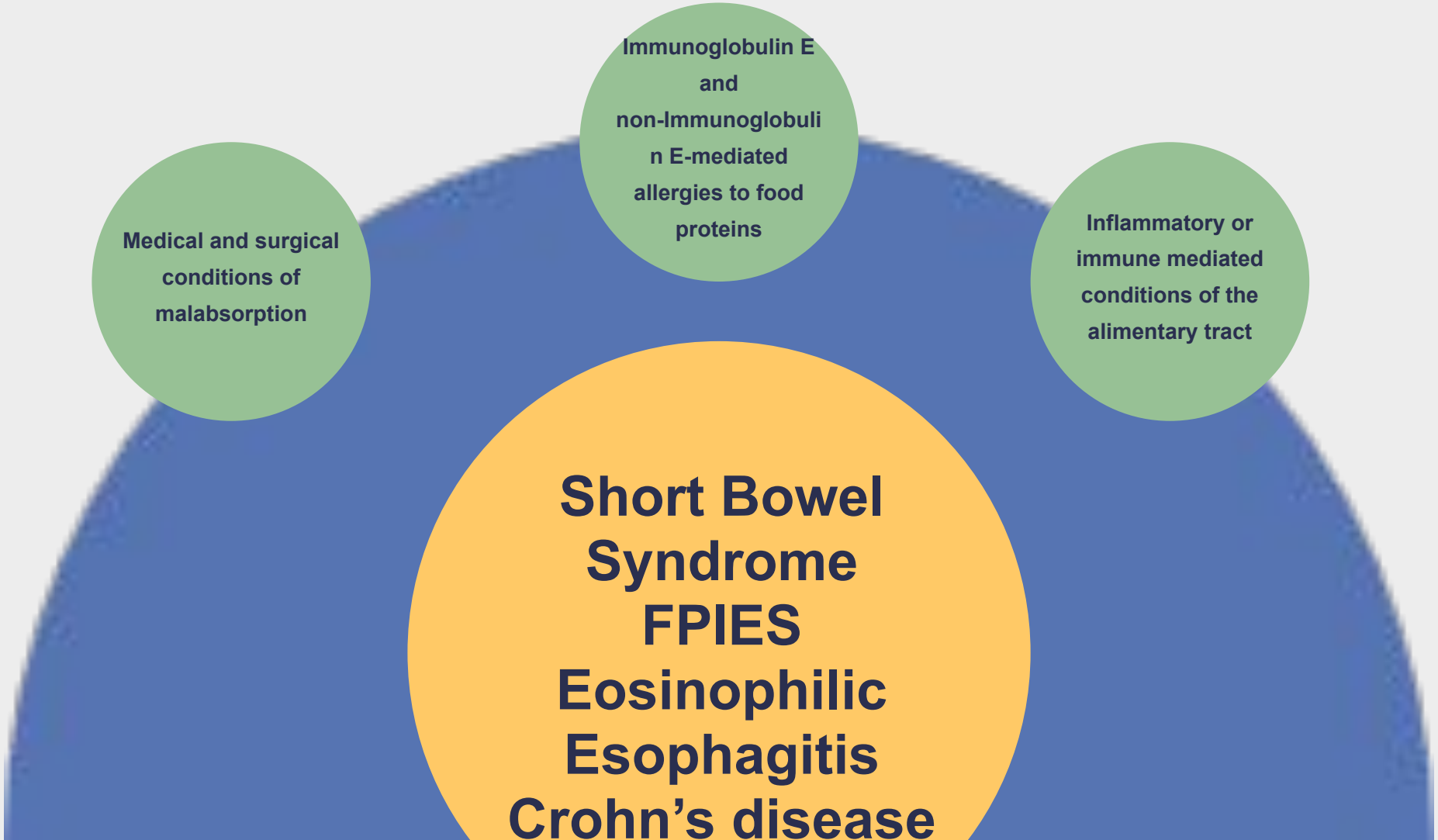
PURPOSE OF THE BILL

Improve access to specialized foods and formulas for those with metabolic and digestive diseases and disorders.

What Inherited Metabolic Disorders are Covered?



What Digestive Conditions are Covered?



Who Does the Bill Cover?

Medicaid

CHIP

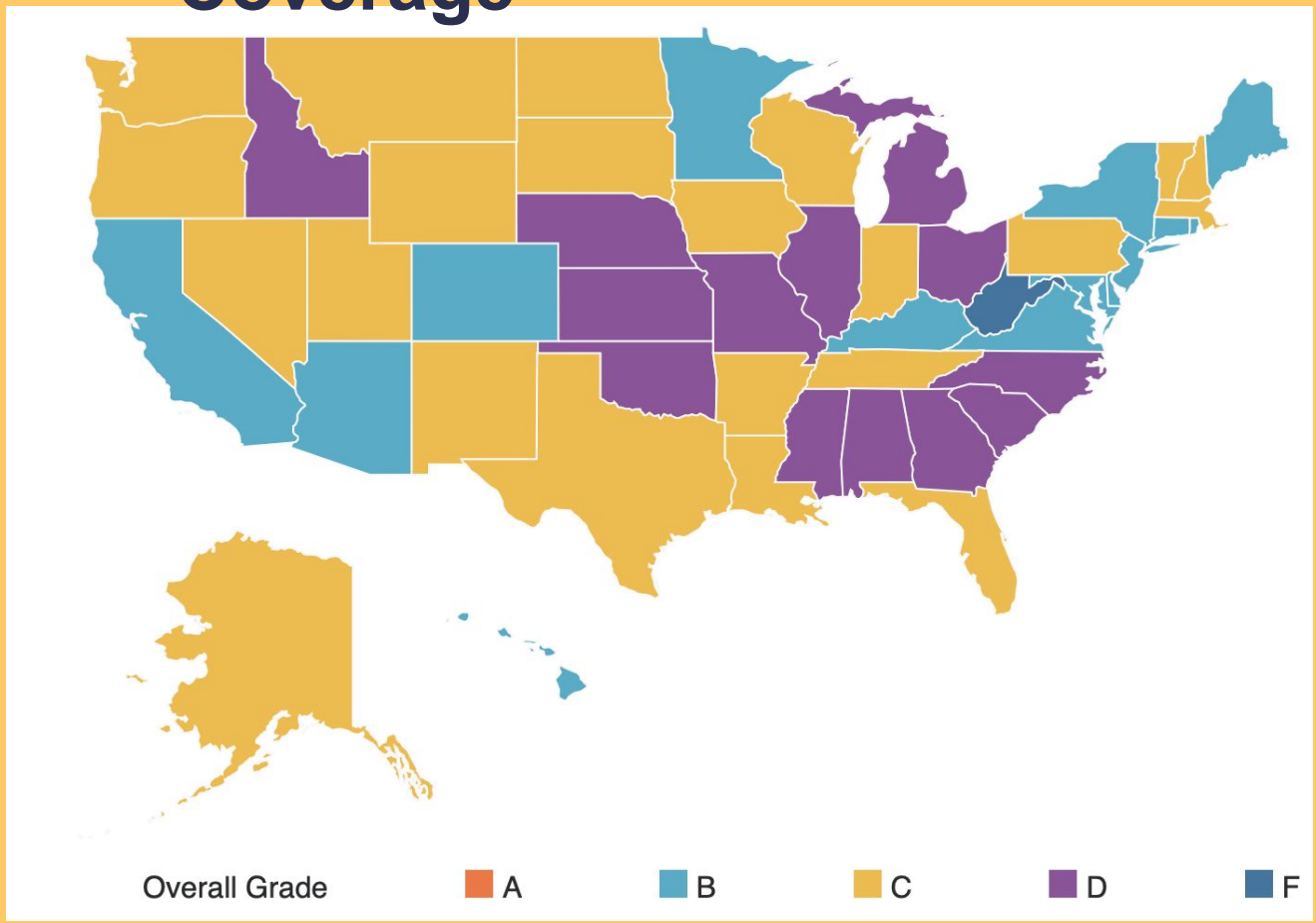
Medicare

FEHBP

Nationwide Overall Grade:

C

Medical Nutrition Coverage



Source: National Organization for Rare Disorders

RareDiseases.org

Legislative Precedent

TRICARE	In December 2016, Congress passed legislation that improved coverage for medical nutrition for military families enrolled in TRICARE.
CRITICAL FOOD	The Consolidated Appropriations Act, 2023 recognized medical foods, including the types of medically necessary nutrition covered under the Medical Foods and Formulas Access Act, as “critical food.”

Medical Nutrition Coverage

FEHBP
As of 2023, the Federal Employee Health Benefit Program (FEHBP) covers medical food for IMD regardless of age (but not GI conditions).

Although, legislation is needed to address inconsistencies across FEHBP plans.

Medicare
Enteral nutrition is non-covered for beneficiaries with a functioning gastrointestinal tract whose need for enteral nutrition is not due to reasons related to the non-function or disease of the structures that normally permit food to reach the small bowel.

Orally administered enteral nutrition products, related supplies and equipment will be denied non-covered.

TRICARE
Medically necessary food and medical equipment and supplies necessary to administer such food are covered by TRICARE when prescribed for dietary management of a covered disease or condition. Medically necessary food includes specialized formulas, a Low Protein Modified Food (LPMF) product or an amino acid preparation product.

- Inborn Errors of Metabolism (IEM);
- Medical conditions of malabsorption;
- Pathologies of the alimentary tract or the gastrointestinal tract; and
- A neurological or physiological condition.

Why are Medically Necessary Formulas Important for Patients with Crohn's Disease?

Enteral nutrition has been shown to work in children and adults to induce remission of inflammation and to manage and treat malnutrition caused by IBD

More effective and less side effects than corticosteroids

Promotes healing of the intestinal lining

No long-term risk profile

Specialized formulas (like exclusive enteral nutrition) complement biologic therapies by working synergistically to clear inflammation without more immune suppression

Positive effect on nutritional rehabilitation and growth in children

Why are Medically Necessary Formulas Important for Patients with Inherited Metabolic Disorders (IMD) / Inborn Errors of Metabolism (IEM)?

Inherited Metabolic Disorders are present from conception and are life-long conditions

Individuals with IMD cannot metabolize (build or break down) critical biologic molecules

The biochemical block results in failure of organ function either because of poisoning from "normal" diet or from lack of critical metabolites required for cell function

Typical presentations include:

- vomiting and poor growth
- developmental disability
- coma and death

Properly supervised (by RD and MD) therapy with appropriate medical foods allows for growth, development and survival

Without access to medical foods, we lose

- the value of newborn screening
- the possibility of a healthy life for the affected person

Medicare Foods & Formulas Access Act is endorsed by 50+ organizations

The AIP BIPOC Network
Alliance of PKU Families
American Academy of Allergy, Asthma & Immunology
American Academy of Pediatrics
American College of Medical Genetics and Genomics
American College of Gastroenterology
American Gastroenterological Association
American Partnership for Eosinophilic Disorders
American Society for Parenteral and Enteral Nutrition
Association for Creatine Deficiencies
Asthma and Allergy Foundation of America
The Association of Pediatric Gastroenterology and Nutrition Nurses
California Coalition for Phenylketonuria and Allied Disorders
Campaign Urging Research for Eosinophilic Diseases
Color of Gastrointestinal Illnesses
Crohn's & Colitis Foundation
Feeding Matters
flok Health
FOD Family Support Group
The FPIES Foundation
Genetic Metabolic Dietitians International
Georgia PKU Connect
Global Liver Institute
Great Lakes PKU Alliance
The Gut Microbiome Foundation
HCU Network America
Healthcare Nutrition Council
Intermountain PKU and Allied Disorders
International Foundation for Gastrointestinal Disorders
Louisiana Metabolic Disorders Coalition
Maple Syrup Urine Disease Family Support Group
Michigan PKU and Associated Disorders
Mississippi Metabolics Foundation
MitoAction
NASPGHAN Council for Pediatric Nutrition Professionals
National Organization for Rare Disorders
National PKU Alliance
National Urea Cycle Disorders Foundation
New England Connection for PKU and Allied Disorders
North American Society for Pediatric Gastroenterology, Hepatology and Nutrition
The Oley Foundation
Organic Acidemia Association
Patients and Providers for Medical Nutrition Equity Coalition
Pediatric IBD Foundation
PKU Alaska
PKU Organization of Illinois
Propionic Acidemia Foundation
Society for Inherited Metabolic Disorders
The Speak Foundation
Tennessee PKU Foundation
United Mitochondrial Disease Foundation

Learn more at:

nutritionequity.org

Contact Camille Bonta

cbonta@summithealthconsulting.com

Please Cosponsor S. 2204 and H.R. 5684

PATIENTS & PROVIDERS FOR MEDICAL NUTRITION EQUITY

LEGISLATIVE BRIEFING

Home Tube Feeding At Risk

What the DMEPOS Relief Act of 2025 (H.R. 2005 / S. 2951)
Means for Patients Who Depend on Home Enteral Nutrition (HEN)

CYNTHIA REDDICK, RD, CNSC
Home Tube Feeding Expert, Educator, and Strategist

What Is Home Enteral Nutrition?

HEN: The Basics

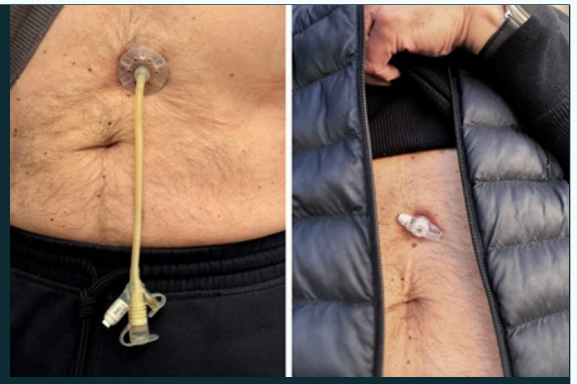
Nutrition delivered through a tube directly into the stomach or small intestine for patients who cannot eat by mouth safely or adequately.

Covered under Medicare Part B as a prosthetic device benefit.

Includes:

- Enteral formula
- Enteral feeding pump
- Supplies for administration (syringes, bags)
- Replacement feeding tubes

Who Depends on It?



- Stroke with dysphagia
- ALS / Parkinson's disease
- Head & neck cancer
- Severe Crohn's / gastroparesis
- Esophageal disorders
- Neurological impairment

An estimated 220,000 people in the United States rely on home enteral nutrition (NHIA, 2025)

What H.R. 2005 / S. 2951 Actually Do

The Problem

The 75/25 blended reimbursement rate, **which kept many HEN suppliers viable**, expired January 1, 2024. Medicare now pays at a lower, unsustainable rate.

The Bill

Restores the higher 75/25 blended rate for DMEPOS in **non-rural, non-competitive bidding areas** and **shield suppliers from further cuts** tied to the upcoming competitive bidding program.

The Support

Senate Co-Leads:
Sens. James Lankford (R-OK) Maggie Hassan (D-NH)

House Co-Leads:
Reps. Mariannette Miller-Meeks (R-IA),
Paul Tonko (D-NY),
Randy Feenstra (R-IA),
Jimmy Panetta (D-CA)

75/25 blended rate = 75% competitive bidding price + 25% unadjusted fee schedule → higher, more realistic payment floor

Costs Climb. Reimbursement Doesn't.

AAHomecare Supplier Market Impact Survey, March–April 2026

95% **No payer reimbursement increase**
Excluding Medicare CPI-U; up from 88% in 2023

87% **Saw enteral nutrition & supply costs rise**
In the last 12 months

80% **Incurred higher shipping costs**
In the last 12 months

68% **Incurred higher labor costs**
In the last 12 months

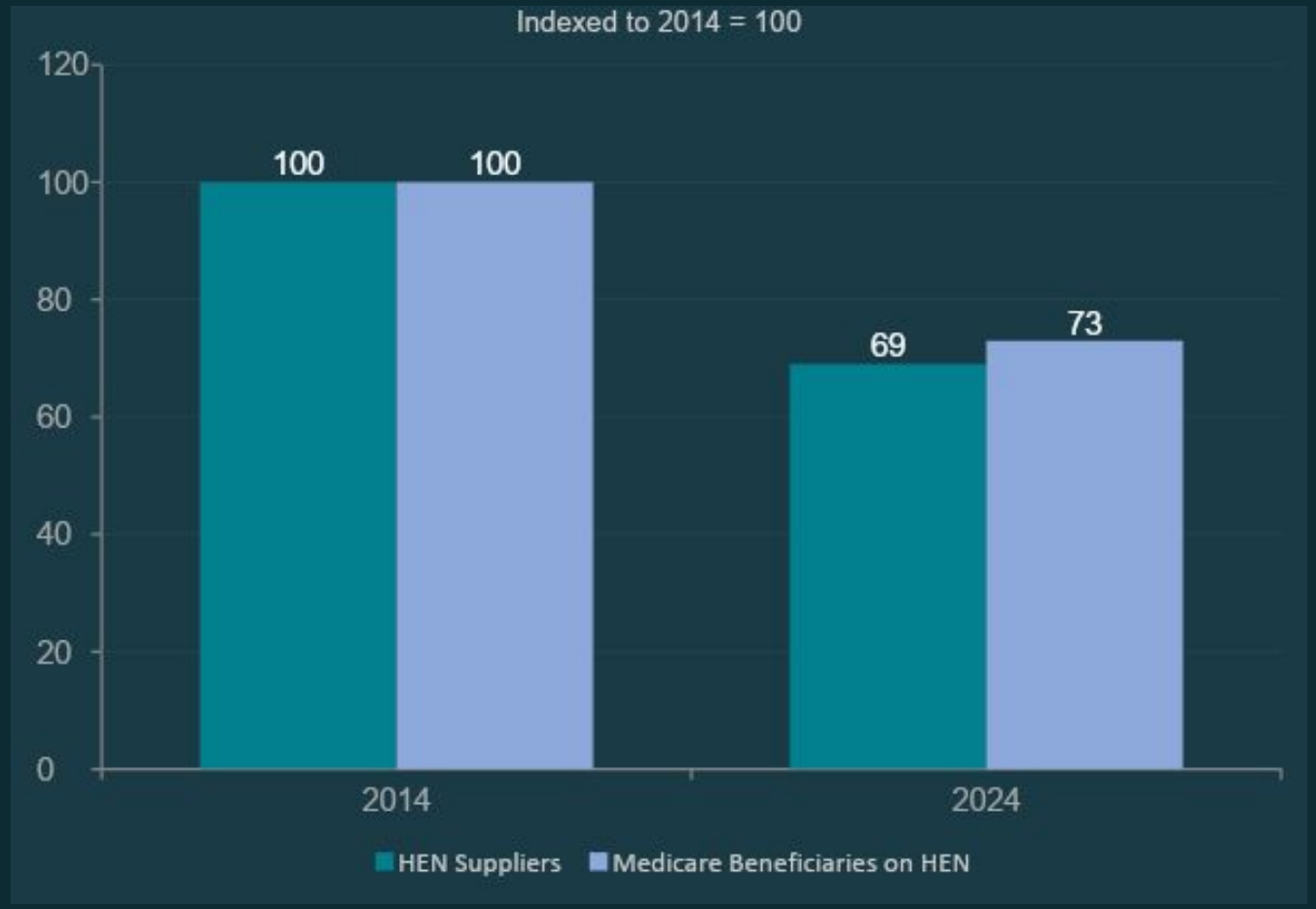
25% **Minimum carrier shipping increase**
Since 2023; up from 6.9%

60% **Already warned of further price hikes**
Notice received for this year

Rising costs on every line, with no rate relief to absorb them.

The Numbers Tell the Story

A decade of competitive bidding reimbursement cuts



31% Fewer HEN suppliers over the past decade

27% Fewer Medicare patients accessing HEN

1 in 4 HEN providers considering discontinuing services

Source: NHIA White Paper — Trends in Home Enteral Nutrition: The Impacts of Competitive Bidding on Access and Quality (2025)

What Suppliers Do

And What They're NOT Paid For

REIMBURSED

Formula delivery

Standard, Disease-specific: diabetic, renal, semi-elemental, peptide-based

REIMBURSED

Feeding pump & supplies

Pump, daily supply kits, extension sets, syringes, skin care materials, feeding tubes

NOT REIMBURSED

Caregiver training

Safe tube feeding technique, pump programming, troubleshooting, aspiration precautions

NOT REIMBURSED

Clinical coordination

Communication with RD, physician, home health; formula adjustments based on tolerance

NOT REIMBURSED

Ongoing monitoring

Tube site checks, tolerance follow-up, refill coordination, complication screening

NOT REIMBURSED

After-hours emergency support

Tube dislodgement, pump failure, formula shortages; nights and weekends

Medicare reimburses the product. The clinical care that makes it safe is unpaid, yet expected.

If These Bills Don't Pass

The downstream consequences for tube-fed patients are predictable, and already in motion

01 Suppliers Exit the Market

Continued cuts force small and mid-size HEN suppliers to close permanently, causing an immediate coverage gap for their patients

02 Formula Access Disrupted

Specialized HEN formulas cannot be bought at retail pharmacies; without a supplier, patients go without vital nutrition.

03 Hospitalizations Increase

Home tube-feeding failures from supply or clinical disruptions drive costly emergency room visits and hospital readmissions.

04 Caregivers Bear the Burden

Untrained family caregivers face severe burnout, accelerating expensive patient placement into institutional care.

The Bigger Picture

Home Care vs. Institutional Care

Home Enteral Nutrition

- Patient in familiar environment
- Lower infection risk
- Better quality of life & independence
- Caregiver involvement supported by supplier
- Supports aging in place

Cost to Medicare:
Fraction of inpatient or SNF cost per day

Without supplier support

Institutional / Acute Care

- Hospital readmission
- SNF or long-term care placement
- Loss of independence & autonomy
- Higher infection & complication risk
- Caregiver displacement

Cost to Medicare:
Exponentially higher per day

What Needs to Happen

1

Pass H.R. 2005 / S. 2951

Restore the 75/25 blended reimbursement rate to stabilize HEN supplier viability

2

Shield HEN from Competitive Bidding Cuts

The Senate bill (S. 2951) provides the additional protection of blocking the next CBP round from further reducing rates

3

Call on CMS to Pause the CBP Expansion

Urge CMS to halt the proposed Competitive Bidding Program expansion until its full impact on patient access and small HEN suppliers has been independently evaluated

220,000 patients. 31% fewer suppliers. The trend line is clear, unless Congress acts.

Patient Advocate

Becky Woolf

Patient Advocate

Crohn’s Disease

Conclusion

- Please protect patient access to medical foods and oral nutrition supplements.

- Recognize the important role of oral nutrition supplements in food is medicine legislation.

- Support these bills:
  - **Medical Nutrition Therapy Act of 2025** (S. 3934 / H.R. 6199)
  - **Medical Foods and Formulas Access Act of 2025** (H.R. 5684)
    (formerly Medical Nutrition Equity Act)
  - **DMEPOS Relief Act** (H.R. 2005) / **Competitive Bidding Relief Act** (S. 2951)

HEALTHCARE NUTRITION COUNCIL

Questions?

Thank you for coming!

The slides and materials are available on the HNC website:

https://healthcarenutrition.org/congressional-briefing-june-30-2026/

HEALTHCARE NUTRITION COUNCIL