


PROVIDING ACCESS TO NUTRITION COUNSELING AND NUTRITIOUS FOODS

BACKGROUND

Research indicates that nonclinical factors, such as where a person lives, contribute to as much as 80 percent of a person's health outcomes. Food insecurity is one of those key drivers of health, and as a result, a driver of higher health care costs. The CDC suggests food insecurity adds about \$53 billion annually to health care costs in the U.S. and up to \$2 billion in Texas. **Access to nutrition counseling, along with nutritious foods, can help prevent health issues, chronic diseases, and the associated health costs.**



4.3
million Texans
are enrolled in Medicaid
and the Children's Health
Insurance Program (CHIP)

More than 4 million Texans receive healthcare through the Medicaid program. Nearly all are enrolled in a managed care organization (MCO). MCOs have the flexibility to offer services beyond formal Medicaid benefits, including nutrition counseling and Food Is Medicine (FIM) programs like medically tailored meals (MTM). MTMs are designed for individuals with chronic illnesses or health conditions resulting from inadequate nutrition. These meals are time-bound, created by registered dietitian nutritionists, and support medical treatment plans by providing necessary nutrients to better their health outcomes. However, MCOs do not get credit for these activities when rates are set, which discourages the scaling of these programs.

Texas can address this gap by categorizing nutrition counseling and instruction services and medically tailored meals as "in lieu of services," which is a provision that can be added to Medicaid contracts that allow MCOs to substitute Health-Related Social Needs (HRSNs) for traditional medical care.

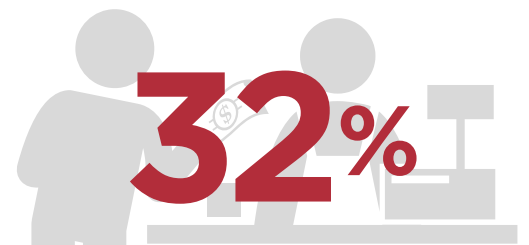
SOLUTION

While we appreciate the recognition of **the link between nutrition and health in HB 26/SB 3001, education alone does not resolve food insecurity**—a major driver of chronic, diet-related conditions.

Research shows that while nutrition counseling increases patients' knowledge, many struggle to follow recommendations due to a lack of access to recommended foods.

An amendment is needed to HB 26/SB 3001 to pair nutrition counseling and instruction services with medically tailored meals—an evidence-based, cost-effective approach to addressing diet-related illness.

A streamlined Medicaid reimbursement model that integrates these services would enable Registered Dietitian Nutritionists to educate Medicaid beneficiaries on healthy eating and provide access to nutritious foods, ultimately improving health outcomes across Texas.



32%

of Medicaid beneficiaries
report purchasing cheaper,
less-healthy food options
because of lack of money