Congress of the United States
Washington, DC 20515

September 8, 2026

The Honorable Dr. Mehmet Oz
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Woodlawn, MD 21244

Dear Administrator Oz,

We write to urge your Administration, through the Centers for Medicare & Medicaid Services (CMS), to issue guidance making healthy, real food more affordable and accessible for chronically ill seniors who enrolled in Medicare Advantage.

Across our districts, we hear the same story: seniors managing diabetes, heart disease, and high blood pressure struggle to access healthy food to help them manage their chronic illness. As a result, they cycle in and out of the hospital and incur more costs as their health deteriorates.

The clinical case for food as medicine is no longer speculative. Of the 35 million Americans in Medicare Advantage, more than 85% have at least two chronic diseases. The majority are diet-related and can be improved with nutrition-based clinical interventions.[1] For high-risk patients, access to nutritious food improves outcomes, reduces hospitalizations, and lowers costs.[2,3] Patients know they need to eat nutritious food to get and stay healthy, and their physicians want to prescribe it.[4] Because the evidence is strong, many Medicare Advantage plans want to offer food as a clinical intervention under simplified rules.

Current CMS rules allow a Medicare Advantage enrollee with diabetes to receive "fitness benefits" such as bowling balls and ski passes from day one, but block access to nutritious food benefits until that patient gets much sicker, ends up in the hospital, and requires more costly care. CMS allows healthy food, but only after an enrollee is deemed at high risk for hospitalization and requires intensive care management.

This year alone, CMS will provide $77 billion in taxpayer dollars to Medicare Advantage plans in rebates.[4] Tailored the right way, those dollars could ensure seniors with chronic diseases or at risk

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[1] Centers for Medicare & Medicaid Services. 2024 Socio-demographic and Health Characteristics of Medicare Beneficiaries Early Release PUF. 2025.
[2] Hager, et al. Impact of Produce Prescriptions on Diet, Food Security, and Cardiometabolic Health Outcomes: A Multisite Evaluation of 9 Produce Prescription Programs in the United States. Circulation: Cardiovascular Quality and Outcomes. August 2023
[3] Berkowitz S., et al. Meal Delivery Programs Reduce The Use Of Costly Health Care In Dually Eligible Medicare And Medicaid Beneficiaries. Health Affairs. April 2018
[4] Centers for Medicare & Medicaid Services. Public Comment on Proposed Rule CMS-2025-1393. Regulations.gov. 2025.
[4] Centers for Medicare & Medicaid Services, and Secretary, Boards of Trustees. 2026 Annual Report of The Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds. 2026.

of chronic diseases have access to healthy foods, a better diet, and fewer hospitalizations. The only thing standing in the way is CMS rules that have not kept pace with the evidence.

We request CMS issue guidance aligning Medicare Advantage Supplemental Benefits with the Administration's stated mission of increasing access to healthy food by designating healthy food as a "primarily health related" supplemental benefit. CMS can correct this without legislation or new spending. This would empower patients and their doctors to use nutrition as a frontline clinical tool – not a last resort – so that older Americans can take control of their costly, chronic illnesses. In addition, this has the ultimate goal of lowering health costs by reducing disease-driven hospitalizations and ER visits, putting existing budget authority towards preventing disease instead of financing the consequences of it.

If finalized, this would mark the first time in the program's history that Medicare formally recognizes healthy food as a targeted clinical intervention to prevent and manage chronic disease and reduce costs. That is a legacy worth claiming – for this Administration, for the Medicare program, and for the millions of American seniors who have been waiting for Washington to catch up to what their doctors have been telling them for years.

We encourage CMS to consider issuing sub-regulatory guidance to designate healthy food as a "primarily health related" supplemental benefit for qualifying Medicare Advantage enrollees.

Thank you for your leadership and attention to this matter.

Sincerely,

Gregory F. Murphy, M.D.
Member of Congress

Derrick Van Orden
Member of Congress

Nathaniel Moran
Member of Congress

Tom Barrett
Member of Congress

Ryan Mackenzie
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