

Estimated Impact of Medically Tailored Meals in 50 U.S. States



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Results from a simulation model¹ estimate that medically tailored meals improve health and save healthcare dollars.

About the Research

What was the intervention? Researchers estimated the impact of providing 10 medically tailored meals (MTM) per week to all eligible patients for an average of 8 months. MTM are home-delivered meals customized for patients with severe, complex, or chronic conditions based on therapeutic, evidence-based dietary specifications. Patients are identified and referred in partnership with healthcare personnel and meal plans are assigned based on an assessment of the individual's nutritional needs by a Registered Dietitian Nutritionist (RDN).

Who was eligible? U.S. adults ages 18 and older with Medicare, Medicaid, or private insurance coverage who had one or more diet-sensitive conditions (diabetes, angina, coronary heart disease, heart attack, other heart disease, emphysema, stroke, cancer, and/or hypertension) and limitations in instrumental activities of daily living (e.g., receiving help preparing meals, doing laundry, or going shopping). Such patients have significant healthcare needs and utilization, including frequent emergency department visits and hospitalizations.

Key Findings

Nationwide Impact of Implementing Medically Tailored Meals (Year One)

10.4 M

eligible patients²

\$23.7 B

in healthcare cost savings³

2.6 M

hospitalizations prevented

State-Level Impact of Implementing Medically Tailored Meals (Year One)

Cost Impacts

In 49 states, the estimated net cost savings per patient ranged from \$732 (Oregon) to \$6,299 (Connecticut). In one state (Alabama), MTMs were cost-neutral but would still yield health benefits.

Estimated cost savings vary based on each state's healthcare costs, infrastructure, policies, hospitalization patterns, and rates of diet-sensitive conditions.



Reduced Hospitalizations

In all states, the estimated number of hospitalizations prevented ranged from 2,400 (Wyoming) to 211,000 (Florida).

State-to-state differences reflect variations in population health and healthcare delivery practices and payment systems.

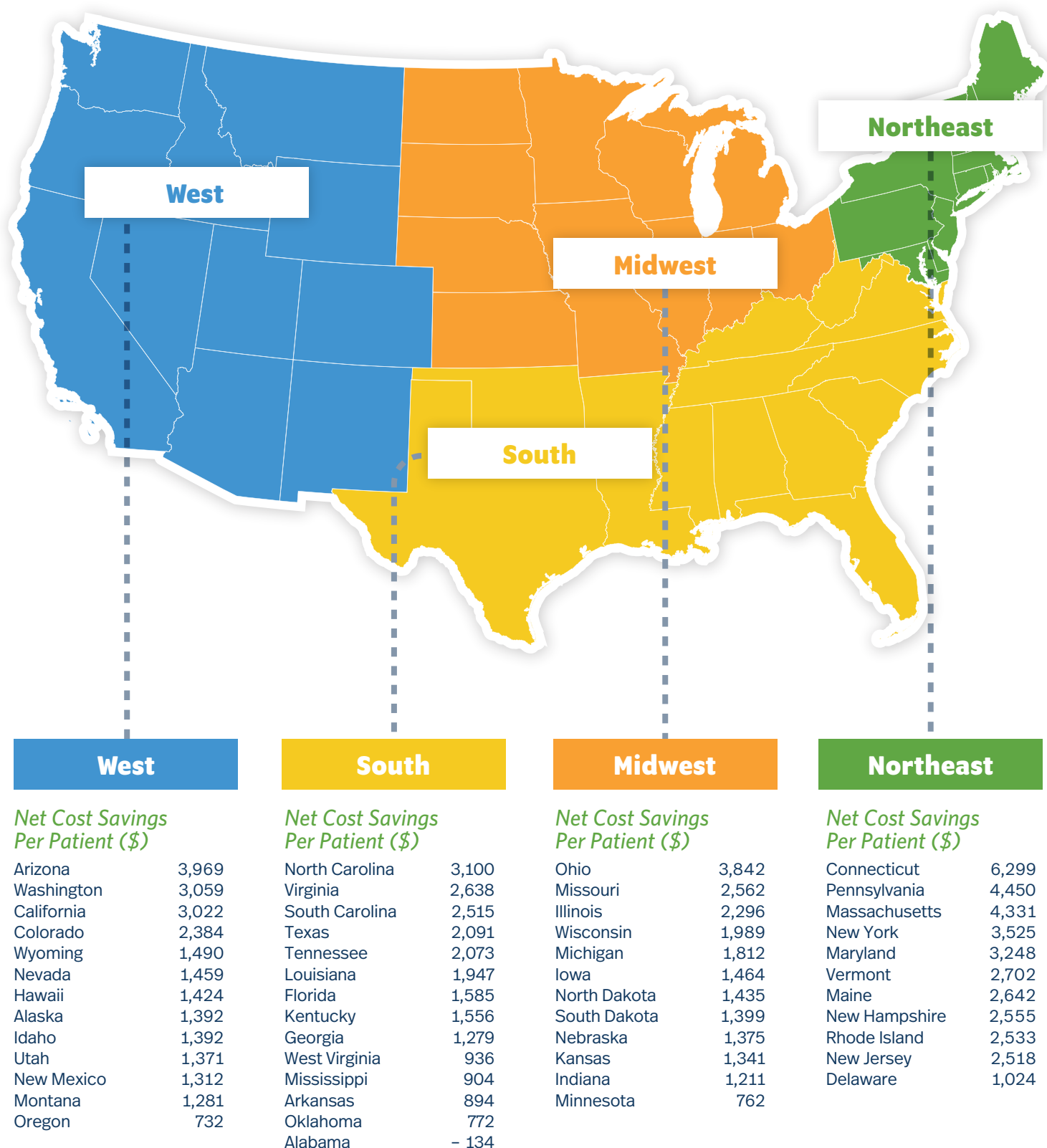


The estimated impacts on healthcare costs and hospitalizations do not incorporate potential additional benefits of MTM for quality of life, disease progression, caregiver well-being, or health equity.

Bottom line: These results support the implementation and evaluation of medically tailored meals in public and private health systems at the state level and nationwide.

For more information, please visit **TUFTSFOODISMEDICINE.ORG**

Estimated 1-Year Impact of Medically Tailored Meal Treatment on Per Patient Healthcare Cost, by U.S. State.



¹ Researchers from the Tufts Food is Medicine Institute used a simulation model to estimate state-specific one-year and five-year changes in annual hospitalizations, healthcare spending, and cost-effectiveness of MTM for eligible patients. This fact sheet is drawn from the research, which is published as: Deng S, et al. Estimated Impact of Medically Tailored Meals on Health Care Use and Expenditures in 50 US States. Health Aff (Millwood). 2025 Apr;44(4):433-442. doi: 10.1377/hlthaff.2024.01307.

² The number of eligible patients per state ranged from 12,800 (North Dakota) to 923,600 (California). The most common eligibility diagnoses across the country were cardiovascular diseases (62%), diabetes (35%), and cancer (30%).

³ Savings after accounting for intervention costs (e.g., clinical screening, meal costs, and other program expenses).