

FOOD LAW  
*and* POLICY CLINIC  
HARVARD LAW SCHOOL

# Integrating Nutrition and Healthcare

**Essentials of the Food is Medicine Initiative**

April 18, 2024

# AGENDA



## Defining Food is Medicine

- *Food Is Medicine Pyramid*
- *Food and Nutrition Interventions*



## Evidence-Based Case

- *Health Outcomes and Healthcare Savings*
- *Food Systems Impacts*
- *Economic Rationale*



## Policy and Payment Pathways

- *National FIM Movement*
- *Payment Pathways*



**“Food is Medicine refers to a spectrum of services and health interventions that recognize and respond to the critical link between nutrition and chronic illness.”**

- Food is Medicine Massachusetts



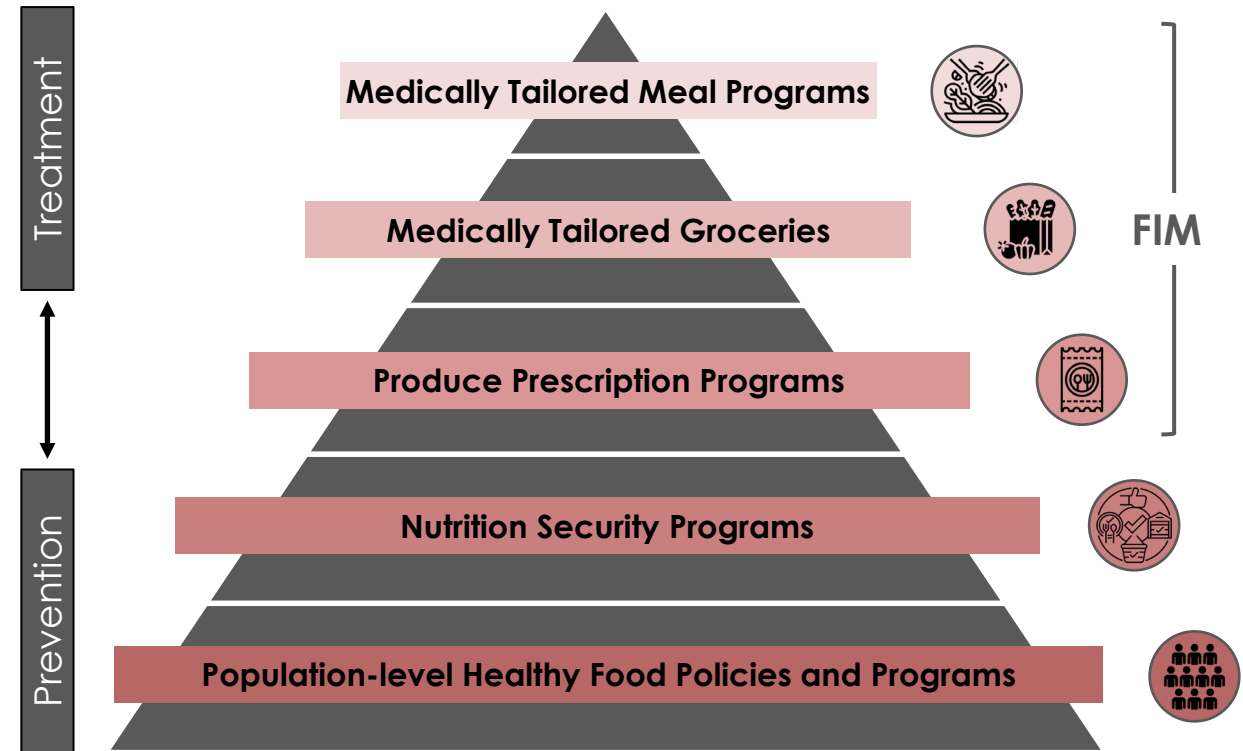
# Food is Medicine Defined

Food is Medicine (FIM) interventions are tailored to respond to the connection between food and health by helping to prevent and treat diet-related disease

Two components:

- (1) Provision of food that supports health, such as medically tailored meals or groceries, or food assistance, such as vouchers for produce
- (2) Nexus to the healthcare system

Examples include medically tailored meals, medically tailored groceries, and produce prescriptions



Aspen Institute and Center for Health Law and Policy Innovation, [Food is Medicine Research Action Plan](#) (Jan. 2022)

Dariusz Mozaffarian et al., A Food is Medicine approach to achieve nutrition security and improve health, 28 *Nature Medicine* 2238 (Nov. 2022), <https://doi.org/10.1038/s41591-022-02027-3>.

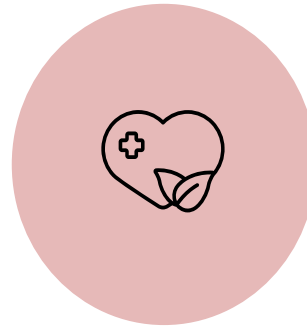


# Types of Food is Medicine Initiatives



## Produce Prescriptions (PRx)

Produce prescriptions help patients eat more fruits and vegetables. Programs offer free or discounted produce, typically through vouchers.



## Medically Tailored Groceries (MTG)

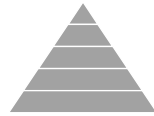
Medically tailored groceries are packages of foods that patients can cook and eat at home. The food packages are designed to meet all or most of the patient's food needs.



## Medically Tailored Meals (MTM)

Medically tailored meals are home-delivered, prepared meals designed for a specific patient.

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# Diet-Related Disease & Healthcare Costs

- **One in 10** Americans eat daily recommended amount of fruit or vegetables<sup>1</sup>
- Poor diets contribute to **678,000 annual deaths**<sup>2</sup>
- U.S. Adults have **40% chance** of developing Type 2 diabetes<sup>3</sup>
- U.S. spends **\$1.1 trillion** on treating chronic diseases related to diet<sup>4</sup>

1. CDC, [Only 1 in 10 Adults Get Enough Fruits or Vegetables](#), CENTERS FOR DISEASE CONTROL AND PREVENTION (2021)

2. [Why Good Nutrition is Important](#), CENTER FOR SCIENCE IN THE PUBLIC INTEREST

3. CDC, [Hispanic/Latino Americans and Type 2 Diabetes](#), CENTERS FOR DISEASE CONTROL AND PREVENTION (2022),

4. Marli Marano, [Food Is Medicine Enhances Health While Slashing Health Care Costs](#), THE ROCKEFELLER FOUNDATION (Oct. 30, 2023),



# FIM Healthcare Outcomes and Costs



## Health Benefits:

Improved hemoglobin A1c, BMI scores, and blood pressure

Decreased depression scores

Increased fruit and vegetable intake



## Hospitalization and Expenditure: National implementation of MTMs

1.6 million averted hospitalizations

Net health care cost savings of \$13.6 billion

Net savings of \$185.1 billion (over 10 years)



## Healthcare Outcomes: Offering PPPs for 6.5 million U.S. adults would:

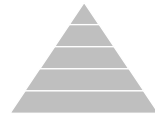
Prevent 292,000 CVD events

Generate 260,000 QALYs

Save \$36.9 billion in healthcare costs



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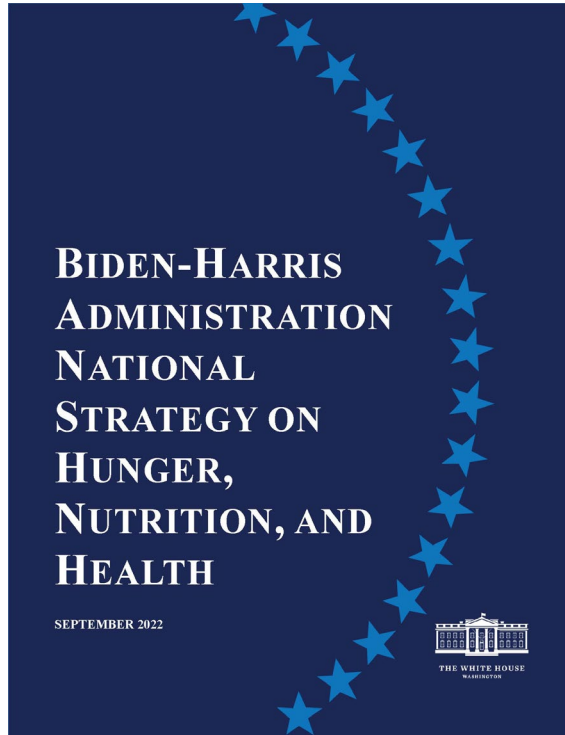


## Policy and Payment Pathways

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# National Momentum: FIM & HRSN



White House, [Biden-Harris Administration National Strategy on Hunger, Nutrition, and Health](#) (Sept. 2022)



December 6, 2022

## Addressing Health-Related Social Needs in Section 1115 Demonstrations



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CMS, [Addressing Health-Related Social Needs in Section 1115 Demonstrations](#) (Dec. 6, 2022)

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
700 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



### CMCS Informational Bulletin

**DATE:** November 16, 2023

**FROM:** Daniel Tsai, Deputy Administrator and Director  
Center for Medicaid and CHIP Services

**SUBJECT:** Coverage of Services and Supports to Address Health-Related Social Needs in Medicaid and the Children's Health Insurance Program

This guidance discusses opportunities available under Medicaid and the Children's Health Insurance Program (CHIP) to cover clinically appropriate and evidence-based services and supports that address health-related social needs (HRSN). An individual's HRSN are derived from a person-specific assessment of social determinants of health (SDOH),<sup>1</sup> and extensive research has indicated that SDOH and associated HRSN can account for as much as 50 percent of health outcomes.<sup>2</sup> While SDOH are broad environmental conditions, HRSN are specific to an individual and when unmet, these individual-level adverse social conditions contribute to poor health outcomes. These needs, when unmet, can drive lapses in coverage and access to care, higher downstream medical costs, worse health outcomes, and perpetuation of health inequities, particularly for children and adults at high risk for poor health outcomes, and individuals in historically underserved communities.<sup>3</sup>

By addressing HRSN, state Medicaid and CHIP program can help their enrollees stay connected to coverage and access needed health care services, and supplement – but not supplant – existing local, state, and federal supports. The Centers for Medicare & Medicaid Services (CMS) supports states in addressing HRSN through multiple Medicaid and CHIP authorities and mechanisms. These initiatives include coverage of clinically appropriate and evidence-based HRSN services and supports; care delivery transformations, including improvements in data sharing; and performance measurement to create accountability for HRSN screening and connecting to needed supports as part of successful care management.

<sup>1</sup> WHO defines social determinants of health as the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems.

<sup>2</sup> <https://aspe.hhs.gov/sites/default/files/documents/c2b053a464c844ae8f016e7474a49/SDOH-Evidence-Review.pdf>

<sup>3</sup> <https://aspe.hhs.gov/reports/building-evidence-base-social-determinants-health-interventions>

CMS, [Coverage of Services and Supports to Address Health-Related Social Needs in Medicaid and the Children's Health Insurance Program](#) (Nov. 16, 2023)



# Payment Pathways Roadmap

**No coverage of FIM** in baseline Medicaid under federal law

## Medicaid Options

1115 Demonstration Waivers

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1915(c/i) HCBS Waivers and SPAs

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State Plan Authority

## Other Sources

Older Americans Act

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Grants & Pilots

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USDA Grants



# Medicaid 1115 Demonstration Waivers for HRSN

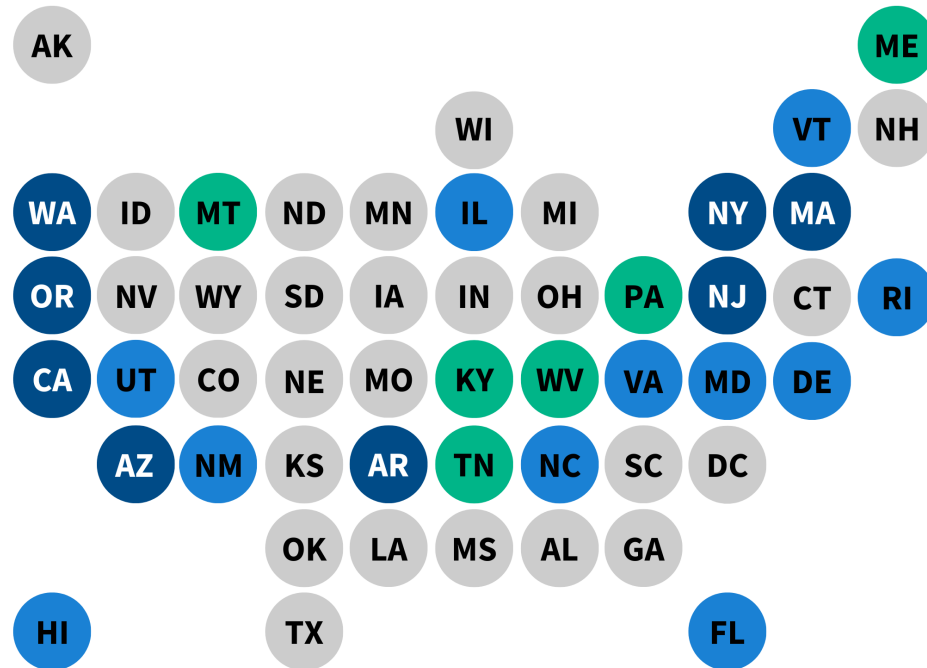
Description	FIM Interventions	Requirements	Patients Reached
<ul style="list-style-type: none"> <li>Broad, flexible waivers for <b>pilot or demonstration</b> programs through Medicaid</li> <li>Can cover <b>services</b> not in Medicaid (e.g. FIM, housing)</li> </ul>	<ul style="list-style-type: none"> <li>Outreach and Education</li> <li>Home-delivered Meals</li> <li>MTMs</li> <li>Groceries</li> <li>Produce Prescriptions</li> <li><b>Up to 3 meals</b> per day</li> <li>Patient eligibility renewed every 6 months</li> </ul>	<ul style="list-style-type: none"> <li>State applies for <b>CMS approval</b></li> <li>Must be <b>budget neutral</b> but flexibility for HRSN</li> <li><b>HRSN costs</b> limited to 3% of total spending</li> <li><b>Infrastructure funds</b> available, 15% of HRSN spending</li> </ul>	<ul style="list-style-type: none"> <li>Can be <b>statewide</b></li> <li>Must be <b>medically appropriate</b> as determined by state risk factors</li> <li>Example <b>populations</b>:               <ul style="list-style-type: none"> <li>Diet-related Conditions</li> <li>Pregnant + 2 month post-partum</li> <li>SMI or SUD</li> </ul> </li> </ul>

Statutory Backing: [42 USC § 1315](#)



# 1115 Medicaid Waivers: Food & Nutrition

## Medicaid Section 1115 Waivers that Seek to Address Enrollees' Health-Related Social Needs (HRSN), Including Housing and Nutrition



- Approved under HRSN framework (8 states)
- Approved prior to HRSN framework (11 states)
- Pending (6 states)

**Source:** KFF Section 1115 Waiver Tracker

\*As of February 25, 2024. Some states with approved 1115 waivers also have additional SDOH provisions pending at CMS.



# Funding FIM: Pilots & Grants

## Legislation

- [California](#)
  - MTMs for up to 6 months for patients with diet-related diseases

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- [North Carolina](#)
  - Directing funds to NGOs administering produce RxS

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- [Virginia](#)
  - Mandate 3-year pilot program to establish and analyze produce RxS

## NGOs/Agencies

- [Elevance Health Foundation](#)
  - \$30 million
  - Assisting with any FIM initiative for 3-years

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- [Rockefeller Foundation and American Heart Association](#)
  - \$250 million to analyze and develop FIM programs and knowledge

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- [HHS/Indian Health Service \(IHS\) P4](#)
  - \$2.5 million to evaluate the impact of produce prescription programs on AI/AN people

# Payment Pathways for FIM: USDA

- The **Gus Schumacher Nutrition Incentive Program** (GusNIP) provides grant money for:
  - PRX programs
  - Nutrition Incentives (matching programs)
- **Regional Food System Support** with programs like the Local Food Promotion Program, Farmers Market Promotion Program, and Regional Food Systems Partnerships
- **Education:** SNAP-Ed funding can directly support nutrition education within FIM interventions.



Nutrition Incentive Hub, [GusNIP Grantees](#) (last visited Oct.10, 2023).  
USDA, [Gus Schumacher Nutrition Incentive Program](#) (last visited Oct.10, 2023).



# Best Practices for Scaling FIM

## Best Practices

Partner with Community-Based  
Organizations (CBOs)

Invest in Targeted Infrastructure

Identify Multiple Funding Streams





# Best Practices for Scaling FIM

Practice	Description	Example
<p><b>Partner with Community-Based Organizations (CBOs)</b></p>	<p>CBOs manage various Food is Medicine initiatives and are <b>crucial in closing access gaps</b>, gathering data, and strategizing enhancements for state programs. States support CBOs with accreditation, health system navigation, and problem resolution.</p>	<p>Community Servings in Massachusetts co-authored research articles on Food is Medicine and advocated for MassHealth to improve malnutrition screenings and referrals.</p>



# Best Practices for Scaling FIM

Practice	Description	Example
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**Invest in Targeted Infrastructure**

States need robust infrastructure to effectively run Food is Medicine programs, including **investments in technology, supply chains, workforce training, and community outreach.**

The Arkansas ARHOME program established intensive care coordination for health services and community supports for at-risk populations.



# Best Practices for Scaling FIM

Practice	Description	Example
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**Identify Multiple Funding Streams**

States should **diversify funding sources** to enhance and protect their Food is Medicine initiatives. Relying on a single source risks program sustainability.

North Carolina used GusNIP to fund produce prescriptions, started a pilot through a nonprofit, and sought additional funding via an 1115 waiver.



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Questions?