



A FOOD IS MEDICINE PILOT

To improve health, save costs, and enhance patient quality of life

S.1403 & H.2298

AN ACT RELATIVE TO ESTABLISHING A FOOD AND HEALTH PILOT PROGRAM

On February 17th, Senator Julian Cyr and Representative Denise Garlick reintroduced *An Act Relative to Establishing and Implementing a Food and Health Pilot Program*. This legislation would require the Massachusetts Office of Medicaid (MassHealth) to establish a Food and Health Pilot Program that equips health care systems to connect MassHealth enrollees with diet-related health conditions to one of three appropriate nutrition services, with the expectation that health outcomes will improve and cost of care will decrease.

RATES OF DIET-RELATED CHRONIC DISEASE ARE EXPECTED TO WORSEN IN THE WAKE OF COVID-19

- **Prior to COVID-19, chronic conditions were associated with:**
 - 56% of all deaths and
 - 53% of all health care costs in Massachusetts¹
- **COVID-19 has exacerbated risk for these conditions, through:**
 - Skyrocketing food insecurity
 - High unemployment
 - Delayed medical care

FOOD IS MEDICINE INTERVENTIONS CAN RESPOND TO THESE TRENDS, IMPROVE HEALTH OUTCOMES, AND CONTROL HEALTH CARE COSTS

MEDICALLY TAILORED MEAL PROGRAMS:

- 16% net reduction in health care costs²
- 70% reduction in ED visits²
- 50% fewer inpatient admissions³

MEDICALLY TAILORED FOOD PACKAGES:

- Increase fruit and vegetable intake⁴
- Improve medication adherence⁴
- Improve HbA1c levels⁴

NUTRITIOUS FOOD REFERRALS:

- Improve fruit and vegetable intake⁵
- Improve HbA1c levels^{6,7}
- Improve BMI^{7,8}

Emerging research demonstrates that connecting people with complex health conditions to medically tailored nutrition services may be an effective and low-cost strategy to improve health outcomes, decrease utilization of expensive health care services, and enhance quality of life.

For more information on the Food and Health Pilot Program please contact:

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PILOT DESIGN

Patients participating in the Pilot will be screened for food insecurity, their need for medically tailored nutrition services will be assessed, and they will be referred to and enrolled in the appropriate type of nutrition service to meet their need. Each participant in the Pilot who qualifies will receive one of three medically tailored nutrition services.

LEGISLATION CREATES A FOOD AND HEALTH PILOT RESEARCH COMMISSION TO ASSIST IN DESIGN AND EVALUATION

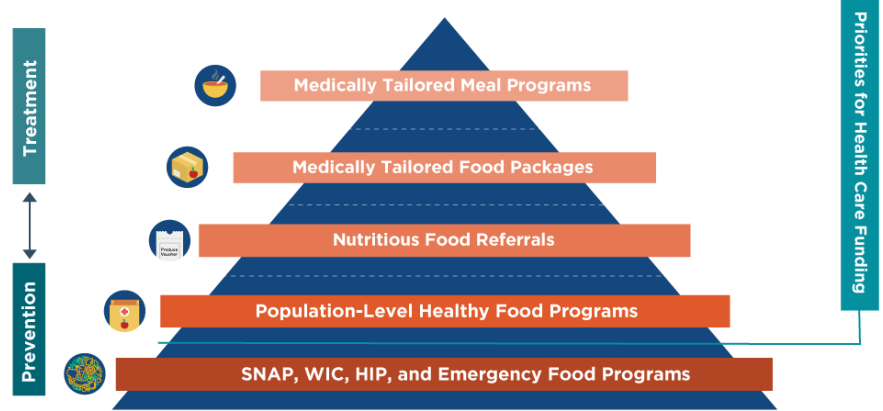
WHAT CONDITIONS COULD BE ADDRESSED?

- Congestive Heart Failure
- Type 2 Diabetes
- Chronic Pulmonary Disease
- Renal Disease
- Pre-diabetes
- Hypertension
- Obesity
- Overweight

WHAT COULD BE EVALUATED?

- Total Health Care Costs
- Emergency Department Utilization
- Hospital Admissions/Readmissions
- Pharmacy Costs
- Clinical & non-clinical Outcomes

FOOD IS MEDICINE PYRAMID



WHICH INTERVENTIONS ARE INCLUDED?

1. MEDICALLY TAILORED MEAL PROGRAMS

Medically Tailored Meals are meals tailored to personal medical conditions by a Registered Dietitian Nutritionist or other qualified nutrition professional. Individuals are referred by a health care provider or plan.

2. MEDICALLY TAILORED FOOD PACKAGES

Medically Tailored Food Packages include a selection of partially prepared or non-prepared food items selected by a Registered Dietitian Nutritionist or other qualified nutrition professional as part of treatment for an individual with a defined medical diagnosis. The recipient of medically tailored food is typically capable of shopping for and picking up the food and preparing it at home, and is referred by a health care provider or plan.

3. NUTRITIOUS FOOD REFERRALS

Nutritious Food Referrals are vouchers for free or discounted nutrient dense food. Individuals must receive referrals from health care providers or plans after being identified as having or being at risk for diet-related diseases.

3 GOALS OF THE PILOT

1. Evaluate the impact of offering a suite of nutrition services on health care utilization and costs
2. Expand access to Food is Medicine interventions across Massachusetts
3. Enhance the ability of our health care system to provide appropriate nutrition services based on patient need

1. Mass DPH, Chronic Disease Data, Mass.gov, (Feb. 2021).
2. The medically tailored meal provider in this study was Boston-based Community Servings. Seth A. Berkowitz et al, Association Between Receipt of a Medically Tailored Meal Program and Health Care Use, JAMA INTERNAL MEDICINE, (2019).
3. The medically tailored meal provider in this study was Boston-based Community Servings. Seth A. Berkowitz et al, Meal Delivery Programs Reduce the Use of Costly Health Care in Dually Eligible Medicare and Medicaid Beneficiaries, HEALTH AFFAIRS, (2018).
4. Hilary Seligman et al, A Pilot Food Bank Intervention Featuring Diabetes-Appropriate Food Improved Glycemic Control Among Clients in Three States, HEALTH AFFAIRS, (2015).
5. Erika Trapl et al, Dietary Impact of Produce Prescriptions for Patients with Hypertension, PREV CHRONIC DIS, (2018).
6. Richard Bryce et al, Participation in a Farmers' Market Fruit and Vegetable Prescription Program at a Federally Qualified Health Center Improves Hemoglobin A1C in Low Income Uncontrolled Diabetic, PREVENTATIVE MEDICINE REPORTS, (2017).
7. Jennifer Valrose et al, Impacts of the Fruit and Vegetable Prescription Program: Report to The Center for Prevention at Blue Cross Blue Shield of Minnesota, WILDER RESEARCH, (2015).
8. Michelle Cavanagh et al, Veggie Rx: An Outcome Evaluation of a Healthy Food Incentive Programme, PUBLIC HEALTH NUTR., (2017).

