FIMMA
FOOD IS MEDICINE MASSACHUSETTS

October 28, 2021

Senator Joanne M. Comerford
Senate Chair, Joint Committee on Public Health
Massachusetts State House, Room 413-C
Boston, MA 02133

Senator Susan L. Moran
Senate Vice Chair, Joint Committee on Public Health
Massachusetts State House, Room 506
Boston, MA 02133

Representative Marjorie C. Decker
House Chair, Joint Committee on Public Health
Massachusetts State House, Room 33
Boston, MA 02133

Representative Brian W. Murray
House Vice Chair, Joint Committee on Public Health
Massachusetts State House, Room 136
Boston, MA 02133

Re: An Act Relative to Establishing and Implementing a Food and Health Pilot Program (H.2298/S.1403)

Dear Chair Comerford, Chair Decker, Vice Chair Moran, and Vice Chair Murray,

On behalf of Food is Medicine Massachusetts (FIMMA), we are grateful for the opportunity to express our support for H.2298/S.1403, *An Act Relative to Establishing and Implementing a Food and Health Pilot Program.*

Food is Medicine Massachusetts (FIMMA) is a multi-sector coalition comprised of over 100 organizations representing nutrition programs, patient and advocacy groups, health care providers, health insurers, academics, and professional associations. FIMMA's mission is to expand access to Food is Medicine services so that all individuals in Massachusetts have access to the nutritious foods they need to prevent, manage, and treat diet-related chronic conditions.

Food is Medicine services such as medically tailored meals, medically tailored food packages, and nutritious food referrals are interventions that recognize and respond to the critical link between nutrition and chronic illness. These interventions provide healthy foods for individuals living with or at risk for serious health conditions affected by diet. By addressing nutritional needs within the context of health care, Food is Medicine interventions play an important role in preventing and managing many chronic health conditions that drive health care costs across the Commonwealth such as diabetes, cardiovascular disease, kidney disease, some cancers, and HIV.

A growing body of evidence indicates that connecting low-income individuals with diet-related diseases to Food is Medicine interventions may be an effective, low-cost strategy to improve health outcomes, decrease use of expensive health care services, and improve patient quality of life.[1] For example, a 2019 Massachusetts-based study found that receipt of medically tailored

meals was associated with 49% fewer inpatient admissions, 72% fewer admissions into skilled nursing facilities, and a 16% reduction in total health care costs.[2] Similarly, pilot studies of medically tailored food package and nutritious food referral programs have found improvements in key health indicators such as HbA1c for individuals living with diabetes,[3, 4] fruit and vegetable intake,[5] self-efficacy, [6] and medication adherence.[7] (See *Food is Medicine: Peer-Reviewed Research in the U.S.* for a comprehensive review of all Food is Medicine research.)

Bills H.2298/S.1403 call for Massachusetts to implement a first-in-the-nation Food is Medicine Pilot Program that would require the State to test the efficacy of providing a spectrum of Food is Medicine services for food insecure individuals with one or more diet-related chronic conditions. A robust evaluation will allow the State to assess the impact of providing a spectrum of Food is Medicine services on various metrics such as total health care costs, emergency department utilization, hospital admissions/readmissions, pharmacy costs, and clinical and non-clinical outcomes.

Since the introduction of this legislation, there have been many changes in our State:

- **COVID-19 has amplified the need for health-related social supports for marginalized communities and populations within Massachusetts.** COVID-19 caseloads are slowly decreasing and the economy has begun to improve, yet recovery has been uneven.[8] Low-income individuals and communities of color — populations with higher rates of diet-related chronic conditions —have been left further disadvantaged and at higher risk of food insecurity.[9,10,11]

- **The MassHealth Flexible Services Program, the first pathway to support the provision of nutrition services through the health care system, has become an established program for participating MassHealth Accountable Care Organizations (ACOs)**. Though the number and scope of ACO-SSO partnerships providing access to nutrition services has been slowly increasing since the launch of the program in April 2020, nutrition services are not yet offered at all ACO. This progress on the program has demonstrated opportunities and gaps related to the Flexible Services Program structure.[12,13,14]

- **Preliminary data from MassHealth's recently released Interim Report has shown promising results associated with the Flexible Services Program.** This data underscores the ability of Food is Medicine services to lower health care costs, reduce health care utilization, and improve health outcomes.[15]

Implementing a Food and Health Pilot Program in Massachusetts has never been more timely or important. The pilot program presents an incredible opportunity to build off advancements in our state to strengthen Food is Medicine systems in Massachusetts and beyond. Overall, this legislation would expand access to vital Food is Medicine services, allow Massachusetts to

profoundly strengthen the growing evidence-base surrounding Food is Medicine interventions, and advance the goals of creating sustainable reimbursement through the health care system.

A Food and Health Pilot Program Would Increase Access to Food is Medicine Services

The Pilot could expand access to Food is Medicine services beyond MassHealth's Flexible Services Program

Notably, the Flexible Services Program is limited to MassHealth ACOs, yet only half of MassHealth members receive care within an ACO structure.[16] Patients that screen positive for food insecurity and who have diet-related chronic conditions but do not participate in a MassHealth ACO may therefore have more limited access to Food is Medicine interventions. Similarly, health care providers who do not participate in an ACO may be less able to offer these services to their patient populations. Data from the Massachusetts Food is Medicine State Plan highlighted that:

- For institutions that do screen for food insecurity, 35% have no follow-up treatment plan for patients.
- 68% of health care respondents reported that their organization faces barriers in referring patients to food and nutrition resources.
- 57% of health care providers cited lack of knowledge of available resources as a principal barrier preventing referrals to Food is Medicine interventions.[17]

As written, the Food and Health Pilot Program is not limited to the MassHealth ACO system. The proposed pilot could therefore have the added benefit of creating an opportunity to implement and evaluate the provision of Food is Medicine services at one or more health systems that serves MassHealth patients outside of the ACO model. In doing so, the pilot could establish access to vital medically tailored nutrition services for the thousands of additional patients struggling with diet-related disease.

The Pilot could ensure that the full spectrum of Food is Medicine Services are available to meet the individual nutritional needs of patients through the Flexible Services Program

While many MassHealth ACOs offer some type of nutrition service through the Flexible Services Program at this time, the scope of those offerings often remains limited. These limitations can be problematic as individuals have varying levels of nutritional need depending on their condition(s) and ability to shop and cook for themselves.

This legislation could be leveraged to ensure that participating health systems have the ability to provide access to a spectrum of nutrition services to meet these individual needs. This could be accomplished by expanding upon existing Flexible Services Programming. For example, if a MassHealth ACO currently offers patients access to medically tailored meal programming, the pilot program could provide a valuable opportunity to add access to a medically tailored food

package service and a nutritious food referral program for the duration of the pilot period. Additionally, the pilot could encourage MassHealth ACOs that do not yet provide access to *any* Food is Medicine interventions to add these important interventions into their Flexible Services program.

A Food and Health Pilot Program Would Strengthen the Evidence-Base Associated with Food is Medicine Services

The Pilot would rigorously test the efficacy of providing access to a suite of Food is Medicine services through the health care system

The evidence-base associated with Food is Medicine interventions is growing rapidly, yet gaps still remain. Most studies are small, quasi-experimental, and with high variability across study design.[18,19,20] Currently, two states have passed and implemented large Food is Medicine pilot programs, yet both pilots are limited to only exploring the impact of providing a single intervention--medically tailored meals--to individuals with specific chronic conditions.[21] Recently, federal legislation was reintroduced also calling for a national medically tailored meal pilot project.[22] Though these pilot projects are promising opportunities for medically tailored meals, they will not provide much-needed insight into the impact of providing access to a wider suite of Food is Medicine services.

Additionally, while the MassHealth Flexible Services Program includes mandatory reporting to evaluate the impacts of nutrition services on health care costs, utilization, and outcomes, these reporting requirements are extremely broad, reducing the depth and consistency of evaluation. For example, ACOs are only required to report on one metric related to clinical outcomes, and this metric may vary between ACOs. Lack of a robust evaluation surrounding clinical health outcomes associated with the provision of Food is Medicine services is a lost opportunity for Massachusetts, especially given the variety of health conditions that these services have been shown to improve. The Food and Health Pilot Program therefore presents an important opportunity to implement a large-scale, robust evaluation of Food is Medicine services which may help pave the path for long-term reimbursement in Massachusetts and beyond.

Research could focus on the impact of Food is Medicine services on high and rising risk populations

Specific populations in Massachusetts could especially benefit from increased evaluation and receipt of Food is Medicine services, particularly older adults, individuals experiencing high-risk pregnancies, and children. The need for Food is Medicine interventions is particularly acute among older adult populations. Roughly 7.5% of older adults in Massachusetts struggle with food insecurity. Older adult populations are also disproportionately impacted by nutrition-related disease. As of 2016, 62% of U.S. adults above the age of 65 were living with one or more chronic conditions, as compared to only 18% of adults between the ages of 18-64.[23] As a result, the Centers for Disease Control and Prevention (CDC) has identified nutrition-related chronic conditions such as heart disease (25.1%), cancer (20.7%), and stroke (6.1%) as leading causes of death for older adult populations.[24] These trends are becoming increasingly critical as public

health crises such as COVID-19 place older adults with poorly controlled chronic conditions at particular risk.

Individuals experiencing high-risk pregnancies could also benefit greatly from increased access to Food is Medicine services. In Massachusetts, cardiovascular disease is the leading cause of pregnancy-associated death.[25] Obesity during pregnancy is associated with an increased use of health care services and longer hospital stays, not to mention an independent risk factor for neural tube defects, fetal mortality, and preterm delivery.[26,27] Overall, pregnant individuals with multiple chronic conditions tend to stay in the hospital twice as long as pregnant individuals without multiple chronic conditions resulting in a $8,000 increase in delivery hospitalization costs comparatively.[28] Current research indicates that Food is Medicine services may lead to lower health care costs and improved health outcomes for individuals experiencing high-risk pregnancy, yet additional research is needed focusing specifically on this target population.[29]

Similarly, children should be considered a high-need population for Food is Medicine services. A recent USDA report shows that food insecurity rates have decreased since the height of the pandemic, settling near pre-pandemic rates. However, food insecurity among households with children remains higher than pre-pandemic levels.[30] In 2020, 14.8% of all households with children in the United States and 15.3% of households with children under six experienced food insecurity.[31] Food insecurity is associated with numerous adverse health consequences for children as access to nutritious food is critical early in life during the period of rapid growth and brain development. Young children raised in food-insecure households have a higher risk of hospitalization,[32,33] developmental risk,[34] poor academic performance,[35,36] and behavioral problems and emotional distress.[37] Inadequate nutritional intake can also increase children's vulnerability to future adverse chronic conditions, such as obesity, diabetes, and cardiovascular disease.[38] Despite the consequences of food insecurity and chronic disease on children, limited research has investigated the benefits of Food is Medicine programming for this population.[39]

Not only could the Food and Health Pilot bill expand access to these high and rising risk populations, the resulting evaluation could help fill gaps in research surrounding population-specific outcomes.

A Food and Health Pilot Program is a First Step to Building an Effective, Sustainably-Funded Food is Medicine System in Massachusetts

The Pilot presents a clear opportunity to provide Food is Medicine Services at the household-level, a key indicator of program impact

Providing nutrition services at the household-level is essential to improving health outcomes and addressing health disparities to close the health gap in our state. While research illustrating the impact of providing nutrition services at the household-level is limited, Food is Medicine practitioners and health care providers frequently report anecdotal evidence that food is shared. One of the few studies analyzing the impact of household size on fruit and vegetable intake with produce vouchers found that household size dramatically reduced fruit and vegetable intake when using produce vouchers. The study found that the difference in the voucher effect between

a household of 1 person versus a household of 8 people was about 0.8 cups per day. Study authors therefore recommended that nutrition services should be adjusted for household size because food is shared by the household.[40]

In recognition of the importance of serving the household, MassHealth has included a proposal to allow the provision of nutrition services at the family-level in its recent 1115 Waiver extension request. However, the Centers for Medicare and Medicaid Services (CMS) have historically taken a rigid stance on this issue, placing warranted uncertainty on MassHealth's proposal.

A Food and Health Pilot Program creates another pathway for Massachusetts to provide critical nutrition services at the household level and presents an invaluable opportunity to evaluate the impact of serving the household to build the evidence-base to provide family-level nutrition support. [41]

Pilot implementation and outcomes will inform broader systems change which is critical to advancing Food is Medicine in Massachusetts

Implementing a Food and Health Pilot program would be a critical first step to building a robust, sustainably-funded Food is Medicine system in Massachusetts. MassHealth's Flexible Services Program has provided a critical starting point for expanding access to Food is Medicine services, but it is not enough. To truly build the system Massachusetts deserves, we need to increase research; provide resources to build new programs and initiate community-clinical partnerships; improve infrastructure supporting organizations looking to scale their Food is Medicine services; and create sustainable funding pathways that are embedded in MassHealth's payment structures.

It is imperative that we improve our Food is Medicine system in Massachusetts. A Food and Health Pilot Program will strengthen the growing research base surrounding Food is Medicine, increase access to vital nutrition services for low-income populations with or at risk for diet-related health conditions, and advance the goals of creating reliable reimbursement through the health care system. For these reasons, we strongly urge the Joint Committee on Public Health to report H.2298/S.1403 favorably out of Committee. Our State is equipped and ready to implement such a robust and timely pilot; together we can further Massachusetts' role as a leader in progressive health care.

Thank you for your time and consideration. We look forward to working with the Committee on this piece of legislation.

Sincerely,

Food is Medicine Massachusetts (FIMMA)

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