June 8, 2022

Ambassador Susan Rice
Assistant to the President for Domestic Policy
Room 469, Eisenhower Executive Office Building
Washington, DC 20502

Re: Recommendations for the White House Conference on Hunger, Nutrition, and Health

Dear Ambassador Rice:

On behalf of the Food Is Medicine Massachusetts (FIMMA) Coalition, we are grateful for the opportunity to provide policy recommendations for your consideration as you plan for the upcoming White House Conference on Hunger, Nutrition, and Health. We are thrilled that the Biden Administration is holding this event to fully examine the critical linkages between food insecurity, nutrition, and diet-related chronic disease. **We are also pleased that our policy recommendations align with the White House Conference pillars to improve food access and affordability, integrate nutrition and health, and enhance nutrition and food security research.** We believe that establishing pathways for sustainable funding for Food Is Medicine (FIM) interventions, advancing large-scale pilots, and increasing nutrition education opportunities among health care providers should be top priorities reflected in resulting policy recommendations that come from the White House Conference.

About Food is Medicine Massachusetts (FIMMA)

Food is Medicine Massachusetts (FIMMA) is a multi-sector coalition comprised of over 80 organizations representing nutrition programs, patient and advocacy groups, health care providers, health insurers, academics, and professional associations. FIMMA's overall mission is to build a health care system that reliably identifies people who have food insecurity and health-related nutrition needs, connects them to appropriate nutrition interventions and supports those interventions through sustainable funding streams.

FIM Interventions and the White House Conference Pillars

Food Is Medicine (FIM) interventions encompass a broad spectrum of nutrition services—medically tailored meals, medically tailored food packages, nutritious food referrals, and community-level healthy food programs—that recognize and respond to the critical link between nutrition and chronic illness by providing healthy foods, tailored to meet specific needs of individuals living with or at risk for serious health conditions affected by diet. FIM programs are therefore well-aligned with many of the White House Conference pillars, including:

- **Improve Food Access and Affordability:** Food insecurity—affecting roughly one in ten U.S. households—continues to drive poor health outcomes,[1] rising health care costs,[2] and health inequities[3] across the nation. While the primary goal of FIM programs is to improve health, they do so by improving access to the specific foods that recipients need to heal and thrive. As a result, FIM interventions are associated with reduced food insecurity.[4] Additionally, by providing these services at little or no cost to recipients, FIM programs can help to free up resources needed to pay for other necessities.
- **Integrate Nutrition and Health:** By addressing nutritional needs within the context of health care, FIM interventions play an important role in the prevention, management and/or treatment of many of the chronic conditions that drive health care costs, including diabetes, cardiovascular disease, kidney disease, certain cancers, HIV, and more. Connecting people living with these diet-related health conditions to FIM nutrition services is therefore an effective and low-cost strategy to improve health outcomes,[5,6,7,8] decrease utilization of health care services,[9] and enhance quality of life.[10]
- **Enhance Nutrition and Food Security Research:** Finally, as outlined above, a growing number of studies demonstrate the important impact of FIM interventions on healthy food access, diet quality, and health, indicating their potential to contribute to broader efforts to respond to drivers of health inequity. Expanding research into FIM interventions has therefore been highlighted as a priority for nutrition research among both thought leaders[11] as well as for federal agencies such as the National Institutes of Health.[12]

In Massachusetts, we have had the privilege of seeing firsthand the incredible impact that FIM interventions can have for patients, health care providers, and community-based organizations. However, despite a growing number of programs and opportunities afforded by policies such as the MassHealth Section 1115 Demonstration Waiver, gaps in access continue to persist. We therefore urge the DPC to use the White House Conference as a catalyst for change - change to advance widespread, equitable access to FIM interventions across the nation.

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[1] Gregory C, Coleman-Jensen A. Food Insecurity, Chronic Disease, and Health Among Working-Age Adults. A Summary Report from the Economic Research Service. USDA (2017). https://www.ers.usda.gov/webdocs/publications/84467/err-235_summary.pdf?v=2983.5. Accessed June 2, 2022.

[2] Berkowitz SA, Basu S, Gunderson C et al., State and County-Level Estimates of Health Care Costs Associated with Food Insecurity. Prev Chronic Dis 2019;16:180549. doi: 10.5888/pcd16.180549.

[3] Aspen Institute. *Food Is Medicine Research Action Plan*. https://www.aspeninstitute.org/wp-content/uploads/2022/01/Food-is-Medicine-Action-Plan-Final_012722.pdf. Accessed June 2, 2022.

[4] ibid

[5]Berkowitz SA, Terranova J, Hill C, et al, Meal Delivery Programs Reduce the Use of Costly Health Care in Dually Eligible Medicare and Medicaid Beneficiaries. Health Affairs (2018). doi: 10.1377/hlthaff.2017.0999

[6] Seligman H, Lyles C, Marshall M, et al, A Pilot Food Bank Intervention Featuring Diabetes-Appropriate Food Improved Glycemic Control Among Clients in Three States, Health Affairs, (2015). doi: 10.1377/hlthaff.2015.0641

[7]Valrose J, 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] Bryce R, Guajardo C, Ilarraza D, 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. Prev Med Rep (2017). doi: 10.1016/j.pmedr.2017.06.006

[9] Berkowitz SA, Terranova J, Randall L, et al, Association Between Receipt of a Medically Tailored Meal Program and Health Care Use. JAMA Intern Med (2019) doi:10.1001/jamainternmed.2019.0198

[10] Aspen Institute. *Food Is Medicine Research Action Plan*. https://www.aspeninstitute.org/wp-content/uploads/2022/01/Food-is-Medicine-Action-Plan-Final_012722.pdf. Accessed June 2, 2022.

[11] ibid

[12] NIH. 2020-2030 Strategic Plan for NIH Research: A Report of the NIH Research Task Force. https://dpcpsi.nih.gov/sites/default/files/2020NutritionStrategicPlan_508.pdf. Accessed June 2, 2022

To do so, we ask that the DPC include the following three policy priorities in the recommendations stemming from the conference:

1. **Establish pathways for sustainable funding for Food Is Medicine (FIM) interventions to improve food access and affordability and better integrate nutrition and health.**

To truly establish widespread, equitable access, coverage of FIM nutrition services must be built into baseline benefits for healthcare programs such as Medicaid and Medicare. Doing so, will be an important first step in integrating nutrition and health and advancing affordable food access, as outlined in the White House Conference's first and second pillars. While CMS's current approach of relying on waivers and managed care authorities to pay for FIM interventions continues to create important initial opportunities for FIM programming (as described below), it has also established a patchwork of coverage, leaving many individuals without any access to services.

Integrating FIM interventions into the Medicaid statute or regulations as a standard benefit would dramatically improve access to nutrition services for many individuals living with or at risk for serious diet-related health conditions. Similarly, building access to FIM interventions into Medicare Parts A or B would permanently address enormous gaps in coverage, ensuring that nutrition services are available to all Medicare enrollees who need them, rather than only to individuals enrolled in certain Medicare Advantage plans.

2. **Advance large-scale pilots to enhance nutrition and food insecurity research and integrate nutrition and health.**

While not long-term solutions, large-scale pilots, research studies, and demonstration waivers are invaluable strategies for testing the efficacy of novel nutrition interventions. In the absence of widespread coverage, such large-scale pilots provide important opportunities to integrate nutrition and health for Medicare and Medicaid patients in the short term, build program capacity, and inform broader efforts to establish FIM nutrition services as a future covered benefit. Additionally, findings from such studies enhance nutrition and food security research, and we see continued support for these innovative projects as critical to advancing the fifth pillar of the White House Conference.

In Massachusetts, the current MassHealth 1115 Demonstration Waiver's Flexible Services Program (FSP) is a ground-breaking large-scale pilot that has made considerable strides in addressing health-related social needs by increasing access to nutrition and housing services for MassHealth members who need them most. Though pre-Covid data is limited, preliminary utilization trends suggest that the FSP has already begun to bend the cost curve. For example, one Accountable Care Organization (ACO) observed an $11,309 reduction in total cost of care for members that received Flexible Services nutrition supports, as compared to a $345 reduction in total cost of care during the same period of time for a comparison group of members who were eligible to receive Flexible services supports but did not.[13] Additionally, one ACO found that members who received both nutrition and housing supports in the first half of 2020 saw an improvement in diabetes management. This improvement resulted in an increase

[13] Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid. Section 1115 Demonstration Project Extension Request. (August 2021).

from 74.8% to 79.7% of members with hemoglobin A1c levels below 9%, and a decrease in average A1c levels from 7.7 to 7.3, demonstrating important improvements in diabetes control.[9]

In December 2021, MassHealth submitted a request to CMS for the extension of its 1115 Demonstration Waiver. This request included proposals to continue and expand the FSP in critical ways, including allowing ACOs to provide nutrition services at the household level. If approved, this change would respond to the practical reality that food provided to a single individual is often shared across a household, diluting the intended dose of the FIM intervention. It would also provide important data on the impact of interventions that respond accordingly. Given the promising results of the FSP up to this point, FIMMA urges the DPC to recommend that CMS both approve the MassHealth extension request, specifically, and strive to approve similar proposals for large-scale pilots of FIM services put forward by other states.

Additionally, we recognize that Medicaid Section 1115 Demonstration Waivers are only one avenue for large-scale research. We therefore also urge the DPC to recommend that Congress, HHS, and other federal agencies strategically advance a range of opportunities to fund large-scale research on FIM interventions (e.g., the Medically Tailored Home-Delivered Meals Demonstration Pilot Act of 2021 (H.R. 5370), multi-state demonstration models by the Center for Medicare and Medicaid Innovation and/or the Veterans Health Administration, and NIH research grants). In doing so, policymakers could advance our knowledge of the impact of FIM interventions on health outcomes, health care utilization, and patient experience, and further bolster the case for widespread coverage.

3. Increase nutrition education among health care providers to further integrate nutrition and health.

Health care providers such as physicians and dentists can be important connectors to FIM services for their patient populations. However, many providers do not receive adequate training in nutrition science or in the practical skills needed to identify and respond to nutrition needs.[14] As result, health care providers may be well-positioned—but poorly equipped—to integrate nutrition and health for their patient populations. FIMMA is encouraged to see the recent attention devoted to this important issue at the federal level through efforts such as the passage of H.Res.1118, calling for medical schools, graduate medical education programs, and other health professional training programs to provide meaningful physician and health professional education on nutrition and diet.[15] However, more can be done to make progress on this front.

In particular, FIMMA recommends that federal policymakers advance opportunities to provide support to medical, dental, and other health professional schools to integrate nutrition education and skills training into their curricula. Such supports could include technical assistance, grants for research on best practices, and/or establishing funding for competitive grants or awards for particularly innovative, expansive, or effective approaches (such as the program envisioned in the Expanding Nutrition's Role in Curricula and Healthcare Act (ENRICH Act),[16] introduced in previous Congresses).

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[14] Food Law and Policy Clinic Harvard Law School. Doctoring Our Diet. Policy Tools to Include Nutrition into US Medical Training (2019) https://chlpi.org/wp-content/uploads/2013/12/Doctoring-Our-Diet_-September-2019-V2.pdf. Accessed May 20, 2022.
[15] https://www.congress.gov/bill/117th-congress/house-resolution/1118
[16] Expanding Nutrition's Role in Curricula and Healthcare Act (ENRICH Act), H.R. 1888, 116th Cong. (2019).

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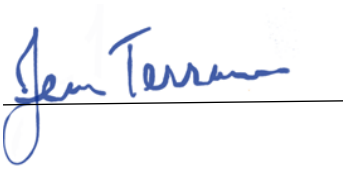
We greatly appreciate the opportunity to provide our policy recommendations. FIM nutrition interventions are actionable, evidence-informed strategies for people living with or at risk for serious health conditions affected by diet, and these interventions offer cost-effective solutions to the challenges identified in the White House Conference pillars. We are eager to continue to be part of the conversation as the DPC plans for the White House Conference on Hunger, Nutrition and Health.

We welcome any follow up and questions. Please contact Katie Garfield (kgarfield@law.harvard.edu), Director of Whole Person Care and a Clinical Instructor at the Center for Health Law and Policy Innovation of Harvard Law School or Jean Terranova (jterranova@servings.org) Director of Food and Health Policy at Community Servings if we can be of assistance and co-conveners of Food is Medicine Massachusetts (FIMMA).

Sincerely,

Food is Medicine Massachusetts (FIMMA)



Jean Terranova, FIMMA Co-convenor
Director of Food and Health Policy
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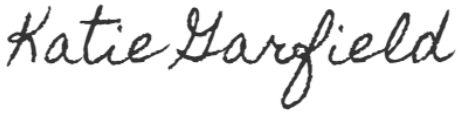

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