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Food As Medicine

Policy Options to Support Food Security, Improve Health, and Lower Costs in Michigan

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Food As Medicine (FAM) programs seek to improve health and/or treat disease or illness by influencing dietary behaviors. They are rooted in the understanding that the food we put into our bodies influences our well-being.

There are several FAM program models; this brief focuses on produce prescription programs, also known as FreshRX programs, where patients are given a referral or "prescription" that can be used to purchase produce or other healthy food items. Successful produce prescription programs tend to engage partners in various sectors such as health care, community, farmers, and food retail (e.g., farmers market, grocery store).

Produce prescription programs have been shown to positively impact routine or preventative health behavior, [1] diet quality, [2] and health outcomes (e.g., decreased HBA1c and BMI).[3] Furthermore, patients engaged in preventative behaviors may reduce costs for our health care system. Additionally, produce prescription program recipients have perceived an improvement in food security and access.[4]

This brief outlines policy and regulatory opportunities to support produce prescription programs for Michigan's Medicaid and Medicare recipients.

To learn more about food as a social determinant of health or PPA's work on food policy issues, contact Anna Colby.

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State Policy

The Medicaid program provides a potential opportunity for steady and secure funding for FAM programs through state policy change that would (1) allow for the reimbursement of food provided to Medicaid beneficiaries, and (2) financially supporting community-based organizations (CBOs) that provide these services.

MEDICAID 1115 WAIVER

The Michigan Department of Health and Human Services (MDHHS) administers Medicaid in Michigan within broad federal guidelines. MDHHS could apply to the Centers for Medicare and Medicaid Services (CMS) for a Section 1115 Demonstration Waiver to allow for the reimbursement of food and meals through Medicaid.

HEALTH PLAN CONTRACT

Michigan's Health Plan Contract outlines the parameters of the relationship between the state (i.e., MDHHS) and Medicaid Health Plans. When MDHHS rebids this contract, they could make changes to what is expected from the Medicaid Health Plans, such as changing the contract language in such a way that incentivizes them to participate in or financially support FAM programs.

Examples: State 1115 Waivers

North Carolina is in the process of implementing the Healthy Opportunities Pilot that will cover the cost of certain non-medical services, including food, through Medicaid. Food, as a covered benefit is just one part of North Carolina's larger clinical-community linkages initiative. Visit the Healthy Opportunities webpage to learn more.

New York state has submitted a proposal for an 1115 waiver to address health disparities exacerbated by the COVID-19 pandemic. Among other things, the waiver proposes to establish a network of community-based organizations that provide services to patients to address their social determinants of health, including food insecurity. View this Concept Paper to learn more.

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Local and Institutional Policy

While state policy change would be required to ensure financial support of FAM programs statewide, change could be made at the local or institutional level by working directly with individual insurers or institutions.

MEDICAID HEALTH PLANS

While federal requirements do not allow for standard Medicaid to reimburse for food or meals, Medicaid Health Plans can choose to cover the cost of food for patients through regulatory flexibilities, such as “in-lieu-of services,” “value-added services,” and “quality improvement activities;” some of which have positive financial implications for the health plan. For more information, see page 8 of Produce Prescriptions: A U.S. Policy Scan.

Additionally, supporting a FAM program may help Medicaid Health Plans fulfil their contract with the state.[5]

MEDICARE ADVANTAGE

As of 2021, Medicare Advantage and dual health (Medicare and Medicaid) plans have started to cover groceries or unprepared foods. This change is likely due to a 2020 federal policy change that allowed Medicare Advantage to provide expanded services to chronically ill individuals. Historically, Medicare Advantage plans have only been able to be reimbursed for covering meals in limited circumstances—and not unprepared foods or groceries.

HEALTH AND HOSPITAL SYSTEMS

Health and hospital systems may decide to financially support a FAM program that helps them meet their health and care goals, especially those tied to state and federal funding. For example, hospitals with funding tied to reducing readmissions, may provide food as part of a transition-to-home from the hospital service.[6] Health and hospital systems that can show that FAM programs result in lower healthcare costs and a return on investment may be more likely to support FAM programs.

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Key Considerations

Where to focus and wield influence—state, local, or institutional policy?

- Influencing state policy tends to be more challenging, have a longer lead time, and take more resources. However, these large policies often pose the biggest opportunities for large scale and sustained change.
- Influencing local and institutional policies may take fewer resources and have fewer barriers, however, their impact may also be lesser or more difficult to enforce or maintain over the long term.

STATE POLICY CONSIDERATIONS

Capacity and Feasibility

- An 1115 waiver would involve significant attention from MDHHS. With MDHHS heading up Michigan's response to the ongoing public health emergency, MDHHS may not have the capacity or will to pursue a comprehensive waiver.
- The Michigan Health Plan contract is required to be rebid every five to eight years.

Precedence and Lessons Learned

- North Carolina and New York provide recent examples of 1115 Waivers
- Medicaid Health Plan contract examples can be found: Addressing Social Determinants of Health via Medicaid Managed Care Contracts and Section 1115 Demonstrations.

Framing

- The COVID-19 pandemic has laid bare the health disparities in the state and the need for more support to address the social needs of residents. A program that addresses social needs, such as food insecurity, could be framed as a pandemic response effort to bolster our health care system and support Michigan residents. (See the New York State example on page one as a case in point.)

Timeline

- An 1115 Waiver could be pursued at any time.
- Planning for what to include in the rebid of the Michigan Medicaid Health Plan contract is likely to start in 2022 with the contract start date in late 2023.

Supporters and Detractors

- Political will should be considered; prior 1115 Waiver efforts in Michigan have involved the state legislature.
- Health plan response should be considered. Medicaid Health Plans have the ear of and a close relationship with MDHHS.
- Coordination of advocacy or education efforts across organizations would be prudent.

1. Beck, Andrew F., et al., "Forging a pediatric primary care-community partnership to support food-insecure families," Pediatrics 134(2) (August 2014): e564-71.
2. Ferrer, Robert L. et al., "Primary Care and Food Bank Collaboration to Address Food Insecurity: A Pilot Randomized Trial," Nutr Metab Insights (2019): 12; Seth A. Berkowitz, et al., "Health Center-Based Community-Supported Agriculture: An RCT," American Journal of Preventive Medicine 57(6) (2019): S55-S64; and Alicia J., Cohen, et al., "Increasing Use of a Healthy Food Incentive: A Waiting Room Intervention Among Low-Income Patients," Am J Prev Med. 52(2) (February 2017): 154-162.
3. Ferrer, "Primary Care,"12; and 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 diabetics," Prev Med Rep. 7 (September 2017): 176–179.
4. Saxe-Custack, Amy, et al., "Caregiver perceptions of a fruit and vegetable prescription programme for low-income paediatric patients," Public Health Nutr. 21(3) (September 2018): 2497-2506.
5. Michigan's Sample Comprehensive Health Plan Contract provides insight on current goals and related funding implications of Michigan's Medicaid Health Plans.
6. Campbell Anthony D., et al., "Does Participation in Home-delivered Meals Programs Improve Outcomes for Older Adults? Results of a Systematic Review," Journal of Nutrition in Gerontology and Geriatrics 34, no. 2 (2015): 124–167.

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