

POSITION STATEMENT:

# SBM Supports Permanent Federal Funding for Food is Medicine to Address Nutrition-related Chronic Disease

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## SUMMARY STATEMENT

The Society of Behavioral Medicine supports permanent funding of services covered in the Section 1115 Medicaid Demonstration Waivers to increase access and coverage for Food is Medicine to improve nutrition-related chronic conditions as a social need.



## THE PROBLEM

Health-Related Social Needs (HRSN) are unmet, adverse social conditions, such as food and nutrition insecurity, that contribute to the increased risk of developing nutrition-related chronic conditions. <sup>[1,2]</sup> The WHO recently emphasized the importance of increasing access to quality nutrition services, which remains a challenge in the US. <sup>[3]</sup> Nutrition-related chronic conditions are the leading cause of mortality and morbidity in the US <sup>[4,5]</sup> The experience of food and nutrition insecurity increases the susceptibility for developing nutrition-related chronic conditions, resulting in disproportionately poorer health outcomes for minoritized communities and individuals with low socioeconomic status. <sup>[6,7]</sup> Addressing the co-occurrence of nutrition-related chronic conditions and food and nutrition insecurity in the healthcare system is estimated to save over a trillion dollars annually in healthcare costs and decreased productivity. <sup>[8]</sup>

Food is Medicine (FIM) is emerging as a potential solution to address the interrelated challenges of food and nutrition insecurity and inequities in nutrition-related chronic conditions through increasing access to health-promoting foods, such as produce prescription programs and medically supportive groceries or meals, in the healthcare setting. <sup>[9]</sup> FIM interventions have demonstrated improvements in vegetable and fruit intake, <sup>[10]</sup> body mass index <sup>[11,12]</sup> and food security, <sup>[13]</sup> among other physical and mental health outcomes. <sup>[9,14]</sup> Currently, local and state authorities are leveraging healthcare dollars through 1115 Waivers to implement FIM and other nutrition supports; however, these are temporary pilot programs set to expire. <sup>[15]</sup> Given the state-by-state implementation of 1115 Waivers, there is extensive variability in how FIM is

implemented and evaluated. Although there are benefits to adapting implementation across populations, there is a need for creating standardized implementation and funding guidelines to improve the dissemination, scalability, and generalizability to address HRSN. <sup>[16]</sup> As more states are interested in expanding FIM, urgent legislative action is needed for federal implementation and permanent enactment of 1115 Waivers to bridge the gap in health disparities among Medicare and Medicaid beneficiaries. In synergy with the Society of Behavioral Medicine's advocacy efforts to "Prioritize "Food is Medicine" Initiatives in the 2023 Farm Bill for Human and Planetary Health", the permanent enactment of 1115 Waivers will allow for expansion of FIM services to ensure nutrition supports are consistently funded regardless of the reallocation of funding the Farm Bill undergoes every five years. <sup>[16]</sup>

## CURRENT POLICY

The Center for Medicare and Medicaid Services launched the Section 1115 Waiver Demonstrations to allow states flexibility to design and improve their resources and programs to support HRSN. <sup>[17]</sup> The Section 1115 Waiver Demonstrations currently serve as an experimental or pilot period to evaluate state-specific HRSN policy approaches to better serving Medicare and Medicaid beneficiaries. <sup>[17]</sup> States with approved waivers are eligible to receive funding for an initial 5-year period, with an option to extend for an additional 3 to 5 years; however,

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even though the programs are state-operated, there are federal fiscal guidelines that must align with the budget neutrality policy, such that costs under the Section 1115 Waiver Demonstrations must not exceed what they would have been for that state without the waiver.<sup>[14]</sup> Preliminary evidence has shown promise for FIM to reduce treatment costs affiliated with chronic disease management; however, as the cost of food, wages, and other budgetary requirements differ across states, it may be challenging for states with high Medicaid enrollment to implement large-scale, sustainable nutrition supports, in addition to on-going healthcare services.<sup>[18]</sup>

The US Senate Committee on Health, Education, Labor, and Pensions held a hearing in May 2024 entitled "Feeding a Healthier America: Current Efforts and Potential Opportunities for Food is Medicine," emphasizing the importance of increasing the accessibility and affordability of health-promoting foods in the healthcare setting as a strategy for improving nutrition-related chronic conditions. Bipartisan support for addressing HRSN, specifically FIM and nutrition supports, in both state-operated and private health insurance is gaining momentum, as exemplified in the Medical Nutrition Equity Act of 2023 (H.R. 6892) and the Medical Nutrition Therapy Act of 2023 (H.R. 6407), among others. Thus, there is a need for federal implementation guidelines and permanent funding for FIM services covered under Section 1115 Medicaid Demonstration Waivers to support the prevention and treatment of nutrition-related chronic conditions in the US.

## RECOMMENDATIONS

1. We urge members of Congress to support federal legislation to provide permanent funding for FIM services covered under Section 1115 Medicaid Demonstration Waivers.
2. Until the permanent funding for FIM services covered under Section 1115 Medicaid Demonstration Waivers has been enacted, we urge members of Congress to endorse legislature that supports the prevention and treatment of nutrition-related chronic conditions for Medicaid beneficiaries (i.e. H.R. 6892, H.R. 6407).
3. We urge for a federal increase for the level of reimbursement for Food is Medicine through Section 1115 Medicaid Demonstration Waivers to provide incentives for sourcing food from sustainable agricultural practices and support the development of community partnerships to increase the sustainability and scalability of Food is Medicine and other nutrition supports.

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ENDORSEMENTS

