

Food is Medicine

FEDERAL NUTRITION ADVISORY COALITION

Nutrition is the number one driver of poor health outcomes in the United States. Largely missing from healthcare conversation, nutrition insecurity explains much of the rising burdens and inequities around diet-related illnesses over the past three decades. In turn, advancing sensible food and nutrition policy will play a critical role in rectifying the growing health disparities that have disproportionately plagued underserved communities across the United States — disparities that have been exacerbated by the COVID-19 pandemic. The Federal Nutrition Advisory Coalition (FNAC) is dedicated to advancing innovative, translational research that leverages allied health professionals and existing healthcare infrastructure to reduce diet-related illnesses. From

assessing health and cost impacts associated with Medically Tailored Meals and Produce Prescriptions to leveraging opportunities within Medicare and Medicaid for better nutrition and health, our coalition supports expanding “Food is Medicine” initiatives and increasing nutrition training for physicians, which both have the power to save hundreds of thousands of Americans from premature disability, suffering, and death from diet-related health conditions like diabetes and poor cardiometabolic health.

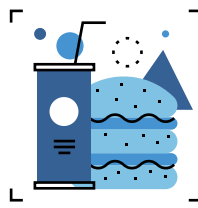
Medically Tailored Meals provide home-delivered, nutritious meals customized to patients with severe chronic conditions and limitations in activities of daily

living whereas Produce Prescriptions generally offer free or discounted produce to ambulatory patients. Having demonstrated significant improvements around health outcomes and healthcare utilization (with net cost savings), these programs — alongside provider education — should serve as a high priority for healthcare systems, payers, and patients across the country. The rapidly growing private and public interest and investment in “Food is Medicine” approaches must be informed by robust science. Research is necessary across the policy development and dissemination spectrum to advance our understanding of efficacy, cost-effectiveness, equity, and feasibility of policy, systems change and environmental supports that promote healthy eating.

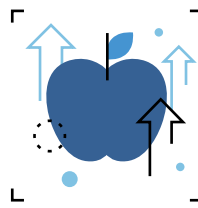
KEY FACTS AND FIGURES



Approximately 85% of current healthcare spending is related to management of diet-related chronic diseases. Estimated U.S. government expenditures on direct medical care for diabetes alone (at roughly \$160 billion per year) exceeds the annual budgets of many individual federal departments and agencies.ⁱ



10 food categories are estimated to cause nearly half of all US deaths from heart disease, stroke, and type 2 diabetes each year, approximately 178,000 Americans die from excessive consumption of sodium, processed meat, sugary beverages, and unprocessed red meat. By contrast, there are an estimated 277,000 deaths annually from underconsumption of nuts/seeds, seafood omega-3 fatty acids, vegetables, fruits, whole grains, and polyunsaturated fats.ⁱⁱ



Subsidizing fruit and vegetable purchases for Medicaid and Medicare beneficiaries by 30% is estimated to prevent 1.93 million cardiovascular disease events and save \$39.7 billion in healthcare costs if enacted at a national level over a lifetime. A similar incentive on broader healthy foods (e.g., whole grains, nuts/seeds, seafood, and plant oils) is estimated to prevent 3.28 million cardiovascular disease events and save \$100.2 billion in healthcare costs.ⁱⁱⁱ



Adults with serious medical conditions who received 10 Medically Tailored Meals per week customized to their health needs were 49% less likely to be admitted to inpatient care facilities and 72% less likely to be admitted to skilled nursing facilities — leading to an estimated 16% reduction in total health care costs.^{iv}



The **Supplemental Nutrition Assistance Program (SNAP)**, supporting roughly 42 million Americans per month,^v has been extraordinarily successful in reducing food insecurity, but could be leveraged more effectively to reduce nutrition insecurity.

Food is Medicine

CORE POLICY OBJECTIVES



Encourage Congress to explore pilot programs that provide qualified individuals with medically tailored home-delivered meals and Produce Prescriptions through Medicaid and Medicare. We also recommend that states apply for Section 1115 Waivers that allow Medicaid programs to pay for and test Food is Medicine programs.



Leverage the \$70 billion per year SNAP program for better nutrition for income-eligible individuals and families. This could include further strengthening SNAP-Education, increasing subsidies for fruits and vegetables and nutrition incentives to promote healthier food options.



Instruct the Secretary of Health and Human Services to issue guidance to include Medically Tailored Meals and Produce Prescriptions as reimbursable in Medicaid under the Rehabilitative Services Benefit or the Home Health Care Services Benefit.



Continue to expand Medicare and Medicaid reimbursement for telehealth, including nutritional counseling by Registered Dietitians Nutritionists (RDNs), to improve access for underserved communities, and encourage Congress to explore policy options that expand access to nutritional counseling for common, diet-related chronic conditions.



Ensure federal policy supports education of physicians and other allied healthcare providers on food and nutrition, as well as related behavior change strategies and evidenced-based programming. The federal government should continue to support nutrition-based medical education by providing options to advance food and nutrition training including through reform of accreditation requirements, medical licensing exams, specialty certification exams, continuing medical education requirements, and advancing nutrition education for healthcare professionals through a new National Institute of Nutrition at the National Institutes of Health.

ABOUT THE COALITION

The **Federal Nutrition Advisory Coalition (FNAC)** serves as an ad hoc alliance of more than 85 advocacy organizations, public health nonprofits, academic institutions, and global food brands dedicated to building national momentum and support for effective policymaking across three key areas:

- (1) **advancing nutrition science through strengthening funding, coordination, and authority within the federal government,**
- (2) **leveraging Food is Medicine interventions in healthcare, and**
- (3) **creating greater coordination of federal food and nutrition policy.**

Convened through the **Friedman School of Nutrition Science and Policy at Tufts University** with generous support from The Rockefeller Foundation, our coalition members recognize the need for greater investment and coordination in federal nutrition research, which can — and will — play a critical role in reducing health disparities, lowering healthcare spending, strengthening our food system, improving military readiness, and advancing innovations that stimulate economic growth. Our coalition assembles regularly to discuss and publish commentary on issues relevant to this effort, bringing evidence, objectivity, and actionable policy recommendations designed to accelerate solutions that address the United States' most pressing food and nutrition challenges.

The FNAC is an ad hoc alliance and may not fully represent the views of its members on all policy issues. To learn more, contact Nutrition@WaxmanStrategies.com, FederalNutritionResearch@Tufts.edu, or visit sites.tufts.edu/nutritionadvisory/about.

ⁱ <https://academic.oup.com/ajcn/article/112/3/721/5873352?login=true>

ⁱⁱ <https://www.health.harvard.edu/blog/10-foods-that-may-impact-your-risk-of-dying-from-heart-disease-stroke-and-type-2-diabetes-2019100717965>

ⁱⁱⁱ <https://pubmed.ncbi.nlm.nih.gov/30889188/>

^{iv} <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2730768>

^v <https://www.cbpp.org/research/food-assistance/snap-is-linked-with-improved-nutritional-outcomes-and-lower-health-care>