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Center for Health Care Strategies

Breaking Down Silos: State Policy Pathways for Advancing Food and Nutrition Strategies to Improve Health

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TAKEAWAYS

- Diet-related conditions affect millions of U.S. households and contribute to rising rates of chronic disease and poor health outcomes, driving significant health care costs, including for Medicaid.
- States are using a broad array of policy pathways, including Food Is Medicine (FIM) approaches — such as medically tailored meals, groceries, and produce prescriptions — to address food and nutrition insecurity, improve health outcomes, and reduce health care costs.
- This brief introduces a framework for coordinated, cross-sector action to address food and nutrition insecurity and highlights key policy levers, best practices, and examples for implementing food and nutrition strategies across Medicaid, public health, and other state systems.

Food and nutrition insecurity affect millions of U.S. households, with communities of color, seniors, veterans, and people living in rural areas disproportionately impacted. Limited access to affordable, nutritious food is linked to adverse and costly health outcomes, including higher rates of diabetes, hypertension, and cardiovascular disease. Together, these diet-related conditions drive more than $1.1 trillion in annual health care costs nationwide, placing significant strain on Medicaid programs and health systems.

In response, states are increasingly exploring ways to incorporate healthy food into patient care alongside traditional medical services. This approach — known as Food Is Medicine (FIM) — encompasses a range of services, including medically tailored meals, medically tailored groceries, and produce prescriptions, all designed to treat or prevent diet-related conditions. FIM is distinct from, but complementary to nationwide food and nutrition assistance programs, such as the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and school meal programs, which aim to improve food security for low-income households.

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When designed and implemented in a coordinated manner, FIM services and food and nutrition assistance programs have been proven to reduce food insecurity, decrease emergency department utilization, and lower overall health care costs, while also supporting long-term healthy eating and improved health outcomes.

This brief analyzes the key policy levers available to state policymakers to advance food and nutrition strategies to improve health. It draws on the American Heart Association's Food is Medicine Venn Diagram to highlight intersections across food and nutrition programs, and outlines best practices and implementation considerations for state leaders across Medicaid agencies, public health departments, state legislatures, governor's offices, and other entities working to break down silos and strengthen program effectiveness.

The Food is Medicine Venn Diagram as a State Policy Framework

The Food Is Medicine Venn Diagram, developed by the American Heart Association, provides a framework for understanding how food and nutrition strategies intersect across public health, federal food support programs, and health care delivery systems (see **Exhibit 1**, next page). Rather than organizing interventions hierarchically, it emphasizes the overlap and coordination needed across these systems to effectively address food and nutrition insecurity and diet-related health conditions. While food insecurity refers to limited or uncertain access to enough food, nutrition insecurity refers to inequitable or uncertain access to foods that promote health and help prevent or manage disease. By centering coordination rather than siloed programming, states can build more comprehensive, person-centered approaches to nutrition and health.

While this brief primarily focuses on food and nutrition assistance programs, clinically integrated FIM interventions, and cross-sector coordination strategies, broader population-level healthy food policies and programs remain foundational to the overall framework and help create the conditions necessary for long-term food access and improved health outcomes.

The sections of this brief that follow are organized according to the three domains of the FIM Venn Diagram. Each section describes the role of that domain and highlights key policy levers, state authorities, and best practices that can help states strengthen and align food and nutrition strategies.

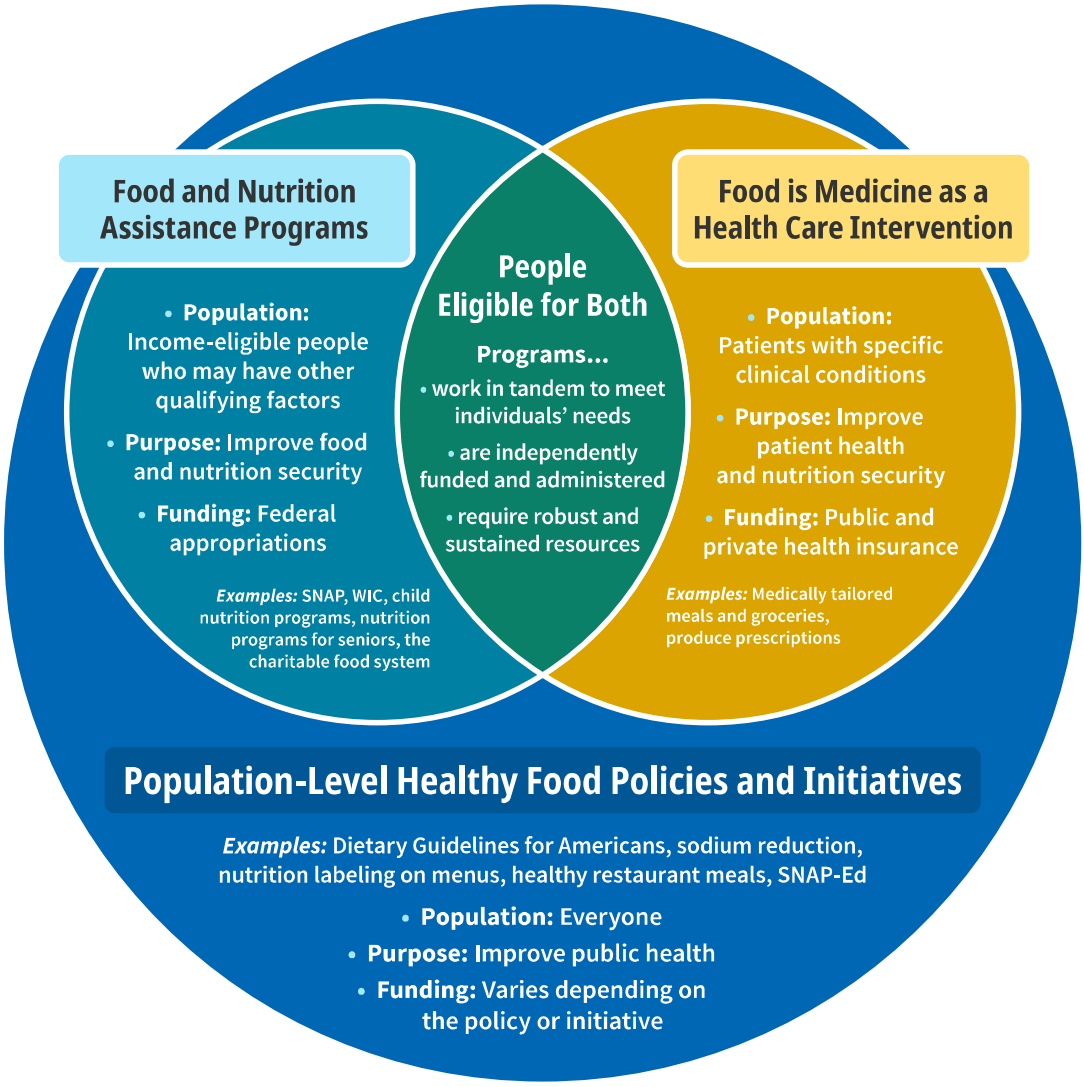
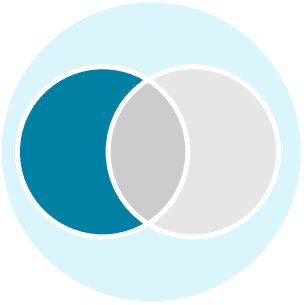


Exhibit 1. *Food Is Medicine (FIM) Venn Diagram. Adapted from the American Heart Association (Healthcare x Food Initiative), originally published in Health Affairs.*

Food and Nutrition Assistance Programs



Food and nutrition assistance programs provide consistent access to food for individuals and families. Because unstable food access is a common barrier to healthy eating and is strongly linked to poor health outcomes, these programs play a critical role in establishing food security and preventing diet-related disease before more intensive clinical interventions are needed. Key programs include SNAP, WIC, and the National School Lunch Program. Household participation in these programs is typically longer term, spanning months or years, reflecting their fundamental role in supporting ongoing food access and stability for low-income individuals and families.

Policy Levers

Through the U.S. Department of Agriculture (USDA), Congress funds and oversees core food and nutrition assistance programs. Key federal policy levers include:

- **The Farm Bill**, a periodic omnibus law that reauthorizes and funds **SNAP**, the nation's largest federal nutrition assistance program. SNAP provides monthly benefits to low-income individuals and families through an Electronic Benefits Transfer (EBT) card to purchase food. While SNAP benefits are federally funded, states administer the program and share administrative costs with the federal government.
- **Child Nutrition Reauthorization**, a periodic bill that reauthorizes and funds programs including WIC and the National School Lunch Program. **WIC** supports low-income pregnant and postpartum individuals, infants, and children under age five who are at nutritional risk by providing healthy foods, nutrition education, breastfeeding support, and health screenings. The program is federally funded and administered through grants to states and territories.
- **The National School Lunch Program** is a federally funded, state-assisted meal program that provides nutritionally balanced, low-cost, or free lunches to children on school days. The program is federally funded and administered by state education agencies in partnership with local school authorities.

State Authorities

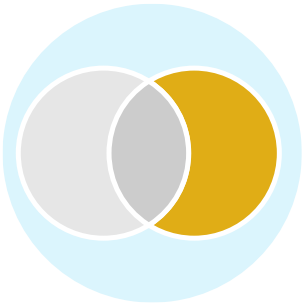
Food and nutrition assistance programs are typically administered through state public health agencies, human services agencies, or state departments of agriculture or education, though program structures vary across states.

Best Practices

States can strengthen the impact of food and nutrition assistance programs by adopting best practices that reduce access barriers and increase participation, particularly as enrollment gaps persist in programs like SNAP and WIC.

- **Promote healthy purchasing through SNAP nutrition incentives**. Integrating positive nutrition supports into SNAP can improve diet quality and encourage healthier purchasing behaviors. One key strategy is offering financial incentives for participants to buy nutritious foods, particularly fruits and vegetables. Many states leverage the Double Up Food Bucks program, which matches SNAP EBT dollars spent on fresh, locally grown produce, increasing participants' purchasing power while supporting local farmers and food systems.
- **Modernize EBT systems to protect participants and strengthen program integrity**. In response to rising fraud and EBT "card skimming," some states are seeking to modernize SNAP EBT systems. **Alabama** and **California** already issued chip-enabled EBT cards, demonstrating how state leadership can accelerate improvements to program integrity and participant experience.
- **Increase participation in school meal programs through universal access**. States can strengthen participation in the National School Lunch Program by adopting policies that reduce administrative barriers and minimize stigma associated with free and reduced-price meals. One key strategy is implementing Healthy School Meals for All, which provides free school meals to all students regardless of household income. To date, nine states, including **California**, **Colorado**, **Maine**, **Massachusetts**, **Michigan**, **Minnesota**, **New Mexico**, **New York**, and **Vermont**, have adopted statewide universal school meal policies.
- **Embed food and nutrition security strategies within broader health system transformation**. Beyond administrative alignment, states are increasingly embedding food and nutrition assistance programs within broader health system transformation efforts, including through their Rural Health Transformation Program (RHTP) efforts. **North Carolina's** RHTP proposal, for example, includes increasing access to SNAP and WIC matching programs like Double Up Food Bucks.

Food is Medicine as a Health Care Intervention



FIM services consist of more intensive, clinically integrated nutrition interventions that directly provide quality, nutritious food to individuals with specific health conditions or elevated health risks. These include medically tailored meals, medically tailored groceries, and produce prescriptions. These interventions are typically time-limited, with participation ranging from six weeks to six months, and are designed to complement, not duplicate, longer-term food and nutrition assistance programs. More detailed information about how FIM interventions complement SNAP and WIC is available in this overview of FIM coordination with federal nutrition programs.

Policy Levers

States have several policy pathways to authorize and scale direct FIM interventions:

- ***In Lieu of* Services (ILOS)** are arrangements through contracts with Medicaid managed care organizations (MCOs) that allow states to approve flexible, plan-specific strategies to cover new services, including FIM services, as a substitute for more traditional care, with costs incorporated into capitation rates.
- **Section 1115 Demonstration Waivers** allow states to test and refine innovative approaches to health care issues with federal approval. These waivers have been used for FIM services, while building the evidence base for long-term sustainability.
- **Value-Added Services** are non-medical services, which may include FIM interventions, offered voluntarily by MCOs in addition to standard Medicaid-covered services.
- **Home- and Community-Based Services (HCBS) Waivers** can be used to meet the needs of people who prefer to receive long-term care services and supports in their home or community rather than institutional settings, and may include food, meal, and nutrition services.
- **Community Reinvestment** requires MCOs to reinvest a small percentage of profits into programs that address health-related social needs, including nutrition, in the communities they serve.
- **FIM-Related State Legislation** requires or establishes Medicaid coverage and pilot programs to improve nutrition, food security, and access to SNAP and WIC. Examples include a recently passed FIM bill in **West Virginia** and recently introduced legislation in **Kentucky** (HJR 25 and SJR 23).
- **Children's Health Insurance Plan: Health Services Initiatives** can be used to fund nutrition services for low-income children by utilizing up to 10 percent of a state's Children's Health Insurance Program (CHIP) administrative cap.

State Authorities

These programs are most often administered or authorized through state Medicaid agencies, given their clinical focus and integration with health care delivery systems.

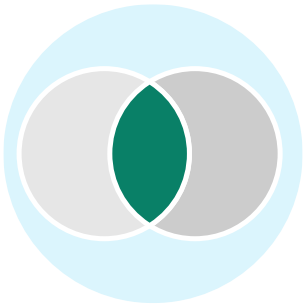
Best Practices

As states scale clinically tailored FIM programs, adopting best practices is critical to ensure consistent implementation, improve access, and support long-term sustainability across delivery systems.

- **Establish clear program delivery and eligibility standards**. States can strengthen the impact of direct, clinically integrated FIM programs by establishing clear program design and eligibility standards. Key approaches include defining the appropriate dose, duration, nutritional quality and complementary services to ensure individuals are accurately identified and connected to the right level of support. This also helps ensure consistency and efficiency in service delivery and enables more reliable evaluation of outcomes. For example, **California's** 1115 Waiver program, CalAIM, developed detailed service definitions for medically tailored meals, including specifications for meal frequency, duration, and nutritional standards, as well as guidance on eligible populations and referral pathways. These standardized parameters support more consistent and efficient implementation across MCOs while enabling the state to assess the program's impact at scale.
- **Strengthen community-based provider networks and infrastructure**. Effective FIM implementation requires strong partnerships between health care systems and community-based organizations (CBOs), along with the infrastructure needed to support delivery at scale. States are increasingly formalizing CBO partnerships through contracting requirements and delivery models that prioritize community-based providers. For example, **Michigan's** ILOS guidance requires that at least 30 percent of providers be local CBOs. To further support scalability, Community Care Hubs can centralize administrative functions such as contracting, billing, and data reporting, enabling smaller CBOs to participate more effectively. In addition, statewide learning collaboratives and technical assistance efforts — such as **West Virginia's** Food Is Medicine Coalition — can support coordination, peer learning, and ongoing program quality improvement across CBOs.

- **Address transportation and access barriers**. States are also recognizing the importance of addressing transportation barriers to ensure participants can access FIM services. For example, **New York's** Section 1115 waiver covers both private and public transportation to health-related social needs services and care management activities, including transportation to food pharmacies, farmers markets, and mobile markets.
- **Support culturally responsive and community-driven implementation**. FIM services are most effective when they reflect the language, cultural food traditions, and lived experiences of the communities they serve. States can strengthen FIM implementation through ongoing community engagement, local food procurement strategies, and investments in trusted providers trained in nutrition and culturally responsive care. Recent **Texas** legislation — among the first of its kind — also advances this approach by requiring nutrition education for health professionals and tying it to funding and accreditation standards.
- **Partner with academic institutions**. Collaborations with universities and research institutions can support evaluation, evidence generation, and improvement of FIM models, helping states refine and scale effective interventions.
- **Establish sustainable financing pathways and strengthen cost modeling for scalability**. States need long-term, sustainable financing mechanisms to move FIM initiatives from short-term pilots to more permanent, reimbursable Medicaid benefits. To support this transition, states are increasingly using cost modeling and rate-setting tools to inform program design and financing. Emerging resources from the Medicaid Food Security Network help estimate program costs, develop reimbursement methodologies, and align services with available funding. Federal innovation opportunities, including funding from the CMS Innovation Center and the Health Resources and Services Administration, can also help states test and expand integrated nutrition and health models.

Individuals Eligible for Both Food and Nutrition Assistance and Clinical Interventions



Overview

The center of the Food Is Medicine Venn Diagram represents individuals whose needs span both food and nutrition assistance programs and clinically integrated health care interventions. Broad food security programs establish a stable foundation that supports access to food, while more targeted FIM interventions provide tailored support for specific health needs. Although population-level healthy food policies operate outside this overlap, they play a critical role in shaping the broader environment. This dynamic underscores the importance of coordination to ensure seamless access to the full continuum of food, nutrition, and health supports needed to improve long-term outcomes.

Best Practices

States can better support individuals who are eligible for and engaged with multiple food, nutrition, and health programs by adopting strategies that improve coordination across systems, reduce administrative burden, and strengthen connections between clinical and community-based services.

- **Reduce administrative burden through coordinated eligibility systems**. States can increase participation in SNAP, WIC, and Medicaid by adopting data-coordination best practices. Approaches, such as integrated eligibility systems and Express Lane Eligibility, allow states to use enrollment information from one public benefit program to automatically refer or enroll individuals into another. For example, SNAP-eligible families in **Hawaii** are automatically referred to WIC. **Texas** has also implemented a combined SNAP and Medicaid application and eligibility platform. Some states have also aligned agency structures to facilitate stronger coordination across programs. In **Wisconsin**, public health and Medicaid agencies are housed within the same umbrella agency. Similarly, **Puerto Rico's** Comisión de Alimentación y Nutrición serves as a multi-sector platform to coordinate food and nutrition policy and oversight.
- **Invest in cross-trained staff**. Investments in a cross-trained workforce can support enrollment and navigation across programs, helping to address gaps that often result from siloed program administration. Alignment and coordination across programs will be especially important in the coming years as eligibility policy changes and applicants and beneficiaries are asked to perform additional administrative tasks, including verifying work requirements, to maintain their benefits.

- **Integrate nutrition counseling into FIM programs**. States are increasingly embedding nutrition counseling and education into FIM initiatives to support sustained behavior change and maximize the impact of food-based interventions. **Oregon's** 1115 waiver explicitly includes "nutrition counseling" as a covered benefit. Similarly, **North Carolina's** 1115 waiver enables care managers to support enrollees in accessing SNAP and WIC alongside more intensive FIM services, addressing individuals' longer-term food and nutrition needs.
- **Leverage community health workers (CHWs) to deliver nutrition services**. CHWs, *promotores*, and community health representatives also play a critical role in bridging clinical and community settings and reinforcing behavior change over time. **New Mexico** reimburses for CHW services under a Medicaid state plan amendment, enabling trusted, community-based providers to deliver nutrition education, navigation and clinical support. Additional states are exploring similar strategies through legislation. For example, proposed legislation in **Virginia** would direct the state to develop and evaluate a strategy for integrating certified CHWs into Medicaid managed care models, including navigation to SNAP, WIC, and other supports, while legislation introduced in **Florida** would authorize Medicaid reimbursement for CHW services as an optional benefit.
- **Support local, flexible delivery models**. Through grant or private philanthropic funding, states can also provide mobile markets, featuring cooking demonstrations and educational materials, meeting community members where they are and catering to specific community needs.
- **Leverage USDA nutrition education and incentive programs to strengthen food and nutrition literacy and healthy food access**. States can use USDA-funded initiatives to improve nutrition knowledge, increase access to healthy foods, and strengthen connections to local food systems. Programs such as the Expanded Food and Nutrition Education Program, Farm to School initiatives, and Food Safety Outreach Program training, can reinforce healthy eating behaviors and agricultural literacy, while the Gus Schumacher Nutrition Incentive Program supports produce prescription and nutrition incentive programs that increase fruit and vegetable access for low-income individuals. Together, these initiatives can complement broader FIM and food and nutrition security efforts.

Looking Forward

A coordinated approach across all levels of the FIM Venn Diagram strengthens the impact and sustainability of food and nutrition programs, improving health outcomes, and reducing health care costs for states. By aligning preventive food and nutrition assistance programs with targeted clinical FIM interventions, and centering the member experience, states can move beyond fragmented pilots toward a cohesive, effective strategy grounded in shared policy goals and infrastructure.

Understanding how these levers work together enables policymakers across governor's offices, Medicaid agencies, public health departments, and other state entities, to coordinate across sectors and agencies to maximize opportunities for lasting policy and systems change.