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Food is Medicine in Medicaid: How States Can Expand Nutrition Services

Food is Medicine (FIM) integrates evidence-based nutrition interventions into health care to prevent and manage chronic conditions. States are increasingly incorporating FIM services within Medicaid to better support members' health.

What's the issue? Food and nutrition are major drivers of health and central to preventing and treating chronic conditions. FIM places food and nutrition alongside traditional medical services to improve patient health and well-being.

- **Nutrition is a major driver of chronic disease and mortality.** Medicaid spends an estimated $43 billion annually treating largely preventable diet-related conditions, like cardiovascular diseases, diabetes, and certain cancers.
- **Health care providers and payers are increasingly adopting an FIM approach.** This includes using services such as medically tailored meals, nutrition counseling, and produce prescriptions to support patients with complex medical and social needs.
- **FIM aligns the food and health systems to prevent chronic disease.** It is part of a broader public health strategy aimed at preventing chronic disease more effectively.
- **States are testing FIM through Medicaid pilots and waivers.** While not a standard Medicaid benefit, FIM interventions are gaining traction nationwide as states explore coverage of FIM interventions through available authorities.

Why it matters. The FIM approach is an important tool for preventing and treating chronic disease. Once supported largely through private grants, many FIM services are now reimbursed by health care payers, including Medicaid. FIM interventions offer opportunities to improve population health and reduce long-term costs by lowering the burden of diet-related chronic disease.

- **FIM interventions are evidence-based practices and show meaningful health impacts.** Research shows that meal delivery programs for people who are dually eligible for Medicare and Medicaid reduce the use of costlier services; fruit and vegetable incentives decrease food insecurity and improve blood glucose levels among low-income populations; and medically tailored meals reduce hospital and nursing home placements.
- **Medicaid evaluations show promising cost savings.** Recent analyses in **Massachusetts** and **North Carolina** found net savings among individuals receiving FIM services, underscoring the potential for broader adoption.

What it looks like in practice. FIM includes a range of services that span prevention to treatment. Services are often directed toward high-need patients, including those with specific clinical and/or social risk factors, to achieve the greatest return on investment for health care payers. All FIM services are time-limited, meaning they are meant to address immediate dietary needs and encourage long-term behavior change. Key services include:

- **Medically tailored meal programs** offer meals designed by a registered dietitian nutritionist to meet an individual's health needs and cultural preferences.
- **Medically tailored food packages** provide groceries and ingredients identified by a registered dietitian to support member health needs.
- **Produce prescription programs**, regular, free bundles of fresh fruits and vegetables distributed in retail or farmers market settings, can be customized by a clinician to specific health and dietary needs.

FIM services can be coordinated with existing government nutrition security programs and population-level healthy food policies and programs, alongside nutrition counseling, to support individuals' long-term nutrition and health needs.

- **Existing government nutrition security programs** such as Supplemental Nutrition Assistance Program (SNAP), Women, Infants, and Children (WIC), and school meal programs complement FIM by offering foundational food access and linkages to other nutrition and food-based interventions. These programs are distinct from, but complementary to, FIM.
- **Population-level healthy food policies and programs,** including nutrition guidelines, labeling practices, taxes and incentives, and other factors, influence the availability of healthy foods. These macro-level public health and nutrition policies are distinct from, but complementary to, FIM.
- **Nutrition counseling and education** offered alongside FIM services provide patients with nutritional information and strategies, helping them to sustain healthier diet and lifestyle choices beyond time-limited FIM services.

Opportunities for state Medicaid agencies. Medicaid agencies across the country have begun implementing FIM approaches through a range of federal authority pathways. Several states provide Medicaid coverage for medically tailored meals and other FIM interventions through 1115 demonstrations, in lieu of services under managed care, and home- and community-based services (HCBS) waiver authorities. Organizations such as the Medicaid Food Security Network and KFF maintain policy and waiver trackers that help states monitor implementation activity across the country.

States can also align their Medicaid FIM efforts with emerging nutrition-related initiatives being developed through CMS' Rural Health Transformation Program (RHTP) funding. Many states have incorporated nutrition-related strategies into their RHTP plans, including FIM and diabetes-related pilots, investments in local food access, and community-based delivery and hub models that can connect rural members to food and nutrition support. States are also using RHTP plans to advance provider nutrition education requirements, strengthen alignment with SNAP, and develop value-based care arrangements that encourage providers to integrate food and nutrition supports into chronic disease prevention.

What's next? FIM practices will continue to evolve as states and other Medicaid stakeholders experiment with different approaches. In the coming years, federal policy changes could further shape how states integrate FIM into Medicaid programs.

- **Federal legislation and agency rulemaking may influence how states implement Food is Medicine programs.** The 2025 budget reconciliation law created new administrative requirements for members to maintain Medicaid and SNAP benefits. These changes are expected to result in reduced enrollment in both programs, which may limit access to FIM services. In addition, changes to CMS guidance on health-related social needs, which often include food and nutrition supports, may affect states' ability to pursue 1115 waivers that position FIM as a health-related service. At the same time, broader U.S. Department of Health and Human Services priorities related to food and nutrition suggest continued federal attention to these issues.
- **Cross-sector collaboration will be essential.** Partnerships among health care payers, providers, community-based organizations, agriculture and food systems, and federal food support programs, such as SNAP and WIC, will be critical to ensure program uptake and effectiveness.
- **Food and nutrition will likely play a growing role in Medicaid policy discussions.** As chronic condition costs rise, states may increasingly look to food and nutrition interventions as part of broader strategies to improve health and manage health-related spending.

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