

Improving Health & Food Security through

PRODUCE PRESCRIPTIONS



What Are Produce Prescription Programs?

A Produce Prescription Program is a medical treatment or preventative service for patients who are eligible due to a diet-related health risk or condition, food insecurity or other documented challenges in access to nutritious foods, and are referred by a healthcare provider or health insurance plan. These prescriptions are fulfilled through food retail and enable patients to access healthy produce with no added fats, sugars, or salt, at low or no cost to the patient. When appropriately dosed, Produce Prescription Programs are designed to improve healthcare outcomes, optimize medical spend, and increase patient engagement and satisfaction. [National Produce Prescription Collaborative]

WHY PRODUCE PRESCRIPTIONS?

Poor diet is the leading cause of premature death and chronic diseases like heart disease and type 2 diabetes.¹ For people with limited financial resources, managing diet-related chronic diseases can be difficult and can lead to increased hospitalizations² and higher healthcare costs.³

Produce prescriptions are one promising “food is medicine” approach to healthcare and can im-

prove health equity by equipping patients with low-incomes with financial resources to purchase healthy food. Produce prescription programs have gained momentum, and successful programs use a patient-centered design to make buying nutritious, culturally relevant produce convenient and affordable for patients. Research on produce prescriptions programs is emerging and shows promising results.

IMPROVING HEALTH, DIETARY OUTCOMES, AND FOOD SECURITY

Produce prescriptions have been associated with:

- Decreased hemoglobin A1c levels for adults with uncontrolled type 2 diabetes.⁴
- Increased fruit and vegetable consumption among hypertensive adults⁵, children⁶, and pregnant and postpartum women.⁷
- Improved food security among households with children⁸ and pregnant and postpartum women.⁴
- Lower preterm births among women with low-incomes, compared to a historical control group.⁴

Case Study

Reinvestment Partners' produce prescription program (RP Rx) is an example of an existing program in North Carolina. RP Rx provides \$40 per month to patients with targeted health conditions who are experiencing food insecurity. Participating health providers screen and enroll eligible patients using the RP Rx web-based enrollment portal. Participants can access the benefit immediately upon enrollment using the customer loyalty program of the participating grocery store chain, Food Lion. Providers can create a customer loyalty account for patients if they do not have one. Patients redeem the benefit by purchasing fresh, frozen, or canned fruits or vegetables with no added salt, sugar, or fat

using their customer loyalty account at any of the 500 Food Lion stores in North Carolina.

RP Rx is designed to meet the standards of the "fruit and vegetable prescription" service description approved by Centers for Medicare & Medicaid Services (CMS) under North Carolina's Section 1115 Demonstration waiver. The description includes a definition of eligible items, the duration and frequency of the benefit, patient eligibility, and the reimbursement rate for service providers. Reinvestment Partners is working with Managed Care Organizations to implement RP Rx among their Medicaid members. This program is scheduled to launch in the Summer of 2021.

Cost-Effectiveness of Produce Prescriptions

A 2019 study estimated implementing fruit and vegetable incentives for all Medicaid and Medicare beneficiaries could lead to significant health improvements and be highly cost-effective.²³ The study estimated:

- \$39.7 billion saved in formal healthcare costs (over a lifetime).
- Almost 2 million cardiovascular events (e.g., stroke, heart attack) could be prevented.

Opportunities

Centers for Medicare & Medicaid Services (CMS)

- **Clarify that states may cover produce prescriptions within certain existing Medicaid benefit categories.**
 - » **Example:** Existing categories of Medicaid benefits such as rehabilitative services are defined broadly and could be interpreted to allow coverage of produce prescriptions.⁹ By issuing regulations or guidance to states, CMS could clarify states' ability to cover produce prescriptions within such benefit categories.
- **Launch a demonstration project through the Center for Medicare and Medicaid Innovation (CMMI)¹⁰ to evaluate the impact of covering produce prescriptions for Medicaid and Medicare populations across multiple states.**
 - » **Example:** CMMI currently operates the Accountable Health Communities Model that seeks to evaluate the impact of screening Medicaid and Medicare patients for health-related social needs and providing referrals to responsive to community resources. However, this model does not provide funding or

coverage for the provision of responsive resources, such as produce prescriptions.¹¹ CMS could build upon this model by launching a demonstration project that evaluates the impact of providing not only referrals but also coverage for produce prescriptions.

- **Issue guidance identifying the Medicaid waiver and managed care authorities that may be used to provide coverage or funding for produce prescriptions (e.g., Section 1115 Demonstration Waiver Authority, Medicaid Managed Care Organizations (MCO) “in lieu of services” authority).**

» **Example:** CMS has previously issued guidance providing helpful clarification regarding how state Medicaid agencies may support access to services such as housing supports and home-delivered meals. CMS can use a similar approach to encourage coverage of produce prescriptions.

State Medicaid Agencies

- **Use Section 1115 Demonstration Waiver¹² authority to evaluate the impact of funding produce prescriptions for Medicaid beneficiaries living with or at risk for diet-impacted disease.**

» **Example:** The Massachusetts Medicaid program (MassHealth) currently operates a Section 1115 Waiver that includes \$149 million for a Flexible Services Program. Under this program, MassHealth Accountable Care Organizations (ACOs) receive funding to provide nutrition and housing supports, including produce prescriptions, for ACO members who meet certain risk and health needs-based criteria.¹³
- **Authorize Medicaid Managed Care Organizations (MCOs) to cover produce prescriptions as “in lieu of services.”¹⁴**

» **Example:** New York has approved coverage of medically tailored meals as “in lieu of services” that Medicaid MCOs may cover in the place of certain Personal

Care Aide services.¹⁵ States can similarly use this option to authorize coverage of produce prescription as an “in lieu of service.”

Medicaid Managed Care Organizations

- **Provide coverage for produce prescriptions as value-added services¹⁶ or request state approval to cover produce prescriptions as “in lieu of services.”¹⁷**

» **Example:** New York has approved coverage of medically tailored meals as “in lieu of services” that Medicaid MCOs may cover in the place of certain Personal Care Aide services.¹⁸ Medicaid MCOs could request similar authorization to cover produce prescription as an “in lieu of service.”

Medicare Advantage Plans

- **Provide coverage for produce prescriptions as Special Supplemental Benefits for the Chronically Ill (SSBCI).¹⁹**

» **Example:** Medicare Advantage plans may offer an expanded range of supplemental benefits, including produce prescriptions, to enrollees with chronic illness. According to a recent analysis, food and produce are the most commonly offered benefits under the SSBCI option.²⁰
- **Provide coverage for produce prescriptions as supplemental benefits in the Center for Medicare and Medicaid Innovation’s (CMMI) Value-Based Insurance Design (VBID) Model.²¹**

» **Example:** Medicare Advantage plans that participate in the VBID Model may offer an expanded range of supplemental benefits, including produce prescriptions, to enrollees with chronic illness and/or low socioeconomic status. As of the 2021 plan year, 19 Medicare Advantage Organizations will be participating in the VBID model.²²

Endnotes

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9. 42 U.S.C. § 1396d(a)(13) (defining rehabilitative services as “any medical or remedial services (provided in a facility, a home, or other setting) recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under State law, for the maximum reduction of physical or mental disability and restoration of an individual to the best possible functional level”).
10. 42 U.S.C. § 1315a.
11. Ctrs. for Medicare & Medicaid Svcs., Accountable Health Communities Model, <https://innovation.cms.gov/innovation-models/ahcm> (last visited November 19, 2020).
12. Ctrs for Medicare & Medicaid Svcs., SHO#21-001, RE: Opportunities in Medicaid and CHIP to Address Social Determinants of Health (SDOH) (Jan. 7, 2021), <https://www.medicare.gov/federal-policy-guidance/downloads/sho21001.pdf> (last visited Apr. 27, 2021).
13. 42 U.S.C. § 1315; 42 C.F.R. §§ 431.400 – 431.428.
14. Commonwealth of Massachusetts, Executive Office of Health and Human Services, Performance Year 3-5 (PY3-PY5) Delivery System Reform Incentive Payment (DSRIP) Flexible Services (FS) Program Guidance Document for MassHealth Accountable Care Organizations and MassHealth Community Partners, 6-7, 14 (August 11, 2020), available at <https://www.mass.gov/doc/flexible-services-guidance-document/download>.
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