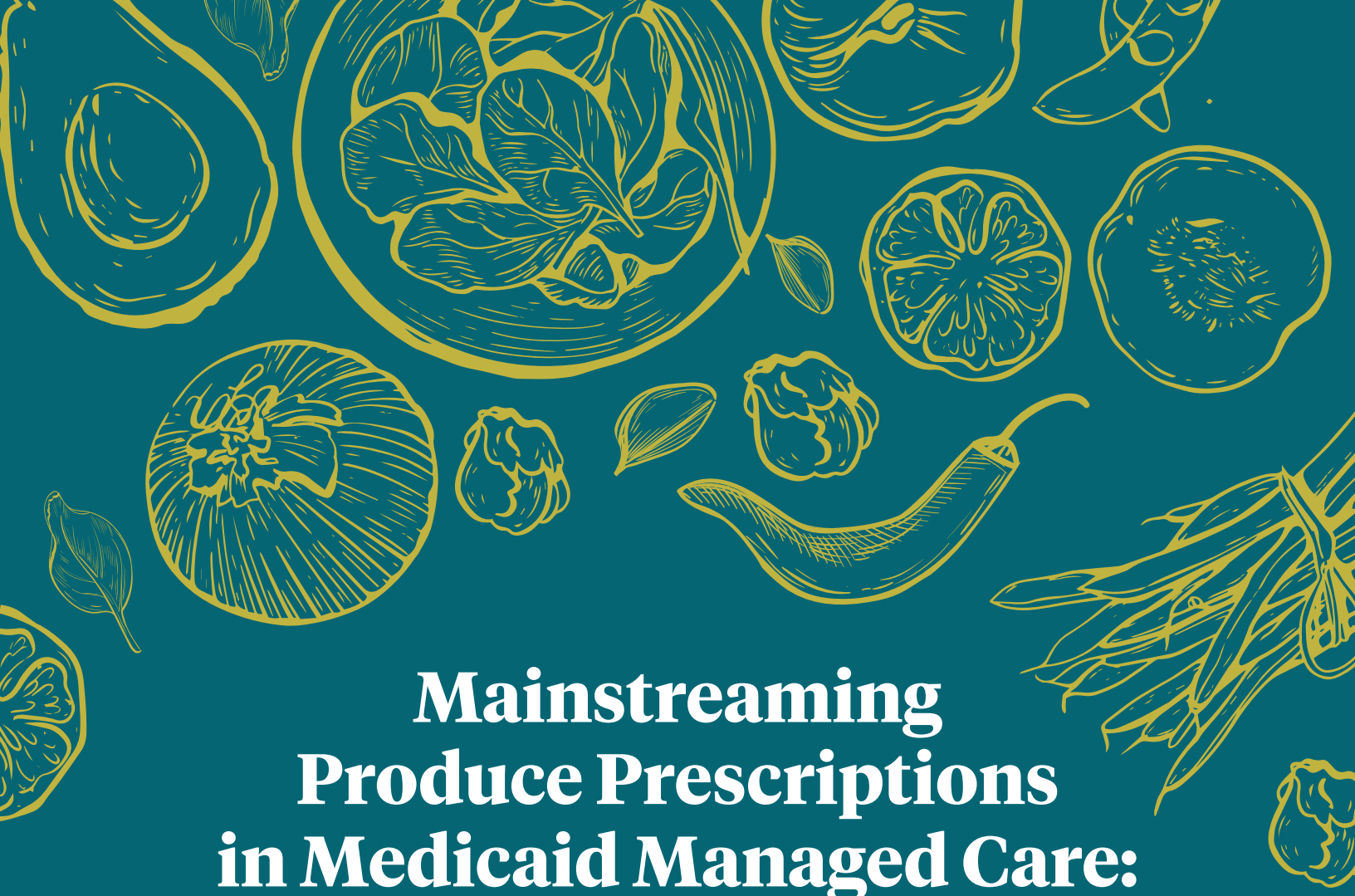

Mainstreaming Produce Prescriptions in Medicaid Managed Care:

A Policy Toolkit and Resource Library

EXECUTIVE SUMMARY

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CHLPI CENTER for HEALTH LAW and POLICY INNOVATION
HARVARD LAW SCHOOL

dcgreens

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Center for Health Law and Policy Innovation of Harvard Law School

The Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) advocates for legal, regulatory, and policy reforms to improve the health of underserved populations, with a focus on the needs of low-income people living with chronic illnesses. CHLPI works with consumers, advocates, community-based organizations, health and social services professionals, food providers and producers, government officials, and others to expand access to high-quality health care and nutritious, affordable food; to reduce health disparities; to develop community advocacy capacity; and to promote more equitable and effective health care and food systems. CHLPI is a clinical teaching program of Harvard Law School and mentors students to become skilled, innovative, and thoughtful practitioners as well as leaders in health, public health, and food law and policy. CHLPI is comprised of the Harvard Law School Health Law and Policy Clinic and the Harvard Law School Food Law and Policy Clinic.

DC Greens

DC Greens' (DCG) mission is to advance health equity by building a just and resilient food system. The organization works to transform the District into a place where health equity is a priority, healthy food is a human right, and all residents are included in developing and evaluating programs and policies that affect their communities. To achieve this vision, DCG combines community engagement with direct service programming and robust policy advocacy. DCG helped to launch and now coordinates the District's Produce Rx program, which allows local health care providers to prescribe fresh fruits and veggies to patients with lower incomes managing diet-related illnesses such as diabetes, pre-diabetes and hypertension. DCG also operates The Well, a community-based farm that promotes physical, mental, and financial wellness by holding space for neighbors and hosting programming that addresses the root causes of inequities. At the policy level, DCG advocates for a government that is directly accountable to and reflective of the needs of its people. DCG has helped to pass foundational health and wellness policies in the District (e.g., Healthy Students Amendment Act of 2018) and focuses on policy efforts that reduce hunger, improve health outcomes, and democratize wellness. Kristin Sukys bridges the gap between DCG's programmatic and policy work as the organization's Health Policy Consultant, leading strategic planning and policy development on critical food as medicine and healthcare-sector interventions.

The authors of *Mainstreaming Produce Prescriptions in Medicaid Managed Care* are Kristin Sukys, Erika Hanson, Katie Garfield, and Emily Broad Leib. This report is designed by Najeema Holas-Huggins, based upon *Produce Prescriptions: A U.S. Policy Scan* designed by lvl.agency.

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Disclaimer

This Executive Summary provides information and technical assistance on issues related to health reform, public health, and food law. It does not provide legal representation or advice. This document should not be considered legal advice. For specific legal questions, consult an attorney.

Introduction

Mainstreaming Produce Prescriptions in Medicaid Managed Care: A Policy Toolkit and Resource Library is the third report in a series exploring policy pathways to increase access to Produce Prescriptions (PRx) through the U.S. health care and food systems.

What are Produce Prescriptions?: Produce Prescriptions (PRx) are programs that act as medical treatments or preventive services by providing access to healthy fruits and vegetables for patients with diet-related health risks or conditions who face challenges in accessing nutritious foods.

Mainstreaming Produce Prescriptions in Medicaid Managed Care builds upon the first two reports in the series by taking a deep dive into one of the most critical and widely available pathways for supporting PRx in the health care system: Medicaid Managed Care (MMC). MMC is the dominant model for delivering health care services within Medicaid—the United States' safety net health insurance program serving individuals with low incomes.

While federal law and policy have not yet allowed broad coverage of nutrition interventions in Medicaid, MMC offers important flexibilities to support PRx. *Mainstreaming Produce Prescriptions in Medicaid Managed Care* provides a roadmap for PRx stakeholders as they navigate these opportunities. It provides information and guidance organized into three sections, each focused on a key step in the process of achieving MMC policy change. This Executive Summary provides a high-level overview of each of these sections. More detailed information, examples, and resources can be found in the full report, available **here**.

Articulating the Problem

As a first step towards policy change, PRx stakeholders must articulate the problem they are seeking to address. **Section I** of the report focuses on this step. The problem it identifies is both urgent and clear. The United States is experiencing an epidemic of diet-related chronic disease, resulting in negative health outcomes and escalating health care costs. More specifically, diets low in fruits and vegetables are a leading risk factor for many chronic conditions such as diabetes, coronary heart disease, and some cancers.[1] These chronic conditions are associated with overwhelming human and economic costs, with more than two-thirds of all deaths caused by one or more of five diet-related chronic conditions,[2] and over $1 trillion being spent nationally treating diet-related chronic conditions each year.[3]

Despite this deep connection between nutrition and health, access to fruits and vegetables remains limited for many populations in the United States, especially low-income individuals and communities of color. PRx programs present a promising strategy to respond to these trends. A growing body of evidence shows that PRx programs are a cost-effective[4] approach to increase food insecurity, boost fruit and vegetable consumption,[5] and improve health.[6]

In recent years, support for PRx has therefore grown. Federal legislators have dedicated funds to researching the impact of PRx through the Gus Schumacher Nutrition Incentive Program (GusNIP)[7] and, in September 2022, the Biden-Harris Administration encouraged expanded access to PRx programs through its National Strategy on Hunger, Nutrition, and Health.[8]

However, despite this growing evidence and interest, access to PRx remains limited or non-existent in many areas of the country, largely due to a lack of sustainable funding streams.

Identifying a Policy Solution

Once decision-makers understand this problem, they may need assistance in identifying and/or weighing potential policy solutions. **Section II** focuses on this step, providing a range of actions that can be taken at the federal, state, or health plan level to improve funding and access to PRx through MMC.

What is Medicaid Managed Care?: Medicaid is the United States' safety net health insurance program for individuals with low incomes. Medicaid operates as a state-federal partnership, with each state designing and administering its own Medicaid program within broad federal guidelines. State approaches to operating their Medicaid programs have evolved over time. Now, the majority of states outsource care delivery and provider payment to private health insurance plans. This model is called Medicaid Managed Care (MMC), and individual plans within these models can be described as Medicaid Managed Care Plans (MMC Plans) (though some states adopt other terms to describe these plans).

MMC programs are governed by layers of policy at the federal, state, and health plan levels. It is possible to advance policy change at *each* of these levels to more deeply embed PRx into health care delivery and financing. In doing so, policymakers and health plan leaders can provide PRx programs with the support they need to sustainably expand access throughout the country. Section II outlines these opportunities, organized by the level at which they occur:

- **Federal-Level Opportunities:** Federal policy establishes a backbone of laws, regulations, and guidance that govern the ways that states can operate their MMC programs. Most importantly, federal policies outline the mandatory services that states *must* cover and optional services that states *may* cover as part of their Medicaid benefits. Up to this point,

the federal government has not explicitly authorized coverage for PRx in any of these benefit categories. As a result, PRx is *not* a standard part of coverage in any state Medicaid program. This section outlines a range of steps that federal policymakers could take to address this gap. These options include: (1) administrative or legislative action to authorize widespread coverage (an impactful, but potentially politically challenging approach), and (2) guidance and technical assistance to improve uptake of existing policies that allow MMC Plans to provide services that go *beyond* standard benefits.

- **State-Level Opportunities:** Although federal policies establish an overarching framework for Medicaid, states play a crucial role in determining the actual details of their individual programs. As part of this process, states have several options to use the design of their MMC program to expand access to PRx. This section provides an overview of potential approaches. These options include: (1) the use State Plan Amendments and Medicaid waivers to establish payment and/or infrastructure for PRx programs, and (2) the use of critical points in the state-MMC Plan relationship (e.g., procurement, contracting, and oversight) to incentivize individual plans to pay for PRx services.
- **Plan-Level Opportunities:** MMC Plans must typically cover all services included in their state's Medicaid State Plan (i.e., the standard set of services chosen by the state for coverage in their Medicaid program). However, federal rules also provide plans with several options to voluntarily offer *additional* services to their enrollees. This section provides an overview of these options and how they can be used to provide coverage and payment for PRx, including: (1) in lieu of services, and (2) value-added services.

Throughout this section, stakeholders will find detailed examples of how federal, state, and health plan leaders have applied these policies in the past, establishing useful models for future action.

Building Capacity for Change

While articulating the problem and identifying a solution are critical first steps, PRx stakeholders can also use an array of strategies to set the stage for MMC policy change. **Section III** describes many of these strategies, providing a menu of options for stakeholders to consider as they build capacity for change at the local state, or national level. These strategies include:

- **Building State and Local Coalitions:** Coalitions can be a powerful tool for pooling resources and improving capacity. For example, coalitions can be used to enhance research, collectively fill in information gaps, align messaging, and amplify information sharing. This section provides a sense of where PRx-related coalitions already exist across the United States and key considerations for stakeholders interested in developing new coalitions.
- **Identifying Opportunities in Your Local Landscape:** As noted above, a wide variety of opportunities exist to use MMC policy to expand access to PRx. However, the value and

feasibility of each of these opportunities will vary based upon features of your local policy landscape. This section provides guidance on conducting research on your local landscape and on considerations when weighing potential strategies.

- **Socializing the Issue:** Effective communication is critical to driving policy change. This section provides guidance on developing effective messaging (e.g., potential talking points) and resources (e.g., one-pagers and process guides).
- **Building Relationships and Engaging with Decision-Makers:** Once you have identified the policy opportunities in your local landscape and developed messaging, a key next step is to build relationships with decision-makers (e.g., MMC plan leaders, state Medicaid agency officials, etc.). This section provides insights into how to identify decision-makers in your MMC landscape, and how to conduct outreach and education with these decision-makers as opportunities arise.
- **Celebrating Wins:** Policy change can be a long process, with advancements and setbacks along the way. This section therefore highlights the importance of recognizing progress—in its many forms—and acknowledging the hard work of champions, partners, and decision-makers who make it possible.

Finally, *Mainstreaming Produce Prescriptions in Medicaid Managed Care* recognizes that many incredible resources are available that dig even deeper into each of the three core topics described above. The report therefore ends with a detailed **Resource Library**, which provides links to additional articles, reports, and online tools that PRx stakeholders can use as they work to increase access to PRx in their local landscapes.

Conclusion

Our health care system is in a moment of transition, with policymakers at the federal level supportive of expanding access to nutrition interventions to address food insecurity and high rates of diet-related chronic disease. Despite this support, access to PRx remains limited in many areas of the United States, in large part due to a lack of sustainable funding streams. In this environment, MMC presents critical opportunities to incrementally increase support for and access to PRx. For more information on these opportunities, access the full report available at www.chlpi.org.

Endnotes

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