NPPC
NATIONAL PRODUCE PRESCRIPTION COLLABORATIVE

# National Produce Prescription Collaborative

# Leveraging Healthcare Practice to Expand the Utilization and Benefits of Produce Prescriptions (PRx) to Integrate Nutrition and Health

## A Submission to the White House Conference on Hunger, Nutrition and Health

## July 15, 2022

*A Produce Prescription is a medical treatment or preventative service for patients who are eligible due to 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 Prescriptions are designed to improve healthcare outcomes, optimize medical spending, and increase patient engagement and satisfaction.*

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Dear White House Conference on Hunger, Nutrition, and Health planning committee,

As a national stakeholder network of PRx practitioners, implementers, healthcare providers, community-based organizations, healthy food retailers, payment software and data management companies, as well as academic research experts, the NPPC thanks you for the opportunity to provide comments to the important White House Conference on Hunger, Nutrition, and Health. We appreciate the unique opportunity the White House Conference on Hunger, Nutrition and Health provides to take on this paradigm-shifting change in healthcare delivery for members of government-sponsored health plans and **we encourage the interagency taskforce to act boldly** so that the benefits of the PRx treatment and prevention tool are available to all who would benefit from it.

Drafted by the members of the National Produce Prescription Collaborative (NPPC), this comment is focused on **pillar *2: Integrate nutrition and health:*** *Prioritize the role of nutrition and food security in overall health, including disease prevention and management, and ensure that our healthcare system addresses the nutrition needs of all people*. To accomplish this ambitious priority, the NPPC proposes for consideration the following paradigm shifting policy commitment:

> **Embed Produce Prescriptions (PRx) as a covered benefit for members of all government-sponsored health plans whose healthcare providers and case managers diagnose as having or having elevated risk for diet-related illness as well as having or having elevated risk for food insecurity. This includes Medicaid and the Children's Health Insurance Plan (CHIP), Medicare and Medicare Advantage, as well as beneficiaries of Indian Health Services, Veterans Health Administration, and TRICARE.**

While our proposal to embed PRx as a covered treatment and prevention tool in all government-sponsored health plans is a bold proposal to achieve the aims of pillar 2, this generational intergovernmental effort is uniquely positioned to modernize the

currently existing pathways for diagnosis and treatment coverage in clinical settings to accommodate the powerful PRx as a treatment and prevention tool for providers, to the ultimate benefit of patients who count on these systems for health guidance. Each of these agencies has clearly established criteria and pathways to determine diagnosis parameters and consumer price coverage for clinical treatments and prevention. While PRx is innovative and leverages modern data and transaction processing tools, the differences between this clinical intervention and prescription drugs, clinical counseling, specialist referrals, procedures, and provision of medical devices is minimal.

To support full uptake and parity in utilization of PRx alongside other clinical treatment tools, the NPPC additionally proposes consideration of the following 10 policy actions that would make important progress toward that aim in the near term:

1. **Medicaid Pathways for Coverage**. *Issue guidance to states on utilization of PRx in their state medicaid programs.*

State Medicaid agencies may currently apply for waivers including a Section 1115 Demonstration waiver and 1915(b) waiver to test new approaches that promote the objectives of the Medicaid program. CMS recently approved PRx as a covered treatment option in CA, MA, and NC using the waiver mechanism. There are numerous other states' Medicaid offices who have expressed a desire to implement food-as-medicine interventions in their program, however there are obstacles that have been reported as influencing their ability to pursue the waiver process. We suggest that CMS encourage more states to utilize PRx as a treatment and prevention tool by developing a template parameters, guidance, or universal waiver for utilization of PRx and other medically supportive food and nutrition as a covered benefit for eligible patients.

Some states have also begun to leverage flexibilities under Medicaid Managed Care, such as in-lieu-of services (ILoS), value-based payments, and activities that improve healthcare quality, creating a sustainable and scalable framework for leveraging the

food-as-medicine tools. CMS recently approved an innovative and robust use of these flexibilities through California's joint Section 1115 demonstration and CalAIM Section 1915(b) waiver extension. This allows managed care plans in the state the option to provide 14 different nonmedical services, including PRx programs, in place of standard Medicaid benefits when it is medically appropriate and cost effective to do so. Notably, this state-level waiver has also expanded the scope of ILoS to allow for a preventative application. We understand that ILoS regulations and guidance to all states are under development and we encourage CMS to use this opportunity to provide a detailed roadmap which would clarify the approved, allowable applications of Medicaid Managed Care flexibilities to leverage food-as-medicine treatment and prevention tools in managed care.

2. **Medicare Advantage**. *Advance utilization of PRx under SSBCI allowances and share data to break down silos and inform other healthcare providers.*

Consistent with CMS's commitment to address enrollees' health-related social needs (HRSN) such as food, housing, and transportation as outlined in the 2023 Medicare Advantage Capitation Rates and Part C and Part D Payment Policies NPPC encourages CMS to support expanding utilization of PRx in Medicare Advantage (MA). A variety of plans have leveraged PRx through the Special Supplemental Benefits for the Chronically Ill (SSBCI) allowances. NPPC recommends that CMS consider additional guidance encouraging MA Plans to offer PRx interventions, not only within their SSBCI offerings but more broadly across the MA program given that CMS's own data demonstrates that up to 34% of beneficiaries screen positive for a HRSN. Further, the PRx community would benefit from the robust data availability on the plans' utilization of these programs. It would be helpful to understand their experiences in implementation, identify barriers, and analyze the patient experience as it relates to plan satisfaction. That practice-level information will be essential to connect HRSN screening measures recently proposed by CMS and also provide crucial learning for new CMS models planning to address the underlying drivers of health such as ACO REACH.

3. **Modernizing Health Care Regulation**. *Issue guidance or raise the safe harbor for inducements.*

We urge the Department of Health and Human Services (HHS) to continue recent efforts to modernize implementing regulations for federal health care laws such as HIPAA, Stark, and other Civil Monetary Penalties Law provisions on beneficiary inducements to reflect value-based-care and other innovative approaches to healthcare delivery. These updates can enable providers and payers to confidently offer SDOH-related interventions and bolster partnerships between clinical entities and community-based organizations. More specifically, the White House should direct HHS to: (1) issue rules and/or guidance that address the application of HIPAA to PRx programs and other providers of health-related social needs items and services; (2) issue rules and/or guidance that eliminate inducement liability concerns for healthcare providers that offer in-kind items and services to address unmet health-related social needs (where the meaning of "in-kind" includes gift cards that can be redeemed only for certain categories of items as per previous HHS Office of Inspector General policy); and (3) disseminate resources to support community-based organizations in understanding and successfully navigating compliance with federal health care laws. Additional clarity, flexibility, and support is necessary to truly enable powerful innovation.

4. **Traditional Medicare**. *Provide a PRx benefit within Medicare to cover produce and services for beneficiaries with a diet impacted condition who have challenges in access to nutritious foods.*

Medicare Parts A and B currently do not provide coverage for the utilization of PRx for seniors. We encourage the coverage of PRx for eligible patients who are covered by adding “produce prescriptions” to the definition of “medical and other health services” in the Medicare statute for Medicare Part B. Short of full uptake, NPPC recommends establishment of a demonstration model to examine the power of PRx to alleviate the chronic disease burden borne by seniors in the Medicare program.

The results of this demonstration would inform the creation of a sustainable and scalable PRx benefit in Medicare.

5. **Veterans Health Administration**. *Utilize congressional appropriation and significant philanthropic support to advance a PRx demonstration project and establish standards for utilization within VHA.*

Studies have shown that veterans consume less fruits and vegetables than non-veterans, leading to a higher risk for diet-related disease. Further, as a comprehensive healthcare institution responsible for total costs of care for America's veteran population, the Veterans Health Administration (VHA) within the Department of Veterans Affairs (VA) has the potential to play an important role in alleviating diet-related disease through PRx and other medically supportive food and nutrition. The Fiscal Year 2022 House-passed Military, Construction, Veterans Affairs, and Related Agencies Appropriations Bill, included report language that provided $2 million for a PRx demonstration program for the VHAA to provide guidance and resources for VA facilities to develop local programs and pursue strategies for patient education and outreach (pg. 57). We urge the VHA demonstration project to move forward, and ask for the White House and the VA to support $10m in additional funding to be allocated for this work in the FY23 Budget and Appropriations Process in order to demonstrate this clinical treatment and prevention tool at scale and engage with the full diversity of patient conditions and experiences. Finally, we recommend VHA establish standards and requirements for electronic health records, screening and referrals.

Additionally, we recommend consideration and request White House support for a similar demonstration project structure be established for active duty military and their families through TRICARE.

6. **Indian Health Service**. *Utilize congressional appropriation and significant philanthropic support to advance a PRx demonstration project and establish standards for utilization within IHS.*

Similarly, given the disproportionate impact of diet related disease among American Indian/Alaska Native populations, as well as the ongoing successful utilization of PRx in Tribal communities, the FY22 House Interior Report included a $3 million pilot for IHS to create, in coordination with Tribes and Urban Indian Organizations, a pilot program to implement this model to increase access to produce and traditional foods among its service population (pg. 126). NPPC urges the near-term adoption of this pilot, and requests support from the White House and IHS for an additional $10m in funding in FY23 for PRx pilots within the IHS in order to demonstrate this clinical treatment and prevention tool at scale and engage with the full diversity of patient conditions and experiences. Finally, we recommend IHS establish clinical standards and requirements for electronic health records, screening and referrals within their clinics.

7. **Quality Metrics**. *Advance drivers of health screening in all government-sponsored health plans using standard measures.*

NPPC supports the adoption of the first-ever Drivers of Health Measures within federal quality and payment programs. CMS has recently proposed the "Screening for Social Drivers of Health" and the "Screen Positive Rate for Social Drivers of Health" measures for the Hospital Inpatient Quality Reporting Program and the former measure for the Merit-based Incentive Payment System. NPPC believes the adoption of these measures within CMS' value-based-care arrangements will add tremendous value and represent a crucial milestone on the path towards improving health equity and addressing social drivers of health such as access to healthy food.

8. **Revise the IRS' Nonprofit Hospital Community Benefit Reporting Standard**. *Improved detail around the definition of community benefit will require nonprofit hospitals to deploy services in alignment with the needs of the community, commonly reported to be access to nutritious foods.*

Most of the country's largest healthcare provider networks are owned by 501c3 charitable hospital organizations, which affords an annual tax exemption to this

industry of about $25 billion each year. However, these organizations have been shown to spend even less on charitable care than for-profit hospitals. We support the changes to the community benefit standard that the IRS uses to determine 501c3 nonprofit status for hospitals proposed by Letchuman and colleagues in a 2022 Health Affairs article. Because food and nutrition security are commonly reported as top community priorities in the community health needs assessments, we believe these proposed modifications will enhance utilization of PRx, and other critical community-benefit services related to healthy food access on a National scale.

**9. Fund Federal Research**. *Support the National Institutes of Health Office of Nutrition Research (ONR) to examine the clinical impact of produce prescriptions.*

We urge expansion of ONRs efforts to advance nutrition science to promote health and reduce the burden of diet-related diseases research. The 2020-2030 Strategic Plan for Nutrition Research highlighted a vision to improve food is medicine research. We specifically urge ONR to prioritize this work through supporting essential research on the clinical impact of PRx on health outcomes, utilization, and costs. While numerous independent studies exist on PRx showing positive results, they regularly cite the need for larger cohorts, with control groups and other rigor that can be established and executed by federal research entities. We therefore urge support for high-quality research, aligned with the research recommendations described in the Aspen Institute's "Food is Medicine Research Action Plan," regarding the impact of PRx on health outcomes, utilization, and costs. Further, NIH, HRSA, CDC, and CMS should collaborate to provide support and funding for the training of health care professionals for clinical care and basic and translational science in nutrition through the establishment of nutrition-focused funded research fellowships and postdoctoral programs.

**10. Updates to Healthcare Coding Infrastructure.** *Establish a billing code for PRx.*

Currently, no HCPCS or CPT billing codes exist to represent PRx or many other food-as-medicine interventions. We encourage the White House to support national efforts to secure a new medical code for PRx so that practitioners can utilize the treatment in a way that is fully integrated into their regular course of practice. This is in contrast to the current situation where providers use bespoke solutions for interacting with health plans such as invoicing for services. The lack of codes makes tracking data and paying for services much more burdensome, leaving food-based clinical treatment and prevention on the periphery of the healthcare system. To address this, CMS and the American Medical Association should develop specific, appropriate billing codes for PRx and additional food-based clinical treatment and prevention tools.

Establishment of this type of infrastructure would streamline the process for patients and providers affording more individuals the opportunity to obtain the healthcare prescribed by their provider. This also supports paying providers for this important service, which has been reported as a significant barrier to uptake within the clinical setting.

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While the PRx treatment and prevention tool is new and still in development, it has been the subject of 50 peer-reviewed publications in leading health and economic journals since 2017, in addition to dozens of programmatic reports from the field. These studies show that PRx is frequently associated with significant improvements in HbA1c, blood pressure, weight, and is consistently associated with improvements in food security, increased fruit and vegetable consumption, improved patient empowerment and engagement with their care teams, as well as a robust satisfaction with this new approach to healthcare. We have included an appendix summarizing the emerging scientific evidence supporting the benefits of the PRx model.

As a national stakeholder network of PRx practitioners, implementers, healthcare providers, community-based organizations, healthy food retailers, payment software and data management companies, as well as academic research experts, the NPPC stands by to support this coordinating body with technical, clinical, and policy expertise to support action on these bold proposals. Thank you again for this unique opportunity to provide comments in preparation for the White House Conference on Hunger, Nutrition and Health. **We encourage the interagency taskforce to act boldly** to modernize government-sponsored healthcare to be responsive to our most critical national health challenges and equitably serve the healthcare needs of Americans in 2023 and beyond.

**Respectfully Submitted by the steering members of the National Produce Prescription Collaborative.**

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- *Julia Koprak - Associate Director, The Food Trust*
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- *Neal Curran - Director of Food Programs, Reinvestment Partners*
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## Appendix 1 - Peer Reviewed Research Summary:

A pooled meta analysis of 13 studies showed a 22% increase in F&V consumption, equivalent to 0.8 servings/day, a 0.6kg/m2 BMI decrease, and a 0.8% HbA1C decrease. To further advance and scale, there is a need for well-designed, large, randomized controlled trials in various settings to further establish the efficacy of healthy food prescription programs on diet quality and cardiometabolic health. Advances in Nutrition, May 2021

A pooled evaluation of 9 U.S. produce prescription programs (operated at 22 clinical locations across 12 U.S. states) with 3,881 enrolled individuals found that produce prescription participation was associated with significant improvements in fruit & vegetable intake, food security, self-reported health for adults and children, and clinically relevant improvements in HbA1c, blood pressure, and BMI for adults with poor cardiometabolic health. The median monthly produce prescription value was $65, and programs operated from 4-10 months. Article is currently under peer-review

Rural Idaho and Oregon patients with type 2 diabetes who were issued fruit and vegetable prescriptions saw statistically significant reductions in mean HbA1c and a reduction of participants with critically high blood glucose decreased from 76% to 41%. American Journal of Public Health, July 2022

A program within a primary care clinic in a community-based hospital saw a clinically important reduction in HbA1C equivalent to adding a new medication to their treatment regime. Investigators also found that HbA1C reductions were associated with voucher redemption in adults with Type 2 diabetes. Journal of Nutrition Education and Behavior, August, 2021

A California produce prescription program for 500+ pregnant people noted significant improvements in food security and mean daily frequency of total vegetables, combined fruits and vegetables, salad and non-fried potatoes. Journal of Hunger & Environmental Nutrition, June 2020

Participants enrolled in a program in North Carolina not only increased their fruit and vegetable purchases but also decreased their sugar-sweetened beverage purchases. JAMA Network Open, August, 2021

A small cohort in Georgia reported significantly increased total intake of fruits and vegetables, knowledge of fresh fruit and vegetable preparation, purchase of fresh fruits and vegetables from a farmers market, and significantly altered food purchasing practices compared with the control group. Health Promotion Practice, June 2021

Programs have promise for pediatric participants as well, according to the authors "The current study provides evidence that fruit and vegetable prescriptions, easily ordered through EMR systems and provided to all pediatric patients, may have a significant influence on food insecurity and dietary patterns of children living in a low- income, urban community." Nutrients, July 2021

In a study reporting on a program in North Carolina, the authors noted that "Produce Prescription Programmes can increase healthy food purchasing among food-insecure people, which may improve chronic disease care." Public Health Nutrition, April 2021

Programs have shown success in changing (improving) attitudes towards fruits and vegetables. Cureus, March 2021

## Appendix 2 - Reports from the Field:

The American Heart Association recommended that Medicaid provide CMS funding to improve nutrition through specific interventions (e.g. medically tailored meals or groceries, produce prescriptions) to prevent and treat chronic disease and extend reach by integrating funding into standard Medicaid services rather than requiring a waiver in their recent policy statement Strengthening US Food Policies and Programs to Promote Equity in Nutrition Security: A Policy Statement from the American Heart Association, June, 2022

Produce prescription programs are proliferating across the country, and DC Greens, Reinvestment Partners, Vouchers 4 Veggies, and Washington State Department of Health partnered to provide collective recommendations and on-the-ground experience on the critical components of successful produce prescription programs for implementation within healthcare settings. Read Promising Practices: Implementing a Produce Prescription Program in the Health Care Setting, Accessed July, 2022

The Center for Health Law and Policy Innovation leveraged the experience and expertise of stakeholders across the United States to outline 20 recommendations toward a vision of widespread, affordable access to produce prescriptions to improve the health of low-income individuals living with or at risk for diet-affected disease and to increase access to produce more broadly to better support population health. Read Mainstreaming Produce Prescriptions: A Policy Strategy Report, March 2021

Reinvestment Partners (RP) proposed an evaluation framework for social drivers of health (SDOH) interventions so that they can be rapidly integrated into the modern healthcare practice. Read From Pilot to Policy - An Evaluation Framework for SDOH Interventions, September, 2021

The Center for Health Law and Policy Innovation provided an overview of opportunities to support produce prescription programs, as well as ongoing gaps

that must be addressed to create the policy environment needed to sustainably scale produce prescriptions for the populations that need them most, including low-income populations living with or at risk for diet-affected disease. Read Produce Prescriptions: A U.S. Policy Scan, October 2020

The Washington State Department of Health recommended that their legislature "Integrate Fruit and Vegetable Prescriptions into the health care payment system" in the Fruit and Vegetable Incentives Program Progress Report, July 2021

Wholesome Wave and DAISA Enterprises presented the sense of the scale of the produce prescription movement in the Produce Prescription Programs US Field Scan Report: 2010-2020, April 2021

Boston-based produce prescription implementor About Fresh, shared their learning and research goals for the program in their Produce Prescription Learning Framework. Their multifaceted produce prescription solution, Fresh Connect, includes a prepaid debit card, program management analytic platform, and cardholder support services. The program has been designed to seamlessly fit produce prescriptions into the regular shopping experience. Watch their video.

The Michigan Farmers Market Association (MIFMA) has tracked program growth and expansion and assembled a diverse group of individuals, organizations, and program implementers invested in this intervention strategy convening the Produce Prescription Statewide Learning Network. Read all about The Landscape of Produce Prescription Programs in Michigan, February 2022

By highlighting examples of innovative solutions and strategies already happening in rural communities across the country, No Kid Hungry and the UCSF Center for Vulnerable Populations partnered to provide the firld with a real-world roadmap for establishing a produce prescription program in their own rural community. Read the Rural Produce Prescription Toolkit, April 2022

EatSF, a San Francisco based produce prescription implementer, provided an overview of the numerous benefits of their “Vouchers 4 Veggies” program in this video.

The Gretchen Swanson Center for Nutrition presented two years of produce prescription program results in the report Gus Schumacher Nutrition Incentive Program Training, Technical Assistance, Evaluation, and Information Center (GusNIP NTAE): Impact Findings - Year 2: September 1, 2020 to August 31, 2021

Increased or adequate fruit and vegetable consumption has an abundance of health benefits, and financial incentive programs such as Produce Prescription Programs have been shown to increase fruit and vegetable consumption among participants across the U.S. The Michigan Farmers Market Association presented the potential health benefits for patients with or at risk of many chronic diseases. Read Produce Prescription Programs - Health Impacts of Fruit and Vegetable Consumption, January 2021

The NGAF Technical Assistance Center shared how retailers across the United States have implemented and benefited from produce prescription programs. Watch the video - produce prescriptions in retail.

One Voucher program makes healthy eating easier for food-insecure people American Heart Association, March 2021

The Polk County (Iowa) Produce Prescription Program was recognized by the US Conference of Mayors and American Beverage for the positive contributions the program made to their community. Watch their video to learn more about what PRx has meant to the residents, healthcare providers, and food retailers in this community.