Food is Medicine

Advancing Health Equity Through Nutrition

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Executive Summary

"Food is Medicine" is an emerging approach to healthcare that integrates nutrition interventions, such as produce prescription programs, medically tailored meals and medically tailored groceries, into clinical care to prevent, manage and treat diet-related chronic diseases. Grounded in growing evidence that nutrition is a key determinant of health, Food is Medicine programs aim to improve patient health and well-being, reduce healthcare costs, and advance health equity.

In recent years, Food is Medicine has gained momentum across policy and practice. Federal attention peaked with the 2022 White House Conference on Hunger, Nutrition, and Health, which prioritized Food is Medicine programs as part of a national strategy to address diet-related conditions. During the Biden-Harris administration, new funding streams, demonstration pilot programs and interagency collaboration helped expand Food is Medicine across the country.

However, the current political landscape presents new challenges for Food is Medicine. The July 2025 budget reconciliation bill, backed by the Trump-Vance administration, enacted historic cuts to Medicaid and the Supplemental Nutrition Assistance Program (SNAP), threatening existing nutrition access pathways that support Food is Medicine interventions. At the same time, the *Make America Healthy Again* report, released under the Trump-Vance administration, acknowledged the connection between nutrition, chronic disease and healthcare costs, suggesting there may still be opportunities for bipartisan support for nutrition interventions.

State governments serve as key actors in implementing and scaling Food is Medicine programs, particularly through Medicaid Section 1115 Demonstration Waivers, the Special Supplemental Benefits for the Chronically Ill authority in Medicare Advantage plans, and state-funded pilot programs. Public-private partnerships and support from private healthcare insurers offer additional implementation pathways.

This report outlines key recommendations to strengthen and expand Food is Medicine programs at both the federal and state levels:

- Promote enrollment to existing federal food access programs such as the Supplemental Nutrition Assistance Program and the Special Supplemental Nutrition Program for Women, Infants, and Children.
- Advocate for increased funding stability in Medicaid so that programs established through CMS waivers can continue to operate and expand; and advocating against cuts to Medicaid and SNAP, which provide critical safety nets to Americans.
- Support community-based organizations by providing more consistent funding to increase access to Food is Medicine programs.
- Ensure the passage of a robust Farm Bill with sustained or increased funding available for GusNIP grant programs.
- Improve nutrition training for health care professionals to ensure providers know when nutrition interventions are appropriate.
- Invest more in data collection, evaluation and equity-centered research for Food is Medicine programs.
- Strengthen nutrition standards for Food is Medicine interventions and other nutrition assistance programs.

As the policy environment continues to shift, it is critical to maintain momentum for Food is Medicine interventions, protect essential programs and seize opportunities to embed food- or nutrition-based interventions into healthcare systems nationwide.

Introduction

"Food is Medicine" is a growing movement based on the use of proper nutrition as a critical determinant of individual and public health. About half of all Americans have one or more preventable chronic diseases, many of which are diet-related,[1] and people of color are disproportionately more likely to be diagnosed with and die from chronic diseases due to structural inequities.[2] Food is Medicine interventions show promise for advancing health equity by preventing and treating diet-related illnesses through the provision of healthy foods.

What is Food is Medicine?

Food is Medicine interventions aim to prevent and treat chronic health conditions by providing food that supports health, as well as nutrition counseling and education. Examples of Food is Medicine programs include medically tailored meals and groceries, produce prescription programs and other nutrition interventions.

Medically Tailored Meal and Grocery Programs

Medically tailored meals (MTMs) and medically tailored groceries (MTGs) are programs that aim to treat existing chronic health conditions with the delivery of meals and/or groceries tailored to a client's specific medical needs and illnesses.[3] MTMs and MTGs are often utilized to treat those with diabetes, HIV/AIDS, heart failure, chronic liver disease, or multiple, comorbid health conditions. Clients work with registered dietician nutritionists to regularly assess their eligibility and nutritional needs.[4] MTM and MTG programs usually also include a nutrition education component to help patients make healthy choices.[5] Studies show that MTMs and MTGs result in improved quality of life, improved mental health, improved eating habits and medication adherence for clients. Key benefits also include significant reductions in healthcare costs, 50% fewer hospitalizations and 70% fewer emergency department visits.[6]

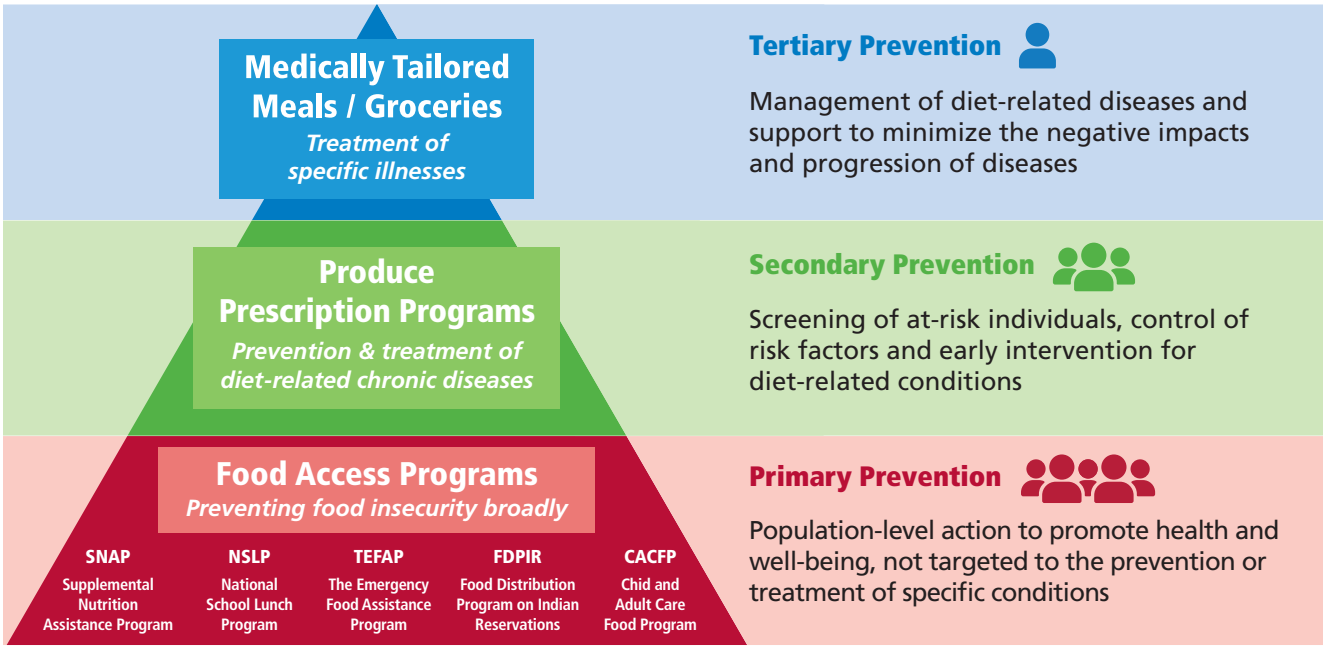

Figure adapted and updated from: Our model. Food is Medicine Coalition (FIMC). N.d. Accessed August 13, 2025. https://fimcoalition.org/about-fimc/our-model/.

Produce Prescription Programs

One of the greatest barriers to fruit and vegetable intake is the cost of fresh produce.[7] Produce prescription programs are Food is Medicine interventions that address the high cost of fresh produce by providing patients with vouchers that can be redeemed at participating grocery stores, farmers markets and other retail locations for produce at a free or discounted rate.[8] Prescriptions are distributed to patients by their health care providers and are typically partnered with nutrition counseling and education, similar to MTMs and MTGs.[9] Produce prescription programs focus on both the prevention and treatment of chronic health conditions, targeting those with existing conditions and those at risk of developing diet-related illnesses, such as diabetes, prediabetes and hypertension. Overall, the evidence shows that these programs contribute to greater food security and increased intake of fruits and vegetables. They are also associated with improvements in key health indicators, including blood pressure, body mass index and hemoglobin A1C levels.[10] A1C levels are an essential marker for diabetes management.

Flow of a Produce Prescription Program

*Not all produce prescription programs require an education component.
**Some programs use third party evaluation.

Figure adapted from: Rodriquez ME, Drew C, Bellin R, Babaian A, and Ross D. Produce prescription programs US field scan report: 2010-2020. Daisa Enterprises. April, 2021. https://www.daisaenterprises.com/uploads/4/4/0/5/44054359/produce_prescription_programs_us_field_scan_report__june_2021_final.pdf.

How is Food is Medicine Being Implemented?

Federal Action

Federal support for Food is Medicine programs expanded significantly under the Biden-Harris administration, particularly through the 2022 White House Conference on Hunger, Nutrition, and Health. This support translated into increased funding for pilot programs and integration of nutrition into federal healthcare and food policy. However, early policy signals from the Trump-Vance administration suggest a shift in federal priorities that may pose challenges to the continued expansion of Food is Medicine initiatives. Early 2025 Congressional proposals also showed significant divisions among policymakers on the future of federal food policy, with little sign of consensus by mid year.

2022 National Strategy on Hunger, Nutrition, and Health

In 2022, the Biden-Harris administration announced the goal of ending hunger and increasing healthy eating and physical activity in the United States by 2030 to reduce diet-related diseases. The National Strategy on Hunger, Nutrition, and Health called for a "whole-of-America" approach, asking Congress, state and Tribal governments, the private sector, philanthropists and others to commit to ending hunger.[11] It is unclear whether these efforts will be continued by the Trump-Vance administration.

Through the National Strategy, the Biden-Harris administration committed to work with Congress to fund pilot Food is Medicine programs within Medicare and Medicaid and expand existing nutrition programs such as school meals and the Supplemental Nutrition Assistance Program. The National Strategy urged state governments to partner with nonprofit and/or community-based organizations to implement state-funded Food is Medicine programs, specifically for low-income individuals.

The National Strategy also directed the Indian Health Service to implement and evaluate a National Produce Prescription Program for urban American Indian organizations. Five tribes and tribal organizations received $500,000 each from the Indian Health Service in 2023 to administer produce prescription programs in their communities.[12] This is significant because roughly one in four American Indians experience food insecurity.[13]

Further, in association with the 2022 National Strategy, the U.S. Department of Health and Human Services created a public-private partnership in January 2024 with online grocery retailer Instacart. With its existing grocery infrastructure and technology, Instacart committed to support HHS with Food is Medicine programs such as produce prescription programs and other nutrition interventions.[14]

Make American Healthy Again (MAHA)

It remains uncertain whether the Trump-Vance administration will maintain the same level of federal support for Food is Medicine initiatives. In July 2025, President Trump signed into law the Republican-led reconciliation package known as the "Big Beautiful Bill."[15] The legislation includes significant reductions to Medicaid[16] and enacts the largest cut to SNAP benefits in Amer-

ican history.[17] President Trump's strong backing of these cuts stands in sharp contrast to the Biden-Harris administration's focus on expanding access to nutrition and health care through safety net programs.

At the same time, there may be areas of alignment. The *Make America Healthy Again* (MAHA) report, released in May 2025 by the MAHA Commission, emphasizes the importance of healthy, nutritious foods, particularly for children. Although many of the sources cited by the report have been called into question, the report strongly warns against the consumption of ultra-processed foods and draws links between poor diet quality, chronic disease and high health care costs.[18] While the report does not explicitly mention Food is Medicine initiatives, there may be an opportunity to find common ground and advance these programs under the Trump administration.

Farm Bill & Legislative Efforts

One of the most significant vehicles for finding common ground and advancing Food is Medicine programs is the Farm Bill, which authorizes a range of federal nutrition programs that directly support Food is Medicine initiatives. For example, the Farm Bill's Nutrition Title includes the Gus Schumacher Nutrition Intervention Program, a key source of grant funding for PPPs and other nutrition incentive programs. Since 2019, the Gus Schumacher Nutrition Intervention Program (GusNIP) has funded nearly 200 projects across the U.S., totaling over $330 million in grant investments.[19]

Originally set to expire in September 2023, the 2018 Farm Bill was extended by Congress in November 2023, allowing programs like GusNIP to continue through September 2024. In the lead-up to reauthorization, several bipartisan bills introduced in 2023 proposed the expansion of GusNIP programs, including the GusNIP Expansion Act of 2023 (H.R.4856)[20] and the OH SNAP Act (S.2015),[21] though neither ultimately passed. In 2024, Congress had an opportunity to build on Biden-era momentum and reinforce support for Food is Medicine initiatives through a strengthened Farm Bill. Instead, lawmakers opted for another one-year extension, delaying substantive updates and leaving the future of GusNIP and other Farm Bill programs hanging in the balance. Unless reauthorized, the Farm Bill is set to expire in October 2025.[22]

In 2025, two new bills reflected continued congressional interest in expanding Food is Medicine efforts through the Farm Bill. First, the Supporting Health Outcomes and Promoting Produce (SHOPP) Act proposed expanding GusNIP to include frozen fruits and vegetables, recognizing the importance of their longer shelf-lives for low-income households.[23] Second, the Dairy Nutrition Incentive Program Act would increase incentives for SNAP recipients to purchase nutrient-dense dairy products, including milk, cheese and yogurt.[24]

Together, these proposals signal growing bipartisan momentum to embed nutrition incentives into federal food policies. However, these proposals are occurring in tandem with proposed cuts to SNAP and other safety net programs. As a result, the next Farm Bill will be a key battleground for advocates working to sustain and expand Food is Medicine programs at the federal level.

State Policy Opportunities

States can expand Food is Medicine policies through Medicaid and/or Medicare, as well as by implementing statewide programs through public-private partnerships.

Medicaid

Within Medicaid, states can seek approval from the Centers for Medicare and Medicaid Services to implement Section 1115 Demonstration waivers. These waivers provide states with greater flexibility to tailor Medicaid programs to better address social determinants of health, including services like housing, nutrition, employment assistance and medical respite. Section 1115 waivers can support nutrition by authorizing the use of Medicaid funds for food and nutrition services, including MTMs, MTGs, PPPs and other nutrition-based interventions.[25]

As of May 2025, 47 states have at least one approved Section 1115 waiver, and 12 states have received waivers specifically to support nutrition-related interventions.[26] Using Section 1115 waivers, pilot programs can provide up to three meals per day to enrollees for up to six months.[27]

Medicare

Medicare Advantage plans allow Medicare enrollees to access supplemental benefits not offered under original Medicare through a private plan option. For Medicare Advantage (MA) plans, food and produce can be covered under the Special Supplemental Benefits for the Chronically Ill authority, which allows MA plans to consider social determinants of health for the treatment of chronic conditions.[28]

Through this expanded authority, MA plans can offer benefits that are not primarily health-related, including services such as food and produce, air quality equipment, home modifications and transportation. From 2020 to 2025, the number of MA plans covering food and produce grew from 101 to 1,903, accounting for 33% of the total MA plans.[29] This is significant given that approximately 33 million Americans are enrolled in Medicare Advantage plans.[30]

Public-Private Partnerships

States can also implement Food is Medicine programs through public-private partnerships. Washington state passed legislation to implement a statewide produce prescription program in 2016. For this program, eligible low-income consumers receive $10 vouchers for fresh produce from clinics to spend at one of 169 participating supermarket locations. This program operates as a partnership between the Washington State Department of Health partners and public and private healthcare systems, public health agencies and a supermarket chain.[31]

Private Insurance

Private insurance companies can choose to cover Food is Medicine interventions as alternatives to traditional care. United Health Care, Kaiser Permanente and BlueCross BlueShield are examples of private insurers that have funded pilot programs for nutrition interventions. To date, these interventions are focused on specific localities and populations rather than all insurance policyholders nationwide.

United Health Care has awarded several grants for pilot Food is Medicine partnership programs, including a food pharmacy in Atlanta, Georgia[32] and a pilot MTG program in Petersburg, Virginia.[33] Additionally, United Health Care U-Cards can be spent on food and utility bills for eligible populations with Medicare and Medicaid plans.[34]

In 2022, Kaiser Permanente committed $50 million to advance the Food is Medicine movement and launched the Kaiser Permanente Food is Medicine Center of Excellence in association with the 2022 National Strategy on Hunger, Nutrition, and Health.[35] In the past, Kaiser Permanente also provided more than 116,000 MTMs to over 2,000 members for clinical research studies.[36]

Lastly, as of 2025, BlueCross BlueShield of North Carolina has invested more than $6 million into pilot programs for eligible members with community-based organizations in North Carolina, including MTMs/MTGs and PPPs,[37] and in 2024, Anthem BlueCross BlueShield partnered with Attane Health to implement an MTG program in Jefferson County, Kentucky for Medicaid enrollees with diabetes.[38]

The growing investment by private insurers in Food is Medicine initiatives demonstrates that meaningful collaboration across sectors is both possible and increasingly necessary to address the root causes of poor health and advance health equity.

What are Challenges within the Food is Medicine Movement?

Federal Medicaid and Medicare Requirements

Food is Medicine interventions such as MTMs and PPPs are not yet widely-adopted federal programs. Medicaid and Medicare are not required to cover nutrition interventions, so states seeking to expand Food is Medicine programs through Medicare or Medicaid must seek approval from the Centers for Medicare and Medicaid Services. Further, the need for CMS approval means that enrollees do not receive benefits right away. For example, implementation of Food is Medicine programs through Medicaid's Section 1115 waivers can take up to five years, so the benefits are not realized immediately.[39]

While the Biden-Harris administration actively encouraged the use of Section 1115 waivers to address nutrition and other determinants of health, the first Trump administration took a different approach, primarily focusing on waivers that implemented work requirements rather than expanding social supports.[40] Given this precedent, along with the priorities reflected in the House-passed reconciliation bill, Medicaid and Medicare programs aimed at addressing the social determinants of health may face greater limitations under the Trump-Vance administration.

Implementation and Evaluation Challenges

Food is Medicine interventions are still relatively new and often face inconsistent funding streams and evolving regulatory environments. Due to these funding constraints, many programs are limited in duration and unable to sustain long-term implementation.[41] The lack of continuity of these interventions makes it difficult to accurately evaluate their effectiveness and determine their lasting impacts on the target populations. Additionally, some clinics reported start-up issues and challenges regarding staff time to manage new programs. Standardization of programs and staff trainings can ease some of these challenges.[42]

Geographic access is another key implementation challenge, particularly for produce prescriptions. While these initiatives aim to increase the affordability of fresh fruits and vegetables, they often assume participants have reliable access to grocery stores or farmers markets where they can redeem vouchers. In reality, approximately 14% of Americans live in USDA-defined food deserts, low-income areas where residents face long travel distances to supermarkets and may lack vehicle access.[43] This geographic disconnect underscores the importance of aligning produce prescription programs with local food access realities and considering supplemental strategies, such as mobile markets or online redemption with delivery options.

Nutrition Standards and Quality

For nutrition interventions to be effective, it is key that the medically tailored food packages and/or produce prescriptions are consumed by the patient. This means that the taste and nutritional quality are critical, so it is important to maintain nutrition standards for any Food is Medicine interventions.[44] Not all existing Food Is Medicine programs adhere to the same standards for nutrition quality. However, the Food is Medicine Coalition created a 32-page accreditation standard in March 2024 for MTM interventions with the goal of encouraging the standardization of nutrition quality in these programs.[45, 46] Despite this, recent cuts to the Food and Drug Administration and the Centers for Disease Control and Prevention may create greater obstacles to ensuring food safety and nutritional quality.[47]

How Can Food is Medicine Advance Health Equity?

Racial and ethnic minorities, low-income populations and rural communities face disproportionately high rates of food insecurity which contributes to a disproportionate rate of diet-related chronic diseases.[48] American Indians, for example, face disproportionately high rates of food insecurity and poverty today due to historic inequities, and American Indians experience higher food prices on reservations than the average American. As a result, American Indians face high rates of diet-related chronic disease. Roughly half of American Indian adults are obese, and nearly a quarter of American Indian adults have diabetes.[49] Food is Medicine programs, such as the produce prescription programs implemented by the Indian Health Service in 2023, mitigate health disparities by providing nutritious foods with the goal of achieving health equity.

In this way, Food is Medicine programs contrast with other food access programs such as SNAP, which aim to reduce food insecurity more broadly and do not target specific at-risk populations. Food is Medicine programs tend to have varying eligibility criteria, screening and referral processes, program components and tracking systems. The variation in programs creates limitations for evaluating programs, but it allows for programs to be tailored to meet community needs.

Food is Medicine interventions can reduce the disproportionate risk of chronic disease and poor health outcomes by making nutritious foods more accessible and affordable for the groups that need it the most.

Recommendations

More action on the federal, state and local levels is needed to maintain equitable access and make these nutrition programs scalable and sustainable. Public health professionals and advocates can support the Food is Medicine movement by:[50, 51]

- Promoting enrollment to existing federal food access programs such as the Supplemental Nutrition Assistance Program and the Special Supplemental Nutrition Program for Women, Infants, and Children.
- Advocating for increased funding stability in Medicaid so that programs established through CMS waivers can continue to operate and expand; and advocating against cuts to Medicaid and SNAP, which provide critical safety nets to Americans.
- Supporting community-based organizations by providing more consistent funding to increase access to Food is Medicine programs.
- Ensuring the passage of a robust Farm Bill with sustained or increased funding available for GusNIP grant programs.
- Improving nutrition training for health care professionals to ensure providers know when nutrition interventions are appropriate.
- Investing more in data collection, evaluation and equity-centered research for Food is Medicine programs.
- Strengthening nutrition standards for Food is Medicine interventions and other nutrition assistance programs.

Conclusion

The Food is Medicine approach uses healthy foods to prevent and treat chronic diet-related conditions and advance health equity. Early evidence shows that Food is Medicine interventions, such as medically tailored meals and produce prescription programs are effective at improving individual health outcomes and can be used as a tool to reduce net healthcare costs and advance health equity.

Despite promising results, access to these programs remains limited, and significant federal expansion appears unlikely under the current administration. However, existing efforts, such as those led by the Indian Health Service, state-level initiatives in states like Washington and programs piloted by community-based organizations and private insurers, offer replicable models for local and state implementation. As these initiatives continue to expand, ongoing evaluation will be critical to understand their long-term health, cost and equity impacts and to inform future policy and funding decisions.

References

1. Schap TE. The healthy eating index: How is America doing? United States Department of Agriculture (USDA). March 16, 2016. Accessed June 11, 2025. https://www.usda.gov/media/blog/2016/03/16/healthy-eating-index-how-america-doing.

2. Ndugga N, Hill L, and Artiga S. Key data on health and health care by race and ethnicity. KFF. June 11, 2024. Accessed June 11, 2025. https://www.kff.org/key-data-on-health-and-health-care-by-race-and-ethnicity/?entry=executive-summary-introduction.

3. Our model. Food is Medicine Coalition (FIMC). N.d.a. Accessed June 11, 2025. https://fimcoalition.org/about-fimc/our-model/.

4. Medically tailored meals: The proof. Food is Medicine Coalition (FIMC). N.d.b. Accessed June 11, 2025. https://fimcoalition.org/wp-content/uploads/2025/05/FIMC-Research-Info-Sheet.pdf.

5. Our model. Food is Medicine Coalition (FIMC). N.d.a. Accessed June 11, 2025. https://fimcoalition.org/about-fimc/our-model/.

6. Medically tailored meals: The proof. Food is Medicine Coalition (FIMC). N.d.b. Accessed June 11, 2025. https://fimcoalition.org/wp-content/uploads/2025/05/FIMC-Research-Info-Sheet.pdf.

7. Lee SH, Moore LV, Park S, Harris DM, and Blanck HM. Adults meeting fruit and vegetable intake recommendations – United States, 2019. Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report (MMWR). 2022; 71(1):1-9. https://www.cdc.gov/mmwr/volumes/71/wr/mm7101a1.htm.

8. Rodriquez ME, Drew C, Bellin R, Babaian A, and Ross D. Produce prescription programs US field scan report: 2010-2020. Daisa Enterprises. April, 2021. https://www.daisaenterprises.com/uploads/4/4/0/5/44054359/produce_prescription_programs_us_field_scan_report__june_2021_final.pdf.

9. Our model. Food is Medicine Coalition (FIMC). N.d.a. Accessed June 11, 2025. https://fimcoalition.org/about-fimc/our-model/.

10. State policy options: Leveraging produce prescriptions (**PRx**) to treat and prevent diet related illness. Harvard Law School Center for Health Law and Policy Innovation (CHLPI) and National Produce Prescription Collaborative (NPPC). December, 2022. Accessed June 11, 2025. https://www.healthlawlab.org/wp-content/uploads/2022/10/CHLPI-NPPC-State-Leave-Behind.pdf.

11. Biden-Harris Administration National Strategy on Hunger, Nutrition, and Health. National Archives. September 7, 2022. Accessed June 11, 2025. https://bidenwhitehouse.archives.gov/wp-content/uploads/2022/09/White-House-National-Strategy-on-Hunger-Nutrition-and-Health-FINAL.pdf.

12. Recent trends in third party billing: Thematic analysis of traditional food programs at UIOs and UIO research on traditional healing. National Council of Urban Indian Health (NCUIH). 2024. Accessed June 11, 2025. https://ncuih.org/wp-content/uploads/Traditional-Food-Report-NCUIH-D507_F2.pdf.

13. Produce prescription programs. Indian Health Service (IHS). N.d. Accessed June 11, 2025. https://www.ihs.gov/nutrition/produce-prescription-programs/.

14. Instacart and HHS launch public-private partnership to scale Food as Medicine programs and improve health outcomes across the United States. Instacart. January 31, 2024. Accessed June 11, 2025. https://www.instacart.com/company/pressreleases/instacart-and-hhs-launch-public-private-partnership-to-scale-food-as-medicine-programs-and-improve-health-outcomes-across-the-united-states/.

15. One Big Beautiful Bill Act, HR 1, 119th Cong (2025). https://www.congress.gov/bill/119th-congress/house-bill/1.

16. Breslow J, and Moore E. Senate GOP passes Trump's sweeping policy bill, setting up decisive vote in the House. NPR. July 1, 2025. Accessed July 11, 2025. https://www.npr.org/2025/07/01/nx-s1-5450367/senate-republicans-trump-tax-bill-medicaid.

17. Konish L. Trump's 'big beautiful bill' cuts food stamps for millions – the average family may lose $146 per month, report finds. CNBC. July 10, 2025. Accessed July 11, 2025. https://www.cnbc.com/2025/07/10/trumps-big-beautiful-bill-cuts-snap-for-millions-of-families.html.

18. Make America Healthy Again (MAHA) Commission. The MAHA Report. The White House. May, 2025. Accessed June 11, 2025. https://www.whitehouse.gov/wp-content/uploads/2025/05/WH-The-MAHA-Report-Assessment.pdf.

19. Gus Schumacher Nutrition Incentive Program (GusNIP). United States Department of Agriculture (USDA) National Institute of Food and Agriculture (NIFA). N.d. Accessed June 11, 2025. https://www.nifa.usda.gov/grants/programs/hunger-food-security-programs/gus-schumacher-nutrition-incentive-program.

20. GusNIP Expansion Act of 2023, HR 4856, 118th Cong (2023a). https://www.congress.gov/bill/118th-congress/house-bill/4856.

21. OH SNAP, Close the Fruit and Vegetable Gap Act of 2023, S 2015, 118th Cong (2023b). https://www.congress.gov/bill/118th-congress/senate-bill/2015.

22. Monke J, Aussenberg RA, and Stubbs M. Expiration of the 2018 Farm Bill and Extension for 2025. Congressional Research Service (CRS). December 26, 2024. https://www.congress.gov/crs-product/R?q=%7B%22search%22%3A%22Expiration+of+the+2018+Farm+Bill+and+Extension+for+2025%22%7D&s=1&r=1.

23. Alford, Crockett Reintroduce SHOPP Act to Increase Access to Healthy Produce Consumption in the U.S. Congressman Mark Alford. March 5, 2025. Accessed June 12, 2025. https://alford.house.gov/news/documentsingle.aspx?DocumentID=1053.

24. Senators Marshall and Klobuchar Introduce Bipartisan Legislation to Increase Access to Dairy Products and Support Dairy Farmers. Doc Marshall, U.S. Senator for Kansas. April 7, 2025. Accessed June 12, 2025. https://www.marshall.senate.gov/newsroom/press-releases/senators-marshall-and-klobuchar-introduce-bipartisan-legislation-to-increase-access-to-dairy-products-and-support-dairy-farmers/#:~:text=%E2%80%9CThe%20Dairy%20Nutrition%20Incentive%20Program,these%20nutrient-dense%20foods.

25. Hinton E and Diana A. Section 1115 Medicaid waiver watch: A closer look at recent approvals to address health-related social needs (HRSN). KFF. March 4, 2024. Accessed June 12, 2025. https://www.kff.org/medicaid/issue-brief/section-1115-medicaid-waiver-watch-a-closer-look-at-recent-approvals-to-address-health-related-social-needs-hrsn/.

26. Medicaid Waiver Tracker: Approved and Pending Section 1115 Waivers by State. KFF. May 2, 2025. Accessed June 12, 2025. https://www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/.

27. Food is Medicine: A state Medicaid policy toolkit. Food is Medicine Coalition (FIMC) and Center for Health Law and Policy Innovation (CHLPI). July, 2024. Accessed June 12, 2025. https://fimcoalition.org/wp-content/uploads/2024/07/Food-is-Medicine-A-State-Medicaid-Policy-Toolkit_Final-July-2024-1.pdf.

28. Delivering on the promise of the CHRONIC Care Act: Progress in implementing nonmedical supplemental benefits. ATI Advisory and Long-Term Quality Alliance (LTQA). November, 2021. Accessed June 12, 2025. https://atiadvisory.com/resources/wp-content/uploads/2022/11/Progress-in-Implementing-Non-Medical-Supplemental-Benefits.pdf.

29. Chartbook: 2024 nonmedical supplemental benefits in Medicare Advantage. ATI Advisory. October 30, 2023. Accessed June 12, 2025. https://atiadvisory.com/resources/advancing-non-medical-supplemental-benefits-in-medicare-advantage/.

30. Freed M, Biniek JF, Damico A, and Neuman T. Medicare Advantage in 2024: Enrollment Update and Key Trends. KFF. August 8, 2024. Accessed June 12, 2025. https://www.kff.org/medicare/issue-brief/medicare-advantage-in-2024-enrollment-update-and-key-trends/.

31. Marcinkevage J, Auvinen A, Nambuthiri, S. Washington State's fruit and vegetable prescription program: Improving affordability of healthy foods for low-income patients. Prev Chronic Dis. 2019; 16:180617. http://dx.doi.org/10.5888/pcd16.180617.

32. Filling a prescription for 'Food as Medicine' may help support overall health. United Health Care (UHC). June 7, 2021. Accessed June 12, 2025. https://www.uhc.com/news-articles/community/food-as-medicine.

33. Addressing nutritional security in Virginia through 'Food as Medicine.' United Health Care (UHC). July 29, 2024. Accessed June 12, 2025. https://www.uhccommunityandstate.com/content/state-profiles/virginia-profile/addressing-nutritional-security-in-virginia-through--food-as-med.

34. Food, OTC and utility bill credit with Medicare plans. United Health Care (UHC). N.d. Accessed June 12, 2025. https://www.uhc.com/member-resources/medicare-advantage-dsnp/food-otc-and-utility-bill-credit.

35. Costa H. Launching the Food is Medicine Center of Excellence. Kaiser Permanente. April 11, 2024. Accessed June 12, 2025. https://about.kaiserpermanente.org/news/press-release-archive/launching-the-food-is-medicine-center-of-excellence#:~:text=In%202022%2C%20Kaiser%20Permanente%20joined,security%20programs%20while%20building%20-evidence.

36. 2021 Kaiser Permanente Community Health Snapshot. Kaiser Permanente. N.d. Accessed June 12, 2025. https://about.kaiserpermanente.org/content/dam/kp/mykp/documents/reports/kaiser-permanente_community-health-snapshot_2021.pdf.

37. Food is Medicine. BlueCross BlueShield of North Carolina. N.d. Accessed June 12, 2025. https://www.bcbsncfoundation.org/food-is-medicine/.

38. Brykman, K. Partnering to provide digital-driven nutrition services: Attane Health and Anthem Blue Cross Blue Shield. Center for Health Care Strategies. April, 2025. Accessed June 12, 2025. https://www.chcs.org/resource/partnering-to-provide-digital-driven-nutrition-services-attane-health-and-anthem-blue-cross-blue-shield/.

39. NAMD Staff. Medicaid innovation pathway: How 1115 waivers work. National Association of Medicaid Directors (NAMD). April 17, 2024. Accessed June 11, 2025. https://medicaiddirectors.org/resource/how-1115-waivers-work/.

40. Hinton E, Diana A, and Rudowitz R. Medicaid Waiver Priorities Under the Trump and Biden Harris Administrations. KFF. September 6, 2024. Accessed June 12, 2025. https://www.kff.org/medicaid/issue-brief/medicaid-waiver-priorities-under-the-trump-and-biden-harris-administrations/.

41. Garfield K, Scott E, Dushko M, Kim G, **Sukys** K, Downer S, Leib EB, Greenwald R. Produce prescriptions: A U.S. policy scan. October, 2020. Accessed June 12, 2025. https://chlpi.org/wp-content/uploads/2013/12/Produce-RX-US-Policy-Scan-FINAL.pdf.

42. Folta SC, Li Z, Cash SB, Hager K, Zhang FF. Adoption and implementation of produce prescription programs for under-resourced populations: clinic staff perspectives. Front Nutr. 2023; 10:1221785. doi: 10.3389/fnut.2023.1221785.

43. George C, Tomer A. Delivering to deserts: new data reveals the geography of digital access to food in the U.S. The Brookings Institution. May 11, 2022. Accessed July 21, 2025. https://www.brookings.edu/articles/delivering-to-deserts-new-data-reveals-the-geography-of-digital-access-to-food-in-the-us/.

44. Implementation considerations for medically tailored meals. Food is Medicine Coalition (FIMC) and The Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy at Tufts University. April, 2023. Accessed June 12, 2025. https://fimcoalition.org/wp-content/uploads/2024/03/FIMC-Tufts-FollowUpCMS-CMMI-Final.pdf.

45. 3 ways to strengthen Food is Medicine initiatives. American Hospital Association (AHA). N.d. Accessed July 10, 2025. https://www.aha.org/aha-center-health-innovation-market-scan/2024-04-23-3-ways-strengthen-food-medicine-initiatives.

46. FIMC Accredition. Food is Medicine Coalition (FIMC). N.d. Accessed June 12, 2025. https://fimcoalition.org/programs/fimc-accreditation/.

47. Lurie, P. Trump administration firing of thousands of health agency employees will undermine food safety. Center for Science in the Public Interest (CSPI). February 14, 2025. Accessed June 12, 2025. https://www.cspinet.org/statement/trump-administration-firing-thousands-health-agency-employees-will-undermine-food-safety.

48. Creating the healthiest nation: Food justice. American Public Health Association (APHA). May, 2022. Accessed June 12, 2025. https://www.apha.org/getcontentasset/bcc72ada-49e3-4444-ac3b-f76a027e6575/7ca0dc9d-611d-46e2-9fd3-26a4c03ddcbb/chn_food_justice.pdf?language=en.

49. Maillacheruvu SU. The historical determinants of food insecurity in Native communities. Center on Budget and Policy Priorities (CBPP). October 4, 2022. Accessed June 12, 2025. https://www.cbpp.org/research/food-assistance/the-historical-determinants-of-food-insecurity-in-native-communities.

50. Food is Medicine: Policy recommendations to improve efficacy and scalability of programs that increase access to healthy foods. AHIP. February, 2024. Accessed June 12, 2025. https://ahiporg-production.s3.amazonaws.com/documents/AHIP_FoodIsMedicine.pdf.

51. Hager K, Kummer C, Lewin-Zwerdling A, Li Z. Food is Medicine research action plan. Aspen Institute. April, 2024. Accessed June 12, 2025. https://aspenfood.org/wp-content/uploads/2024/04/Food-is-Medicine-Action-Plan-2024-Final.pdf.

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