Food is Medicine

The Policy Case for Health Insurance Coverage of Medically Tailored Food

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January 2016
Training center for the next generation of health and food lawyers, law and policy reform think tank, advocacy leadership development and law reform advising program.

Health Law

Food is Medicine

Food Law

Access to health care for low-income populations

Preventive health care & chronic disease management

Access to healthy food

Sustainable food systems
THE DEFINITION OF FOOD IS MEDICINE IS EVOLVING

Medically-tailored meals for homebound seriously or chronically ill & disabled

Prescribed medically-tailored food for those living with acute or chronic illness

Prescribed medically-tailored food for those at risk for acute or chronic illness

Prescribed healthy food for those who are malnourished, hungry or food insecure
Medically Tailored Food Meets the Triple Aim for

- The Seriously and Chronically Ill and
- Those Who Are At-Risk or Whose Health Is Compromised
WHY IS COVERAGE NEEDED?

- Food Is Medicine emerged out of the federally-funded Ryan White Program’s support of food and nutrition services
  - There is no Ryan White Program for people at risk for or living with other serious or chronic health conditions
  - Funding through foundation grants, and individual and corporate donations is not sufficient to meet demand
- To replicate and scale up Food Is Medicine, we need to diversify funding and access public and private health insurance systems that exist nationwide and have capacity to grow to meet demand
**Existing Opportunities for Coverage of Food and Nutrition Services (FNS) in Medicaid**

**Medicaid Managed Care:** Medicaid Managed Care Plans generally have the flexibility to choose to cover FNS such as medically tailored meals.

**HCBS 1915(c) Waivers:** States may use 1915(c) waivers to provide home and community-based services (HCBS), including FNS, to help keep patients out of institutional settings.

**HCBS 1915(i) State Plan Option:** States may also use a State Plan Amendment to provide HCBS. Under this option, HCBS may be provided to individuals who do not yet need an institutional level of care.

**1115 Demonstration Waivers:** States may use 1115 waivers to experiment with changes in eligibility, delivery models, and benefits, including the provision of FNS.
NEW OPPORTUNITIES FOR COVERAGE OF FNS UNDER THE ACA

Center for Medicare & Medicaid Innovation (Section 3021): FNS delivery & payment models should be evaluated through Innovation Center

Medicare-Medicaid Coordination Office (Section 2602): FNS delivery & payment models should also be evaluated for dual eligibles through MMCO

Community First Choice (1915(k)) State Plan Option (Section 2401): States should use the flexibility of the 1915(k) Option to cover services such as FNS to keep beneficiaries in the community rather than institutions

Medicaid Health Homes (Section 2703): FNS can be an essential part of whole-person, coordinated care for many living with chronic conditions

Accountable Care Organizations (ACOs): (Section 3022) FNS supports ACO incentives to achieve improvements in care coordination, patient experience, prevention, disease management, and reductions in costs
Some private health insurers have implemented programs to promote healthier eating among beneficiaries
- Humana offers a discount of up to 10% on healthy foods
- Harvard Pilgrim offers up to $20 a month for healthy grocery purchasing

The ACA includes provisions that could support coverage of food and nutrition services in private plans
- Essential Health Benefits include preventive services and chronic disease management
- Mandatory coverage of USPSTF “A” or “B” rated benefits, includes counseling to promote healthful diets for some populations

Insurers have new incentives to cover innovative and cost-effective services, given new organizational structures (ACOs), and payment models (e.g., bundled payments, pay-for-performance, shared savings, etc.)