



Expanding Access to Healthy Food for Medicaid Beneficiaries

The American Heart Association's Position

The American Heart Association (AHA) supports a multi-pronged approach to expand access to healthy foods for Medicaid beneficiaries at little to no out-of-pocket cost for eligible individuals and families. The AHA specifically recommends that policymakers:

- Utilize existing Medicaid funding mechanisms and pathways to increase access to healthy foods for beneficiaries.
- Any attempts to expand the services currently allowed under Medicaid should not endanger or diminish the integrity of the state-based program or pose a potential harm to current or future beneficiaries.
- Support public-private partnerships that focus on increasing the affordability and accessibility of healthy and nutritious foods/meals for Medicaid beneficiaries, encourage innovation, promote programmatic efficiency, and encourage open dialogue on how working together and leveraging their shared strength can increase the well-being and health of underserved and at-risk communities.
- Encourage Medicaid managed care organizations to implement programs to reduce members' barriers to accessing healthy food.
- Expand the availability of nutritional services and supports from qualified professionals (e.g., physicians, mid-level providers, licensed nutritionists, registered dietitians) for all Medicaid beneficiaries.
 - The AHA also supports a team-based, patient-centric care approach and encourages collaboration between all individuals involved in a patient's care.
- Create synergies in Medicaid and the Supplemental Nutrition Assistance Program (SNAP) for dually eligible individuals and families.
- Leverage the power of data analytics and research to determine the impact including nutrition services and supports in Medicaid beneficiaries' benefits packages has on health outcomes and cost savings.
 - The AHA strongly opposes any attempts to rely solely on cost-based metrics to restrict eligibility and benefits and/or to determine the relative success or failure of a demonstration or pilot project.

Fast Facts:

1. Nearly 12 percent of American households were classified as food insecure in 2016.¹
2. Medicaid beneficiaries report the highest incidence of chronic health conditions compared to individuals receiving insurance coverage from other sources.²
3. The International Food Information Council Foundation's *2018 Food and Health Survey*, found that 32 percent of Medicaid beneficiaries often purchase less-healthy food options than they otherwise would because of lack of money, compared to 13 percent of non-recipients.³
4. Poor diet quality is a major cause of poor health, contributing to chronic diseases like coronary heart disease, stroke, type 2 diabetes, and obesity.^{4,5}
5. Nearly half of all cardiovascular and diabetes deaths in the United States are linked to poor diet, resulting in almost 1,000 deaths a day.⁶

Progress to Date

The AHA advocated for a fruit and vegetable prescription pilot program that was included in the 2018 Farm Bill. The pilot will examine the effectiveness of produce prescriptions that healthcare providers write for fresh fruits and vegetables.

For more information and resources from the American Heart Association's policy research department on nutrition policy positions please visit: <https://www.heart.org/en/about-us/policy-research>.

¹ Definitions of Food Security. U.S. Department of Agriculture Economic Research Service. <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx>. Accessed January 1, 2019.

² Gallup, Inc. Medicaid Population Reports Poorest Health. Gallup.com. <https://news.gallup.com/poll/223295/medicaid-population-reports-poorest-health.aspx>. Published December 7, 2017. Accessed January 1, 2019.

³ 2018 Food and Health Survey. Food Insight. <https://www.foodinsight.org/2018-food-and-health-survey>. Published May 16, 2018. Accessed January 1, 2019.

⁴ Micha R, Shulkin ML, Penalvo JL, Khatibzadeh S, Singh GM, Rao M, et al. Etiologic effects and optimal intakes of foods and nutrients for risk of cardiovascular diseases and diabetes: systematic reviews and meta-analyses from the Nutrition and Chronic Diseases Expert Group (NutriCoDE). *PLoS ONE*. 2017; 12(4):e0175149. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5407851/>

⁵ Waters H, DeVol R. Weighing down America: the health and economic impact of obesity. Santa Monica (CA): Milken Institute; 2016. Retrieved from: <https://www.milkeninstitute.org/publications/view/833>

⁶ Micha R, Penalvo JL, Cudhea F, Imamura F, Rehm CD, Mozaffarian D. Association between dietary factors and mortality from heart disease, stroke, and type 2 diabetes in the United States. *JAMA*. 2017; 317(9):912–24. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5852674/>